

Quality of life of Divorcee: Cross Case Analysis of Diverse Population

Geeta Joshi

Ph.D Scholar, Tilak Maharshtra Vidyapeeth, Pune **Dr. Geetali Tilak**

Professor, Tilak Maharshtra Vidyapeeth, Pune.

Abstract:

Marriage can be defined as a socially acknowledged and approved sexual union between two adult individuals. Marriage unites not only two individuals but also their kith and kin for lifetime. Family relationships are invariably recognised within their kinship group (Giddens 2006). Changes in the marriage system found in different areas 1) Form *dharma* to companionship, compatibility 2) Polygamy to monogamy and monogamy to live in relationship 3) change in the process of mate selection i.e. inter caste, interreligious marriages 4) change in the age of marriage especially woman age 5) increasing divorce rate shows change in stability of marriage, 6) economic aspects of marriage has also changed i.e dowry system 7) remarriage of widow and divorce. Emotional intelligence can be prime indicator for long lasting and successive married life. Author highlighted that there are 35% chances of getting sick in unhappy marriage and shorten the life by four to eight years. They can suffer from high blood pressure, heart disease, anxiety, depression, substance abuse, psychosis, violence and suicide. Author intervened and studied the effect of standard marital therapy. It was found that success rate is about 75%((Gottman and Silver 1999). The aim of the present study was to analyse quality of life of people from diverse population. The present study was qualitative study. Case study method was used and cross case analysis applied. Total 32 cases were selected with different socio economic and health background. Study conclude that standard of living was mostly depend on the economic condition of respondents and their family support. People living with HIV/AIDS and respondents from residential institute were more vulnerable in this aspect of quality of life. Divorce majorly affects on mental and physical health especially on female divorcee.

Key Words: case study, divorce, family, mental health, quality of life,

Introduction:

Divorce is a way of dissolving a legal marriage that permits the partners to remarry if they choose. Divorce involves the recognition that marriage has irreparably failed and that at least one of the partners has no desire to continue the marital relationship. Total dissolution of the bonds of a valid marriage is what is now generally meant by divorce. (Arora 2006) Due to social and economic factors marriage rates have fallen and divorce rate have increased. During 1960-70s family life was potentially transformed because of women's participation in labour force, sexual revolution, granting of marriage as fundamental right and women liberation movements. In western countries, a divorce does not declare a marriage null and void, as in an annulment, but it does cancel the

married status of the parties. Where monogamy is law, this allows partner to marry another. Where polygamy is legal, divorce allows the women to marry another. Divorce laws vary considerably around the world. Incompatibility is major reason(Simon and Altstein, 2003)

Divorce rate is higher in the states where quality of life is poorer. This suggest that marital instability may result from stressors external to spouses and their relationship. (Mizrahi, Larry2008) WHO defines Quality of Life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

It is a broad ranging concept incorporating in a complex way the persons' physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment.

Subramanian T.et.al (2009) gender and marital status had significant association with quality of life of people living with HIV /AIDS. The findings of the study underscore the need for enabling environment through "human force" to uplift their social status and to have a better quality of life.stigma were experienced on a higher proportion by females than males.

Mattoo, Ashai (2012) concluded that cruelty was the main reason of divorce and maximum women were emotionally traumatized and depressed after divorce. They lived with their parents and had to face a lot of difficulty in the upbringing of their children especially financial and emotional. Little attention was paid to self and their self worth had also decreased. Majority of the women thought that unemployed women suffer the most but suicidal tendency was not found among the maximum of them. They blamed the other partner for divorce and hated their ex husband's. Decision of divorce is not regretted and they rarely think of reconciliation and remarriage.

Singh et.al (1978), analyzed the causes of divorce and how divorce affects the entire system. i.e. the husband wife and the family. The various behavioral changes, which take place as a result of divorce like stress, low self esteem, depression, rise in crime rate among the children.

Mary, M. J. (2013) divorce has been found to have social, psychological and educational effects on the children of divorced parents. Therefore, it is suggested that further studies on divorce should take cognizance of the changed situation.

Eymann (2009) highlighted the impact on family, social-emotional functioning and behaviour, self-esteem, mental health, behaviour and finally the psychosocial summary score integrating all these variables. These results agree with those reported in a quality of life survey conducted in a group of Austrian elementary school children.

Methodological Consideration:

Objectives of the Study:

- 1. To explore the differences and similarities among the divorcees belonging from diverse socioeconomic background.
- 2. To examine the impact of divorce on quality of life of divorcee, their families and children.

Qualitative research approach with case study method was used to get in-depth understanding about the phenomena. The researcher has used multiple case studies research design. Multiple case studies use replication design. The replication logic is the logic of selecting two or more cases in the multiple case studies. Each case study is selected to a) Predict similar results i.e. literal replication. b) Predict contrasting results but for anticipatable reasons- a theoretical replication. The researcher, using the replication logic selected a definite number of cases from families with different socio cultural context. It is classified into fivecontexts.

- a) Families in Urban setting.
- b) Families in Rural Setting
- c) Families with differently able divorcee individual
- d) Families with divorcee person living with HIV /AIDS
- e) Divorcee Individual (Destitute) from residential institute

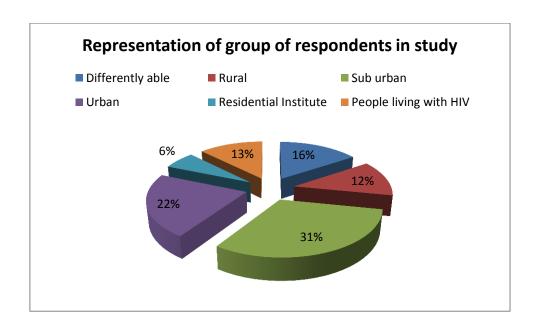
Self structured interview was used to collect data.

Cross Case Synthesis:

The researcher has used cross case synthesis to analysis the multiple cases. The cross-case techniques treats each individual case study as a separate study. The technique does not differ from other research syntheses – aggregating findings across a series of individual studies.

Cross Case Analysis:

The researcher under section of "cross case analysis" has presented the analysis of the data collected from 32 families of divorcee individuals from Pune District through in-depth interview. The profile of the selected case units under the study were classified as follows.



The above pie chart shows that maximum representation of cases were from sub urban area.

The researcher collected the information from selected families belonging from different socio economic groups. They were sub divided according to their occupation and social category. The table below shows the social category along with their respective service lines.

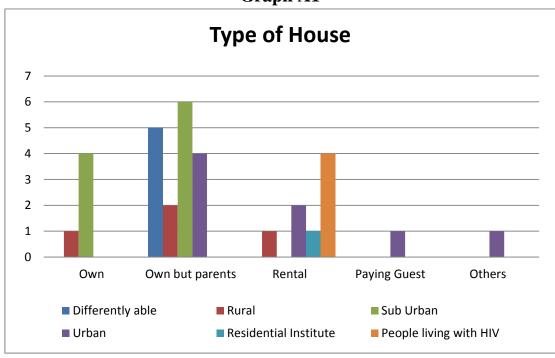
Deaf mute individual		living in		Individual Living in Urban area		Individual living in suburban area		Individual from Residential Institute		Individual living with HIV	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

A case unit was selected by the researcher using the purposive sampling technique. However on a later stage, snowball sampling techniques was incorporated. The references and contacts of the researcher in the field were used. Due to COVID-19 pandemic researcher unable to meet the all respondents personally. Thus telephonic interviews conducted to gain insights on the issue and the initiatives thus taken by corporate to mitigate the problem. The primary research was complimented by secondary data —reports received from Family Court Pune.

The cases were cross analysed with indictors of quality of life.

- A. Standard of Living
- B. Foundation of Well being
- C. Health and Wellness
- D. Environmental Quality
- E. Opportunities
- F. Overall Experience

A.Standard of Living Graph A1



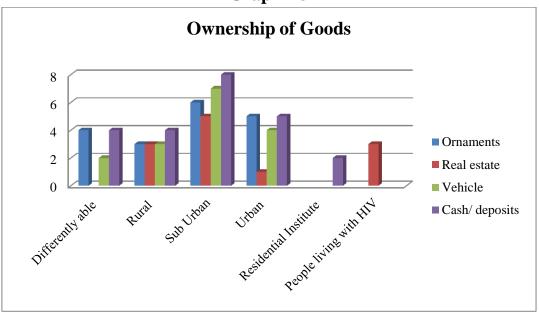
Above graph shows that majority of respondents from all categories were staying with their parents in their own house. Respondents with low income and no support were staying in rental house like people living with HIV and respondents of residential institute. Only those had sound economic condition and basically male respondents had own house.

Graph A2

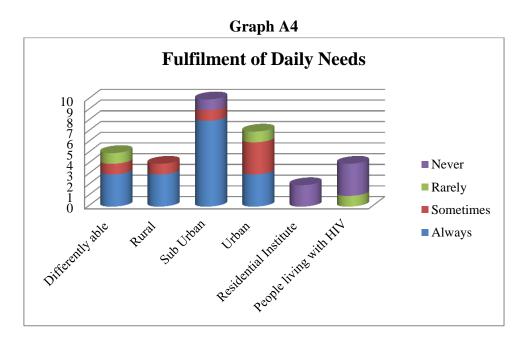


Above table shows that respondents belonging from sub urban ,urban, rural and few differently able had all material goods, however people living with HIV/AIDS dependent on others for such material goods.

Graph A3



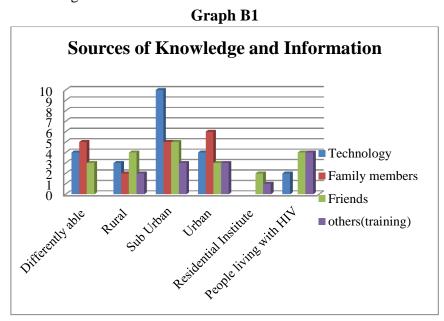
It was that maximum respondent had some cash or deposit with them and women had their ornaments which they get back from alimony. Respondents from rural area had farms, sub urban and urban area flat, people living with HIV /AIDS had common farms at village in the form of real estate. People living with HIV/AIDS and respondents from residential institute had only one goods of ownership.



Majority of respondents staying in sub urban area and economically independent with less responsibilities reported that their daily needs were fulfilled. However people with no support and economically weak are of opinion that fulfilment of their daily needs were difficult.

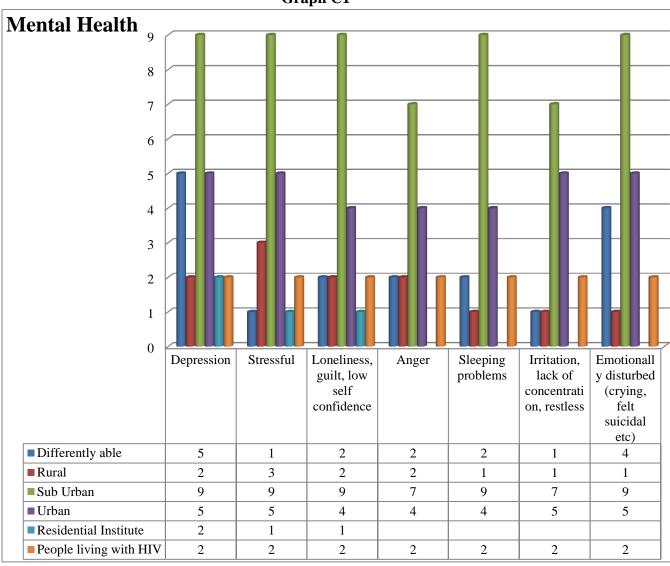
B. Foundation of Wellbeing

The Foundation of wellbeing was depend upon the knowledge, information and communication related basic life issues. In current technological world all respondents had access to basic information and knowledge.



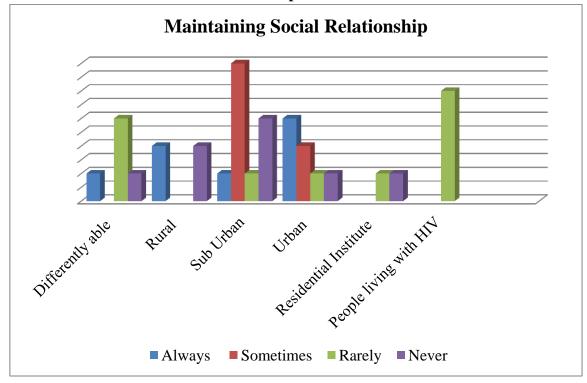
Respondents with different background had varied sources of information. All respondents excluding from residential institute were using mobile phone for getting knowledge and information. Friends was common source for all respondents. Family as a dominant source of information was told by differently able and urban respondents as most of them were dependent on family. Respondents excluding differently able associated with social sector had training as a proper source of knowledge.

C. Health and Wellness Graph C1



Divorce affects on mental health female divorcee had feeling of depression, stressful, loneliness, anger, sleeping problems, Irritation lack of concentration, restless, emotionally disturbed than male divorcee. Coping with this issue was quite difficult for female divorcee. Two of them were made suicidal attempt, female from sub urban area had treatment on their mental health issues like, counselling, flower remedies etc. One of educated female have watched motivational videos. It was also found that female who had hobbies they were able to cope easily.

Graph C2



Stigma is attached with divorcee. Respondents reported that during divorce process and after divorce relatives blaming and have negative attitude towards them. Thus these respondents kept themselves away from all relatives. Maintaining social relationship includes participation in family programs, engagement in creative activities, association with social organisation or groups regular meeting with relatives. Majority of respondents from all group reported that either they rarely in social contact or never maintaining social relations. Very few respondents reported to regularly or sometimes maintained social relations. Family and cultural background affects on it.

More female students reported that Watching the wonderful status of friends, I ask Myself why I cannot enjoy such happy life. I really want to be happy.

D. Environmental Quality

All respondents from all groups felt safe at their home environment and even in work environment. Still they were trying to not to disclose their marital status.

Facing Unexpected Financial Expenses

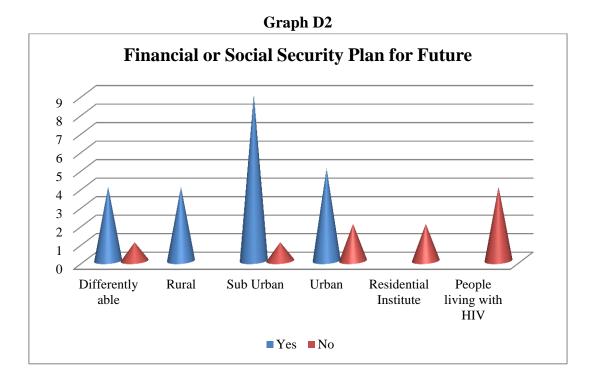
6
4
2
0
Always Sometimes Rarely Never

Differently able Rural

Sub Urban Urban

Residential Institute People living with HIV

Respondent with sound economic condition mostly urban, suburban, differently able (with full family support) and rural background never face economic crisis. However respondents mostly female without economic support and with all backgrounds always face financial crisis. More number of respondents from sub urban group sometime face unexpected expenses.

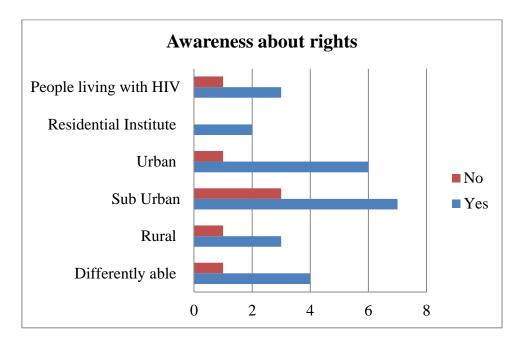


More number of respondent had financial or social security plan for future such as mediclaim or LIC. However people living with HIV/AIDS and from residential institute did not plan for future.

E. Opportunity

This Indicator talks about possibilities and chances for future growth and independency in the life of divorcee.

Graph E1



Respondents were aware about their rights because of the their lawyers guide them to fight in the court. There only they learn to use their rights. Sometimes it was also found that under the pressure and fear of blaming from other party women did not used their rights. All of them were aware of limited rights.

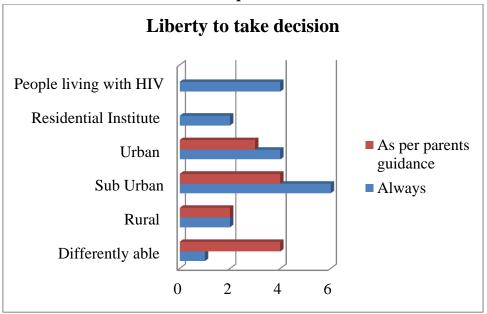
Opportunity for further education

People living with HIV
Residential Institute
Urban
Sub Urban
Rural
Differently able

0 2 4 6 8

All respondents from urban area were reported that they have opportunity to take advance and professional education. Female respondent with responsibility of children are the opinion of that should give preference to their children education first. Respondents living with HIV /AIDS were taking education for better future.

Graph E2

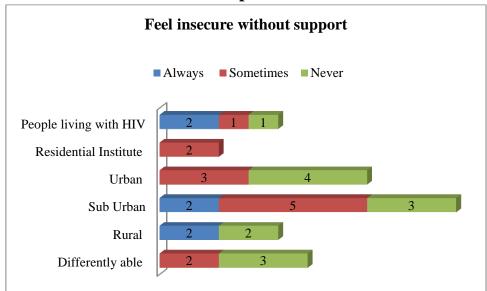


Respondents living with HIV/AIDS and from residential institute had liberty to take own decisions. However respondents from urban, sub urban and differently able were residing with their parents were not able to take their decision on their own.

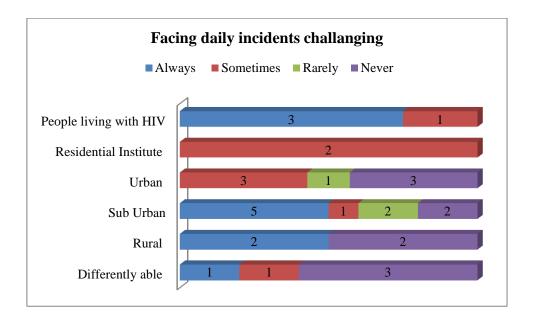
F. Overall Experience

Over all experience of respondents in post life was explored through following graphs

Graph F1



Respondents from residential institute were the opinion of sometimes they feel insecure without support. Majority female respondents feel insecure without support.



Majority respondents living with HIV/AIDS and from sub urban area facing daily incidents always challenging. Respondents from residential institute they had protection from institute still sometimes feel insecure without support

Difficult to live with religious and moral values

Always Sometimes Rarely Never

People living with HIV
Residential Institute
Urban
Sub Urban
Rural
Differently able

Differently able

Graph E3

More respondent reported it difficult to live with religious and moral values either and sometimes. Respondents living with HIV/AIDS, differently able, residential institute were facing it more difficult.

Conclusion:

Standard of living was mostly depend on the economic condition of respondents and their family support. People living with HIV/AIDS and respondents from residential institute were more vulnerable in this aspect of quality of life.

It shows changing functions of family. Now technology is leading source of knowledge and people who deprived of family environment had alternative option to get knowledge.

Divorce majorly affects on mental and physical health especially on female divorcee. Hobbies help them to cope with situation. Society blaming mostly women on their divorce and excluded from social participation. Multiple discrimination and deprivation faced by differently able, women from residential institute, people living with HIV/AIDS.

Environmental quality was quite good in the context of safety at home and workplace. In the context of economic and social security it was not good for people living with HIV/AIDS and from residential institute. All respondents had opportunity for their further development. Though they were educated not aware about rights, decision of using rights were guided by lawyer and decision of personal life was guided by parents. It shows that they were not developed in family for independency.

Respondent with no family support at all feel insecure and daily incidents were challenging for them. It was difficult to live with religious and moral values for respondents living with HIV/AIDS, differently able, residential institute due to multiple discrimination .

Reference:

A. L. George and A. Bennett, 'Case studies and theory development in the social sciences.' MIT Press, 200

Arora, K. (2006). Marriage & Divorce Laws. New Delhi: Professional Book Publisher

Alstein, R. S. (2003). *Global Perspetives on Social Issues: Marriage and Divorce*. New York: Lexington Books.

Clifford Geertz (1973), 'The interpretation of the cultures' Fontana press.

Eymann, A. &. (2009). Impact of divorce on the quality of life in school-age children. *Jornal de pediatria*, 547-52.

Hancock and Algozzines (2006), 'Doing case study research practical guide or beginner researcher '.Teachers College Press, New York.

M.J, M. (2015). A study of the judicial dissolution of marriage with special reference to Dakshina Kannada district . New Delhi: Shodhganga Inflibnet.

Mattoo, N. &. (2012). A Study on Impact of Divorce upon the Attitude and Social Relations of Women in Srinagar District. *Studies on Home and Community Science*, 113-120.

Miles, M. B., & Huberman, A. M. (1994). 'Qualitative data analysis: An expanded source book' (2nd ed.). Thousand Oaks, CA: Sage.

Mizrahi Terry, D. L. (2008). *Encyclopaedia of Social Work* (20 ed., Vols. I A-C). NASW Press, Oxford University Press.

Singh, M. D. (1978). 'The Family in Asia. New Delhi: Vikas Publishing Home Pvt. Ltd.

Stake, R. E. (1995), '*The art of case study research'*. *Thousand Oaks, CA: Sage*. Thilakavathi Subramanian, M. G. (2009). Psycho-social impact and quality of life of people living with HIV/AIDS in South India . *AIDS Care*, 21 (4), 473-481.

Yin, R. K. (2003), 'Case study research: Design and methods '(3rd ed.). Thousand Oaks, CA: Sage.