

ABSTRACT

Objective-To study the selected health problems and socio demographic characteristics of female headed families (FHF) in the Medical Officer of Health area Kanthale.

Design - Descriptive cross-sectional study.

Subjects and setting - Women of families who have been registered as FHF in the registry of Divisional Secretariat, Kanthale for the year 2002.

Materials and methods - Four hundred and twenty two FHF were randomly selected. Data were collected using an interviewer administered questionnaire comprising socio-demographic characteristics, mental health status, coping strategies and the selected physical illnesses. For the assessment of the mental health status General Health Questionnaire (GHQ) 30 was used.

Results -A total of 393 responded with a response rate of 93.1%. The FHF were almost equally distributed according to the ethnic and religious groups living in the area. More than the half (69.2%) of the FHF were above the age of 50 years. Death of the husband was the major cause (80.9%) for separation and the time since separation ranged from three months to 50 years. Only 4.1% had been divorced while 11.5% had been deserted by the husbands. Overall education was poor among the FHF with 21.1% having no school education. Majority of them (52.3%) were having more than four children in the family. Employment rate was only 22% with 11.7% being engaged in unskilled manual labour. However 51.9% were financially assisted by other resources. Majority (76.1%) was living in their own houses and 61% of these houses were permanent structures.

More than the half of FHF (56.5%) was psychologically distressed. There was no significant statistical association seen between the psychologically distressed group and the age, number of children, level of education, death of the husband, availability of occupation, living in a house of her own, practicing meditation as an emotion focused coping strategy and presence of hypertension. However there was a significant association between psychologically distressed group and the presence of migraine, gastritis/gastric

ulcer and seeking expert's advice as a problem focused coping strategy. It is seen that there is a higher tendency to follow emotion focused coping strategies than the problem focused coping strategies. Among the physical illnesses which are related to stress, 15.5% of FHF were having hypertension; 27.2% were having gastritis/gastric ulcer, and 15.2% were having symptoms related to migraine.

Conclusion- FHF were equally distributed among the ethnic and religious groups in Kanthale. Their level of education, economy, and opportunity for employment was poor. More than the half of them were psychologically distressed. There was a significant association between psychological distress and physical illnesses (hypertension and migraine). They had practiced emotional focused coping strategies than the problem focused coping strategies.

