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Psychological Resilience and Perceived Social Support among Women Exposed to Traumatic Events of Saptari District, (Kanchanrup Municipality)

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Abstract.

Background: Saptari is the smallest district of country and lies in the eastern development region of Nepal. There were limited studies conducted about status of maithali women and about domestic violence they were facing but there were no studies conducted about their psychological resilience and social support they gain to overcome those adversities in the Saptari district. The position of madhesi women is worse because of an analphabetism, political, religious and superstitious belief. The main objective of the study focuses on the relationship between the resilience and social support that helps to understand resilience on women who are socially backward and facing traumatic events in life.

Methods: A descriptive cross-sectional study included 200 respondents from paralegal committee and community of Kanchanrup municipality, Saptari district. Quantitative data were collected for this research. The Connor- Davidson Resilience scale (CD-RISC), and multidimensional scale of perceived social support (MSPSS) were used to measure the resilience and social support. Pearson's correlation and t-test analyses were performed to examine associations between resilience and independent variables. The collected data were analyzed using SPSS 16.

Results: The study findings indicated significant associations between resilience and social support (r==.853, $p<0.01$), and demographic variables which included employment, education and resilience (r=0.173, $p<0.01$) (r=.264, $p<0.05$). There was a non-significant association between resilience and age, marital status, religion. A study showed a significant negative correlation between resilience and ethnicity which indicates that the participants belonging to untouchability groups had lower resilience (r=−0.410, $p<0.01$). In the simple linear regression analysis, social support was able to explain 72% of the variance in resilience ($R2 =0.72$, $F (6, 75) =12.53$, $p<0.001$). The Cronbach's alpha for the CD-RISC and MSPSS were .91 and .80 respectively.

Conclusions: From this study it can be concluded that there is a significant difference on the scores the measurers of resilience and perceived social support among the women. Psychological

resilience, perceived social support and demographic factors were associated with resilience in women who sustained a traumatic life events.
This present research will be helpful for planners, decision makers and responsible government in micros level development planners to uplift the status of women and to improve the mental health status of women especially of backward groups.
Keywords: Resilience, Social support, Stressful life events, Women, Nepal,

1. Introduction

Resilience is viewed as a positive personality characteristic enhancing individual adaptation and it is about survival and growth. Resilience is predicted by both the ability of ones, and the capacity of their social and physical ecologies to facilitate their coping in culturally meaningful ways (Ungar, 2018). " Resilient outcomes is normally defined as a results concerning as far as great emotional wellness, fine mental state, practical limit, and social capability" (Olsson et al., 2003)." Nearly everybody is faced with the harsh fact that loved ones die over the course of a normal life period. Most adults do experience at least one potentially traumatic incident (PTE; e.g., physical or sexual assault, or life-threatening accident) (Bonanno & Galea, 2007)

Social support is an extrinsic protective factor as a way of strengthening the well-being of members within social networks(White et al., 2015) and is important area for gaining confident among women. Incorporating quality social support throughout the lifespan, and described social support as a web of social relationships that involve both intimate and formal relationships that socially connect individuals to larger communities. (Cohen, 2004). Social support is defined as a network of quality relationships that are heavily associated with resilience(Wells, 2009). (Hardy et al., 2004), analyzed that living with others has made significant contribution to resilience, While (Forsman et al., 2013) described that feeling of belonging to social groups is build up as a network of intimate social contacts and the important components of resilience was identified as quality of relationships and community engagement, demonstrating the greatly strong role of social networks (Hildon et al., 2010).
Social support has been described as "support accessible to an individual through social ties to other individuals, groups, and the larger community."(Lin et al., 1979). Social support, in contrast, refers to the function and quality of social relationships, such as perceived availability of help or support actually received. It occurs through an interactive process and can be related to altruism, a sense of obligation, and the perception of reciprocity (Schwarzer & Weiner, 1991).

Resiliency, Strength, and flexibility most essentially, shows itself as the capacity to react or perform decidedly even with difficulty, to accomplish notwithstanding the nearness of inconveniences, or to fundamentally surpass desires under given negative conditions(Gilligan,

2007). Social help from family, companions, and others is regularly referred to as being fundamental to youth advancement and strength (McGrath, 2009).
Resilience as the process of bouncing back from adversity(Jackson et al., 2007)

Women of Nepal comprising 50.1 percent of the total population have been discriminated against in all sectors of national life since time immemorial due to an age-old patriarchal value system, cultural practices, and unsustainable legal provision (UNDP, 2004).

Madhesi women cannot "escape the cultural inscription of state power or authority and other types of regulation that define the various types of membership" (Berkeley, 1996).
Madheshi Community is described as one of the umbrella of social groups representing regional discrimination, making in excess of sixty ethnic and caste organizations including Adibashi / Janjati, Dalit, Muslim with different languages, cultures, customs and religions, incorporating them with their prevalent characteristics of non-hill origin and denied of their personality or identity (Lama-Tamang, 2009). In all fields such as politics, economy, civil service, education, police-military etc., and human development aspects, this community has been highly marginalized, ranging from their identity in their own country to livelihood strategies. Violence against Terai women is the most common type of violence based on superstitions such as torture for suspected sorcery, sexual abuse , domestic violence, polygamy, child marriage and dowry related violence (Mandal, 2016)
Furthermore, in the study of madhesi women at household level were victims from their circle of family resulting into 65 per cent of the perpetrators of violence, while only 35 per cent of the perpetrators were victims from outside the family. Such pattern trend is comparable in the situation of Nepalese women with slightly more (77 per cent) within the family and less (23 per cent) from outside the family(Rana-Deuba, 1997).

In Nepal, violations of human rights against women and girls, including gender-based violence, damaging practices for instance early and forced child marriage, unequal access to education for females and girls, and unequal access for females to jobs, management and decision-making, are significant threats to their dignity and well-being. This has an impact on their families and communities and creates obstacles to achieving inclusive sustainable development (UNFPA Nepal, 2017).

2. Methods

A research that was carried out was quantitative research to test the hypothesis which states that psychological resilience depends on perceived social support among women of Saptari district of Nepal

Setting

The research was conducted among women at Kanchanrup municipality, and in Madhesi community in Saptari district of Nepal.

Sample and sampling procedure

A total of 200 participants were given the questionnaires of psychological resilience and multidimensional scale of perceived social support. Women from Kanchanrup municipality who met the inclusion criteria were recruited. The participants in the study were selected based on the convenience sampling techniques that require the most conveniently available women. An a priori analysis using G*Power software was used to compute the required sample size for an ANOVA, needed to determine statistical significance with a small effect size 0.25, using an alpha level of 0.05, Power (1-β err prob) = 0.80.

The analysis found that a total sample size of 200 participants was needed, to obtain a statistically significant result. Therefore, data were gathered from 200 participants, and was considered sufficient to obtain statistically significant findings. All participants were 18 years or older.

Inclusion and exclusion criteria

The inclusion criteria are: 1) adults above or equal to 18 years; 2) able to understand Maithili, or Hindi or Nepali language; 3) those who seek help from paralegal; and 4) no prior or present history of any mental health disorder or problem; 5) married women.

The exclusive criteria are 1) those who are Married but are under age 18. 2) Those who have showed unwillingness in between the study 3) demanding financial aid

3.5. Data collection tools

Research instruments.

Conner Davidson resilience scale and MPSS was used in this study to collect the data.

Part I:

The Connor-Davidson Resilience Scale (CD-RISC) is used to measure resilience among women which is a self-administered scale of 25 items developed by (Connor & Davidson, 2003) that is applicable among general population and an individual and also resilience in normal and clinical

samples this tool exhibits good psychometric properties. The tool measures five factors corresponding to 1) personal competence/tenacity, 2) trust in one's instincts/tolerance of negative affect, and strengthening effects of stress 3) positive acceptance of change/secure relationships, 4) control, and 5) Spiritual influences.

The CD-RISC is a 25-item scale measuring resilience, where each item is rated on a 5-point Likert scale and the responses ranges from not true at all (0) to true nearly all time (4), where 0= not true at all: 1= rarely true; 2= sometimes true; 3= often true; 4= true nearly all of the time (Appendix C). The total score ranges from 0–100 that shows higher scores indicate greater resilience and lower score indicate low resilience capacity. The CD-RISC was translated into the Nepali language using the back-translation process. This version of the scale was translated by Saurab Sharma, with assistance from Anupa Pathak.

In the study, Cronbach's alpha of the Nepali version of the CD-RISC was 0.82. The scores of the CD-RISC were categorized into two levels based on a mean resilience score of a study conducted among Nepalese sample. A CD-RISC score ⩽68 was interpreted as low resilience and a score >68 was interpreted as high resilience. In this study, overall mean resilience score of the participants was 64.76 (s.d. =14.02) (Bhattarai et al., 2018).

Part-II:

The MSPSS as a measure of social guide is a 12-object device which measures perceived guide from 3 resources: own family, friends and significant Others that has been used amongst numerous populations. This 12-item MSPSS evolved via (Gregory D., 1998). Items are scored on a 7-factor score scale ranging from 1 (very strongly disagree) to 7 (very strongly agree) with possible scores starting from 12 to 84 (Appendix D). The MSPSS has proven excessive inner reliability (Cronbach's alpha = .87, .85, and .91 respectively for the family, friends and significant others subscales).

The MSPSS was translated from the original language to the Nepali following the back-translation technique of Brislin, 1970. The translated variation was back-translated to the nepali language with the aid of two unbiased bilingual translators by (Tonsing et al., 2012).

The MSPSS-N was tested in 153 Nepalese and an appropriate content validity was reported. In addition, the MSPSS-N demonstrate Cronbach's alpha of .90 for the total scale, and .86, .84, and .80, for the subscales of family, friends, and significant others, respectively (Tonsing et al., 2012).

Reliability of the instruments

The Connor-Davidson Resilience Scale (CD-RISC) and Multidimensional Scale of Perceived Social Support (MSPSS) were used to collect data. The reliability of the instruments was tested for internal consistency by using Cronbach's alpha and yields accepted value. The Cronbach's alpha coefficient for CD-RISC and MSPSS-N were .91 and .80 respectively. These values can be

regarded as acceptable since Cronbach's alpha of more than .70 can be considered as acceptable reliability of the instruments (Polit,Denise F; Beck, 2017).

Statistical analyses

The analyses were performed using the Statistical Package for the Social Sciences Software (SPSS; version 16.0). All study variables met the assumptions of correlation**.**

The normality of the CD-RISC and MSPSS were tested by examining skewness and kurtosis. The distribution of data was considered normal if the values of skewness and standard error (SE) ratio and kurtosis and SE ratio were in the range of ±3 (Pallant & Pallant, 2011).The hypothesis was tested using inferential statistics. Pearson's correlation was used to calculate the relationship between resilience and social support since the data met the assumptions of normality. Correlation between resilience and potential confounding demographic variables were examined using Spearman's correlation since those variables were categorical.

Results

Participants included 200 females with a mean age of 37.95 years (SD 12.17). Six specific demographic characteristics were analyzed; age, education, employment status, ethnicity, marital status and religion. The mean age of participants was 37.95(SD=12.17) years and the ages ranged from 18 to 62 years. Most of the participants were between 18to30 (37.5%) and other demographics data include Hindu (72.5%), illiterate (75%), housewife (97.5%), Dalit's (53.5%) and married (97%).

Table 1: Demographic characteristics of participants

variables	N	%
Age(years) (M=37.95, SD= 12.17, Min-Max=18-62) 18-30 31-41 42-51 52-62	 69 54 44 33	 34.5 27 21 16.5
Education		

Illiterate Primary level Secondary level	150 47 3	75 23.5 1.5
Employment status Unemployed Employed	 195 5	 97.5 2.5
Ethnicity Janajatis Dalit's	 50 95	 25 53.5
Marital status Married Widow	 194 6	 97 3
Religion Hindu Muslim	 145 55	 72.5 27.5

The average resilience score of the participants was 52.99 (SD 11.73). The average social support score of the participants was 52.53 (SD 11.827). Descriptive statistics for social support, and resilience are presented in Table 2.

Table 2, Descriptive Statistics

Descriptive Statistics

	Mean	Std. Deviation	N
Q9psychological_resilience	52.99	11.730	200
Social support	52.52	11.827	200

Pearson's correlation matrix of resilience and psychosocial factors, i.e., social support is shown in Table 3. A significant positive correlation was found between resilience and social support (r=.853, $p<0.01$)

Table 3: Pearson's correlation between resilience and social support

Correlations

		Q9psychological_resilience	Social support
Q9psychological_resilience	Pearson Correlation	1	.853**
	Sig. (2-tailed)		.000
	N	200	200
Social support	Pearson Correlation	.853**	1
	Sig. (2-tailed)	.000	
	N	200	200

**. Correlation is significant at the 0.01 level (2-tailed).

Additionally, Spearman's rank correlation was used to find the correlation between resilience and demographic characteristics of participants (i.e. age, education, employment, ethnicity, marital status, religion)

A significant positive association were found between employment, education and resilience ($r=0.173$, $p<0.05$) ($r=.264$, $p<0.01$). There were no significant associations between resilience and other demographic variables (age, marital status, religion). A significant negative correlation was identified between resilience and ethnicity which indicates that the participants belonging to untouchability groups had lower resilience ($r=-0.410$, $p<0.01$).

Table 4: Spearman correlation matrix between Resilience and demographic variables

		1	2	3	4	5	6	7
1	Resilience	1	-0.057	.264**	.173*	-.410**	-0.131	0.017
2	Age	-0.057	1	-0.127	0.087	0.076	.193**	0.056
3	Education	.264**	-0.127	1	-0.02	-.281**	-0.101	-.151*
4	Employment	.173*	0.087	-0.02	1	-0.088	-0.028	0.045
5	Ethnicity	-.410**	0.076	-.281**	-0.088	1	0.01	.699**
6	Marital status	-0.131	.193**	-0.101	-0.028	0.01	1	-0.043
7	Religion	0.017	0.056	-.151*	0.045	.699**	-0.043	1
**. Correlation is significant at the 0.01 level (2-tailed).								
*. Correlation is significant at the 0.05 level (2-tailed).								

4. Discussion

The goal of the current study was to find out how the prevalence of resilience in the women after stressful life events might vary in relation to various socio-contextual factors, such as demographics, the availability of social and material resources or the loss of resources, and past and current life stressors. As a preliminary step, we first sought to provide convergent support for our operational definition of resilience.
This study examined the role of psychosocial and demographic factors in determining resilience among Nepalese madhesi women suffering with various issues. Among psychosocial variables, social support significantly influenced resilience among the participants. In addition, ethnicity, education, and employment of participants were also significantly related to resilience. Interestingly, there was no significant association between resilience and age and religion of the study participants.

As mentioned, the study results found that social support had a significant association with resilience in the participants.

Social support is an extrinsic protective factor as a way of strengthening the well-being of members within social networks (White et al., 2009) and is important area for gaining confident among women. Perceived social support is generally associated with health and well-being and also it is found that social support has significant association with resilience. This finding is similar to the study conducted in New York City and contiguous geographic areas in New York State, New Jersey, and Lower Fairfield County in Connecticut by (Bonanno et al., 2007).

As (Hirani et al., 2018) found in their study that social support intervention for promoting resilience and quality of life among women even though living in low socioeconomic areas of Karachi, Pakistan, participants of study.

Similarly to previous study that predict resilience among women was between 18-64 years of age and it shows over and above the contributions of employment, income, and education (Sannisha K. Dale, Mardge H. Cohen, Gwendolyn A. Kelso, Ruth C. Cruise, Kathleen M. Weber, Cheryl Watson, Jane K. Burke-Miller, 2015). In this study, the finding shows that education plays vital role in gaining resilience among women. The mean score for illiterate was M=51.42, SD= 12,253, for primary M=57.77, SD= 8.676 and for secondary M= 56.67, SD=5.859. And was positively correlated with resilience (r=.264) that was significant at the 0.01 level.

Religion offers a response to the problem of human insufficiency and suffering in the time of adversity and crisis. The positive feelings elicited by positive faith-based thoughts, beliefs, and experiences, personal or communal, both may directly modulate various neurobiological and epigenetic parameters (Sannisha K. Dale, Mardge H. Cohen, Gwendolyn A. Kelso, Ruth C. Cruise, Kathleen M. Weber, Cheryl Watson, Jane K. Burke-Miller, 2015). (Feder, Nestler, & Charney, 2009) indicative of pathophysiology (neurobiological resilience). In this study it was incongruent with previous study as there were no significant associations between resilience and religion. The mean score for Hindu women (M=52.83, SD=13.049) and for Muslim women (M=53.42, SD=7.261).

In the study conducted by (Gooding et al., 2012), resilience related to social support was higher in the young adults compared with that of the older adults. For the analysis of resilience related to social support, F (10,109) =2.18, $p<0.05$, R=0.17. The mean score of resilience and social support for Older adults (N=60) was 52.12 and 17.10 respectively. While the mean score of resilience and social support for Young adults (N=60) was 48.20 and 18.37. However, in this study, the mean score for age was 38 and standard deviation was 12.17. Thus, this study is incongruent to above study as young women had higher resilience related to social support.

Women from terai have low resilience. The average resilience score of the participants was 52.99 (SD 14.02). In this study 53.5 % women have resilience above average resilience score while 46.5 % women have low resilience score. However, in relation to previous study the average score for CD-RISC was 60.97, ranging from 37 to 69. Resilience was positively associated with educational level, family income, and time span after diagnosis, social support, confrontation, avoidance, and hope (Wu et al., 2016).

There is lack of published evidence that assessed the level of resilience among women especially in context of terai region of Nepal. Nepal is a multicultural, multi-lingual, and multi-religious

country and is also male dominated society where women are considered as inferior or subordinates to men. According to (Pokharel, 2007) gender discrimination in education, employment and health accelerates economic burden. Discrimination against women affects their ability, skills and confidence level to participate freely and fully in society and in turn brings psychologically harmful consequences. Due to this woman in society can have decreased low self-esteem that will reduce the social support and decreases the level of resilience.
The protective factors that promote women's fit, functioning and growth are those factors that help women remain healthy, satisfied and involved with their work, committed to the organization, performing well, and able to advance in their careers and salaries. The greater self-determination that women are able to exercise in relation to their daily work lives, either because of job design, less authoritarian leadership or their own seniority, the more effectively they perform at work(Greguletz et al., 2018). This study is congruent with previous study revealing that employed women were more resilient than unemployed. The mean score for unemployed (M=52.6, SD= 11.465), and for employed women (M=68.2, SD= 13.18) that is significant at the level $p<0.05$

In congruent to previous study conducted among 125 ethnic minority individuals by (Romero et al., 2013) found that participants who explore and commit to their ethnic identity protective elements feel optimistic about one's ethnic group and tend to have higher self-esteem and are more likely to be resilient.
In this study, there is a significant positive association between ethnicity and resilience for janajatis (M=65.36, SD=8.11), for Dalit (M=47.36, SD= 10.512), at the level $p<0.05$. The finding reveals that janajatis have higher resilience than Dalit's. Thus, this hypothesis was supported.

Conclusion.

Previous research findings were supported and this study reported more insight into resilience following daily life traumatic events. The results indicated that social support was the significant psychosocial factors of resilience. Furthermore, demographic factors such as education, and employment were also associated with resilience. Therefore, interventions or rehabilitation should be focused on specific psychosocial factors as well as demographic factors. Future research regarding resilience interventions can aid rehabilitation organizations as well as mental health professionals to improve rehabilitation outcomes, enhance resilience, and promote successful reintegration into the community especially women from backward community.

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