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

Rakshya Karki

Sharad Rayamajhi

Kabita Khati

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Abstract
Saptari is the smallest district in Nepal; it lies in the country's eastern development region. There have been limited studies conducted about Maithali women's status and domestic violence they face, however, no studies were conducted about the psychological resilience and social support they receive to overcome these adversities specifically in the Saptari district. The position of Madhesi women is worse because of analphabetism, and political, religious, and superstitious beliefs. The study's primary objective is to examine the relationship between resilience and social support among women facing traumatic events in life. A descriptive cross-sectional study consisted of 200 respondents from the paralegal committee and the Kanchanrup municipality community, in the Saptari district. Quantitative data was collected for this research. The Connor-Davidson Resilience Scale (CD-RISC) and the Multidimensional Scale of Perceived Social Support (MSPSS) were used to measure resilience and social support. Pearson's correlation and t-test analyses were performed to examine associations between resilience and independent variables. The collected data was analyzed using SPSS 16. 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 an insignificant association between resilience and age, marital status, and religion. Our study showed a significant negative correlation between resilience and ethnicity, which indicates that the participants belonging to untouchable groups had lower resilience ($r=-0.410$, $p<0.01$). In a 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. From this study, there is a significant difference in the scores of resilience and perceived social support among women. Psychological resilience, perceived social support, and demographic factors were associated with resilience in women who experienced traumatic life events. The present research could help planners, decision-makers, and responsible government in micro-level development planning uplift women's status and improve their mental health status, especially of marginalized groups.

Keywords: Resilience, Social support, Stressful life events, Women, Nepal

Introduction
Resilience is viewed as a positive personality characteristic; it involves enhancing one's ability to adapt, and survival and growth. Resilience is predicted by both the ability and the capacity of the person and their social and physical ecologies to facilitate their coping in culturally meaningful ways (Ungar, 2018): "Resilient outcome is normally defined as results concerning as far as great emotional wellness, fine mental state, practical limit, and social capability" (Olsson et al., 2003)." Everyone faces the harsh fact that they will witness the death of a loved one in their

lifetime. And most adults experience at least one potentially traumatic incident (e.g., physical or sexual assault, or a life-threatening accident) (Bonanno & Galea, 2007).

Social support is an extrinsic protective factor for strengthening the well-being of members within social networks (White et al., 2015) and is an important area for women to gain confidence. Incorporating quality social support throughout the lifespan and describing social support as a web of social relationships that involve intimate and formal relationships that socially connect individuals to larger communities (Cohen, 2004), social support is defined as a network of quality relationships heavily associated with resilience (Wells, 2009). Hardy et al. (2004) explained that living with others has made a significant contribution to resilience. Also, Forsman et al. (2013) described that the feeling of belonging to social groups is built up as a network of intimate social contacts. The essential components of resilience were identified as the quality of relationships and community engagement, demonstrating the vital role of social networks to resilience (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). In addition, social support refers to the function and quality of social relationships, such as the perceived availability of help or support 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). Social help from family, companions, and others is understood to be fundamental to youth advancement and strength (McGrath, 2009). Resilience is the process of bouncing back from adversity (Jackson et al., 2007).

Women in Nepal, comprising 50.1 percent of the total population, have been discriminated against in all national life sectors because of an 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). The Madheshi Community, described as the umbrella of social groups representing regional discrimination, consists of over sixty ethnic and caste organizations, including Adibashi/Janjati, Dalit, and Muslim, all of which have different languages, cultures, customs, and religions. It incorporates them according to their general characteristics of non-hill origin and denies their personality or identity (Lama-Tamang, 2009). In all occupations including politics, economy, civil service, education, police, the military, and human development fields, members of this community have been highly marginalized, based on their identities within their societies and their livelihoods. Violence against Terai women is common and based on superstitions such as torture for suspected sorcery, sexual abuse, domestic violence, polygamy, child marriage, and dowry related violence (Mandal, 2016). In this study, many Madhesi women were victimized by members of their own families; 65 percent of the perpetrators were from inside the family, and 35 percent of the perpetrators were victims from outside the family. This trend is comparable to the situation of Nepalese women with slightly more (77 percent) within the family and less (23 percent) 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 affects their families and communities and creates obstacles to achieving inclusive, sustainable development (UNFPA Nepal, 2017).

Methods

This quantitative research was carried out to test the hypothesis which states that psychological resilience depends on perceived social support among women in the Saptari district of Nepal. The participants were recruited from the paralegal committee in the Saptari district, which is a community-based security commission that provides free legal assistance.

Participants

A total of 200 participants were given the questionnaires on psychological resilience and multidimensional scale of perceived social support. Women from the 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, which was 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 was gathered from 200 participants and was considered sufficient to obtain statistically significant findings. All participants were 18 years or older.

The inclusion criteria were: 1) adults above or equal to 18 years; 2) able to understand Maithili, or Hindi, or Nepali language; 3) those who seek help from a paralegal; 4) no prior or present history of any mental health disorder or problem; 5) married women. The exclusion criteria are: 1) those married but are under age 18; 2) those who have shown unwillingness in the study; 3) those demanding financial aid.

Measurements

The Connor-Davidson Resilience Scale (CD-RISC) measures resilience and is a self-administered scale of 25 items developed by (Connor & Davidson, 2003), that applies to the general population and individual, and this tool also exhibits good psychometric properties and resilience in normal and clinical samples. 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 rated on a 5-point Likert scale and the responses range from not true at all (0) to true nearly all the time (4), where 0= not true at all, 1= rarely true, 2= sometimes true, 3= often true, and 4= true nearly all the time. The total score ranges from 0 to 100; higher scores indicate greater resilience, and lower scores show a 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 samples. In the study, the overall mean resilience score of the participants was 64.76 (s.d. =14.02) (Bhattarai et al., 2018).

The MSPSS as a measure of the social guide is a 12-object device which measures perceived guide from 3 resources: one's own family, friends, and significant others that have been used amongst numerous populations (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. The MSPSS has proven excessive inner reliability (Cronbach's alpha = .87, .85, and .91

respectively for the family, friends, and significant other's 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 (Tonsing et al., 2012). The MSPSS-N was tested on 153 Nepalese and appropriate content validity was reported. In addition, the MSPSS-N demonstrates 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). The reliability of the instruments was tested for internal consistency using Cronbach's alpha and yields the 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 was 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 was 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). We analyzed six specific demographic characteristics: 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 18 and 30 (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)	69	34.5
(M=37.95, SD= 12.17, Min-	54	27
Max=18-62)	44	21
18-30	33	16.5
31-41		
42-51		
52-62		
Education		
Illiterate	150	75
Primary level	47	23.5
Secondary level	3	1.5
Employment status		
Unemployed	195	97.5
Employed	5	2.5
Ethnicity		
Janajatis	50	25
Dalit's	95	53.5
Marital status		
Married	194	97
Widow	6	3
Religion		
Hindu	145	72.5
Muslim	55	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

	Mean	Std. Deviation	N
Q9 Psychological 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

		Q9 Psychological Resilience	Social support
Q9 Psychological 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 was 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 untouchable 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).								

Discussion

The goal of this study was to find out how the prevalence of resilience in women after stressful life events might vary depending on various socio-contextual factors such as demographics, the availability of social and material resources or losing 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 from various issues. Among psychosocial variables, social support significantly influenced resilience among the participants. Also, ethnicity, education, and employment of participants were significantly related to resilience. Interestingly, there was no significant association between resilience and age and religion of the study participants. As previously mentioned, the study results found that social support had a significant association with resilience in the participants.

Social support is an extrinsic protective factor that strengthens the well-being of members within social networks (White et al., 2009) and is an important area for gaining confidence among women. Perceived social support is generally associated with health and well-being and it is also found that social support has a 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 (Bonanno et al., 2007).

As (Hirani et al., 2018) also found in their study, social support intervention is vital for promoting resilience and quality of life among women living in low socioeconomic areas of Karachi, Pakistan. Similarly to the previous study, we also found that 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 findings show that education plays a vital role in women's resilience. 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—may both 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). According to (Feder, Nestler, & Charney, 2009) these are indicative of pathophysiology (neurobiological resilience). This study was incongruent with the previous study, as there were no significant associations between resilience and religion. The mean score for Hindu women was (M=52.83, SD=13.049) and 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 young adults compared to 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 the standard deviation was 12.17. Thus, this study is incongruent to the above study, as young women had a 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% of women have an above-average resilience score while

46.5 % women have a low resilience score. However, in relation to the 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 after diagnosis, social support, confrontation, avoidance, and hope (Wu et al., 2016).

There was previously a lack of published evidence that assessed the level of resilience among women especially in the context of this Terai region of Nepal. Nepal is a multicultural, multi-lingual, and multi-religious country and is also a male-dominated society where women are considered inferior or subordinates to men. Gender discrimination in education, employment, and health speed up the economic burden. Discrimination against women affects their ability, skills, and confidence level to participate freely and fully in society and in turn causes psychologically harmful consequences. Due to this, women in society can have decreased self-esteem that will reduce social support and decreases their level of resilience (Pokharel, 2007).

The protective factors that promote women's fitness, 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 can exercise in their daily work lives—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 the previous study, revealing that employed women were more resilient than unemployed women. The mean score for unemployed is (M=52.6, SD= 11.465), and for employed women is (M=68.2, SD= 13.18) which is significant at the level $p<0.05$.

This study is congruent to a previous study conducted among 125 ethnic minority individuals by (Romero et al., 2013) which found that participants who explore and commit to their ethnic identity protective elements feel optimistic about their ethnic group, 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.

Conclusion

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

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