

Loneliness Among Old Aged People In Hisar

Jyoti Rani

Ph.D Research scholar

Kholajyoti25@gmail.com

Department of EECM

CCS HAU Hisar -125004(Haryana), India

Abstract

Seasons of life are the offerings of the dynamic creation of God. Each developmental phase has its unique characteristic features, developmental tasks, virtues and realization points in the platform of positive psychology. Old age is the final developmental phase which is adorned by folds of wisdom, generatively and ripened meaning of life for successful aged.

loneliness in older people. Older people are especially vulnerable to **loneliness** and social isolation – and it can have a serious effect on health. ... Whatever the cause, it's shockingly easy to be left feeling alone and vulnerable, which can lead to depression and a serious decline in physical health and wellbeing. The study was conducted in the hisar district both rural as well as urban area. In rural area among all respondents of moderate level of loneliness. While in Urban area respondents 36.7% were of severe level of loneliness , followed

by 56.7% of moderate level and rest 6.7% were of mild level of loneliness.

Introduction

The elderly population is substantial in general and growing due to advancement of health care and education. The current scenario as regards to elderly evidently shows that their numbers have increased over the last few decades worldwide and tend to be so in the coming years. Ageing adults face numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in ageing years, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities.

Ageing can be defined as a progressive functional decline or a gradual deterioration of physiological function with age, including a decrease in fecundity or the intrinsic, inevitable and irreversible age-related process of loss of viability and increase in vulnerability. Clearly, human ageing is associated with a wide range of physiological changes that not only make us more susceptible to death, as described above, but also limit the normal functions and render us to be more susceptible to a number of diseases.

Loneliness

Loneliness has been described as —the subjective, unwelcome feeling of lack or loss of companionship. Loneliness has been defined as a personal subjective feeling of a lack of satisfying human relationships, and for this reason, loneliness is a negative feeling that impairs the quality of life of ageing adults sometimes causing depression. The quality of social relationships plays an important role in whether or not people suffer from loneliness. Loneliness affects the physical and mental health of ageing adults. It leads to slower recovery from stroke and also increases the frequency the emergency hospitalization which may cause depression

and stress. Loneliness contributes to anxiety and despair.

Causes and Effects of loneliness

Loneliness has many different causes and affects everyone differently. Often people feel lonely because of their personal circumstances. But sometimes loneliness is a deeper, more constant feeling that comes from within. Some people experience a deep and constant feeling of loneliness that come from within and does not disappear, regardless of their social situation and social support.

Major factors that contribute to loneliness include living alone; advancing age; widowhood; low levels of education or income; poor health; and infrequent contact with family, Loneliness was associated with living alone or in a residential home, advancing age, widowhood, a low level of education and a low level of income. In addition, poor health status, poor functional status, poor vision and loss of hearing increased the prevalence of loneliness. The most common subjective causes for loneliness were found to be illnesses, death of a spouse and lack of friend.

due to lack of close family ties and reduced connections with their culture of origin,

which results in an inability to actively participate in the community activities. With advancing age, it is inevitable that people lose connection with their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. . Depression and loneliness are considered to be the major problems leading to impaired quality of life among elderly persons. . Keeping all this in mind, the study will be conducted with the following objectives:

1. To examine the degree of loneliness among old aged people.
2. To identify the relationship between socio-economic status and loneliness in elders.

Methodology

Hisar District of Haryana state was selected purposively for the locale of the present study. The study was conducted in one rural area village kirtan and one urban area Rishi Nagar of Hisar districts. The selection of area was at random. From rural area 30 respondents of age group range between 60-80 were selected randomly and the same procedure was followed for urban area, thus comprising total sample of 60 respondents. Hence the sample size for the present study

was 60 respondents. A structured interview schedule was prepared for measuring independent variable and for measuring dependent variable loneliness scale was used keeping in view the independent and dependent variables and objectives of the study.

Results

Table 1: General Profile of the Respondents.

Table 1 reveals that- As for as age is concerned data showed that out of total respondents in rural area 26.7 per cent respondents belongs to age group of 60-69 years, followed by 46.7 percent having age group 70-79 and rest 26.7 per cent belongs to the age group of 80-and above. While in urban area out of total respondents' 46.7 per cent respondents were in the age group of 60-69 years, followed by 30.0 percent in the group of 70-79, and rest 23.3per cent having age range 80-and above.Out of total sample in rural area 13.3 per cent respondents were female and 86.7 per cent were male. While in Urban area out of total respondents 43.3 per cent were female and 56.7 percent were male.

Variables		Rural (1) n=30		Urban (2) n=30		Total	
		Frequency	Percentage	Frequency	Percentage	(n=60)	%
Age-	60-69	8	26.7	14	46.7	22	36.7
	70-79	14	46.7	9	30.0	23	38.3
	80 and above	8	26.7	7	23.3	15	25.0
Sex	Male	26	86.7	17	56.7	43	71.6
	Female	4	26.3	13	43.3	17	28.3
Family type	Nuclear	10	33.3	21	70.0	31	51.7
	Extended	1	3.3	1	3.3	2	3.3
	Joint	19	63.3	8	26.7	27	45
Marital status	Married	14	46.7	13	43.3	17	28.3
	Unmarried	4	26.3	3	10.0	7	11.7
	Widow/ Widower	12	40.0	14	46.7	26	43.3
Family Size	Medium	14	46.7	16	53.3	30	50.0
	Large	16	53.3	14	46.7	30	50.0
Education	Illiterate	12	40.0	0	0	15	25.0
	Up to 10/12	10	33.3	5	16.7	29	48.3
	Graduation	4	13.3	6	20.0	6	10.0
	Post graduation	4	13.3	19	63.3	10	16.7
Loneliness	Mild-0-25	0	00	2	6.7	2	3.3
	Moderate- 26-50	21	70.0	17	56.7	38	63.3
	Severe - 51-75	9	30.0	11	36.7	3	33.3

In rural area majority of the respondents 63.3 percent were living in joint families and rest 10 percent were living in nuclear families and only 3.3% of the respondents were living in extended families. While In urban areas majority of the respondents 70 percent were living in nuclear families and rest 26.7% were in joint families and only 3.3% of the respondents were living in extended families. .In rural area majority of the respondents 46.7 % were married followed by 40.0% were widowed/ widower and 26.3% respondents were unmarried .While in Urban area 43.3% respondents were married followed by 46.7% were widowed/ widower and only 10% respondents were unmarried .In rural area majority (53.3%) of the respondents were belong large size of family followed by (46.7%) respondents were belong to medium size of family. Where as in urban area majority 53.3% of the respondent belong to medium size of family and 46.7% respondents belong to the large size of family. In rural area regarding education 40.0% respondents were illiterate whereas 33.3% were upto10-12 and 13.3% were graduate and 13.3% were post graduate. While in Urban area majority 63.3 % were

postgraduate, 20.0% were graduates and only 16.7 were up to 10/12. In rural area among all respondents 30 % were of severe level of loneliness, followed by 70.0 % of moderate level of loneliness. While in Urban area respondents 36.7% were of severe level of loneliness , followed by 56.7% of moderate level and rest 6.7% were of mild level of loneliness.

Table 2- Correlation between loneliness and independent variables.

Correlation between depression and age, gender, family type, caste, family income, place of residence, marital status, Education-

Loneliness	Age	Gender	Family type	Place of residence	Marital status	Education	Size of family
	0.45	0.204	-0.187	-0.38	-0.160	-0.252	0.39

Table 2 revealed that loneliness of the elderly were positively and significantly related with age ,gender and the size of family. Education of respondents were negatively and significantly related with loneliness because educated people were engaged in many activities. Marital status of respondents were negatively related with loneliness because due to loss of a partner.

Table 3- Association between loneliness and independent variables.

Association between depression and age, gender, family type, caste, family income, place of residence, marital status, Education- Significant at 5% level of significance

Loneliness	Age	Gender	Family type	Place of residence	Marital status	Education	Size of family
	4.23*	2.53	16.34*	3.63*	3.991*	21.48*	0.178

Association of independent variables with the loneliness of the elderly is significant associated with age, gender, family type, place of residence, marital status, education and size of the family.

Conclusion

The study concludes that the loneliness among aged people in rural area all respondents 30 % were of severe level of loneliness, followed by 70.0 % of moderate level of loneliness. While in Urban area respondents 36.7% were of severe level of loneliness, followed by 56.7% of

moderate level and rest 6.7% were of mild level of loneliness.

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