

Loneliness and Social Support of Ageing People in Jharkhand

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ABSTRACT

Loneliness is a serious problem for older people, which can be alleviated by social support. The dramatic population aging together with a social and economic change in India increases the likelihood of loneliness and the availability of different sources of social support of older people. The aim of this review was to identify the prevalence of loneliness and its related factors and sources of social support of older people in India. The 240 samples of aging people were selected based on random sampling but care was taken to incorporate the representative views of the state of Jharkhand. With an objective to assess the status of older persons living in varied conditions and geographical locations was random. The results showed that poor mental health status, financial inadequacy, and weak social support networks were significantly associated with the sense of loneliness of older adults, with social support being the most prominent risk factor.

Keywords: *Social support, Loneliness, Ageing people*

It is a well-known fact that the Ageing faces problems of physical fitness and health problems, financial problems, psychological problems and problems of interaction in a social familiar setting. But the real issue is when the Ageing starts to be viewed as a burden on the family and more so when they cease to be functional. Other associated issues related to psychosocial and environmental problems that include the feeling of neglect, loss of importance in the family, loneliness, and feeling of being unwanted, feelings of inadequacy and obsolescence of skills, education and expertise.

Loneliness

Loneliness is an emotional and cognitive reaction to having fewer and less satisfying relationships than one desires. Understanding loneliness, keep in mind that it is a subjective experience, reflecting what we feel and think about our interpersonal life, and it is not the same thing as solitude or being alone. Loneliness is a complex and usually unpleasant emotional response to isolation or lack of companionship. Loneliness typically includes anxious feelings about a lack of connectedness or commonality with other beings, both in the present and extending into the future. As such, loneliness can be felt even when surrounded by other people. The causes of loneliness are varied and include social, mental or emotional factors. Loneliness has also been described as social pain — a psychological

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mechanism meant to alert an individual of isolation and motivate him/her to seek social connections. Social integration is critical to development across the life span, but it is likely to be particularly important in later life. Recent research has shown that emotional closeness in relationships increases with age. At the same time, however, the number of social relationships decreases, and social events triggering significant disruptions in social ties (death of a parent, children leaving home, relocation, and death of a spouse). Finally, shifting demographic patterns are changing the contours and context of social relationships (Hughes and Waite forthcoming). Dramatic changes in the family during the past several decades have led to new, more fragmented family structures and increases in the proportion of people living alone. These shifts in the social environment of aging persons will be even more pronounced among future cohorts of elders.

The negative effect of loneliness on health in old age has been reported by different researchers. A study revealed that the presence of perceived loneliness contributed strongly to the effect of depression on mortality. The Ageing often experiences and feel lonely and unwanted. Situational variables like isolation, moving to new location, divorce or death of spouse, low self-esteem, and lack of self-confidence lead to isolation and chronic loneliness. It impacts physical and mental health. Health risks might include depression and suicide, cardiovascular disease, increased stress level, poor decision-making, alcoholism, drug abuse and progression of Alzheimer's disease.

Elderly people are in contact with other people quite often. Forty-five percent hold social relations on a daily basis, 26% do so between one and six times a week, 14% once a week, and only 15% claim not to hold any weekly social relations. Although the frequency of social relations does not depend on the degree of loneliness, the latter does affect the quality of these social relations. Seventy-eight percent of elderly people who feel lonely are satisfied with their social relations. This figure, though quite high, is lower than the figure for those who do not experience loneliness (98%). The satisfaction that is obtained depends on the closeness of the kinship relation and the nearness, geographically speaking, of the people with whom they relate. Relations with next of kin are more agreeable than relations with friends or acquaintances, though these two are also satisfactory. Within kinship relations, the most satisfying ones are those held with grandchildren or children, particularly if they live in the same town. The feeling of loneliness can also appear when no pleasurable activities are carried out since these activities prevent the appearance of negative thoughts. Those people who claim not to feel lonely are more active in their leisure time. They carry out a great variety of activities. They go for walks in the park (73%), they read (54%), they go to pubs and coffee-shops (35%), or they attend a club for retired people (26%), all these figures being higher than those for people who experience loneliness and also perform these activities (64%, 46%, 26%, and 18% respectively).

Social Support

Social networks are of great importance in determining the quality of life and well-being of older persons. Apart from their spouse, adult children provide the most important support and social contact in old age. Adult children's more frequent contact, care, and affection may lessen the feelings of loneliness among older persons. Friends and neighbors may also provide emotional support and assistance in tasks such as transportation and the running of errands]. Older persons who are close to family members and have many friends are psychologically well-adjusted than those without these networks. Nevertheless, higher levels of support may not always have positive outcomes. An earlier study found that the prevalence of loneliness is more common in areas where living alone is rare and where there is strong integration within a community.

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This study examines factors affecting loneliness, with emphasis on the influence of family and community engagement in ameliorating the feelings of loneliness among older persons in multiethnic and multicultural Jharkhand. Specifically, this study aims to examine the correlates of loneliness in terms of (i) sociodemographic and socioeconomic characteristics, (ii) health and physical condition, (iii) various forms of support from adult children, and (iv) community engagement through religious and leisure activities.

Taking care of older family members is one of the major themes of Confucian philosophy and traditional norms in Indian culture. It is also stipulated in marriage laws and the Indian Constitution that younger people have the obligation to support older people. The studies focused on family support, which is regarded as the primary source of support of older people in India. Friendships are voluntary in nature with social support from friends being flexible and providing emotional intimacy, companionship and social referents for self-evaluation, which is less detrimental to autonomy than support from family members. However, support from friends was unrelated to depression or life satisfaction when all variables were included in multivariate analyses, suggesting that Indian older people do not rely heavily upon friend support, especially in old age.

Objectives

The aim of this study was to assess the perception of aging persons towards loneliness, among aging people.

The objectives of the study are the following:

1. To study the extent of Loneliness, Social support among aging people.
2. To study the impact of gender, on the Loneliness and social support among Ageing people.

Hypotheses

Considering the objectives of the present study the following hypotheses have been formulated:

1. The extent of Loneliness and social support vary among sub-groups of aging people.
2. There will be significant impacts of Gender, on the Loneliness and social support among Ageing people.

METHODS OF DATA COLLECTION

The data for the present research was collected personally through the interview method. A pilot study was conducted on 120 of the sample to ensure the validity of the sample and data collection instrument. After the pilot study, requisite change in the schedule was made. Visits were made to the selected areas in order to establish a rapport and to ensure full cooperation for the identified sample.

OBSERVATIONS AND DISCUSSIONS

The sample units were selected based on random sampling but care was taken to incorporate the representative views of the state of Jharkhand. To find out the loneliness of urban elderly and rural elderly ANOVA test was done. With an objective to assess the status of older persons living in varied conditions and geographical locations, the populace of 60+ years was randomly selected as per the two groups as under;

- i. Rural elderly
- ii. Urban elderly

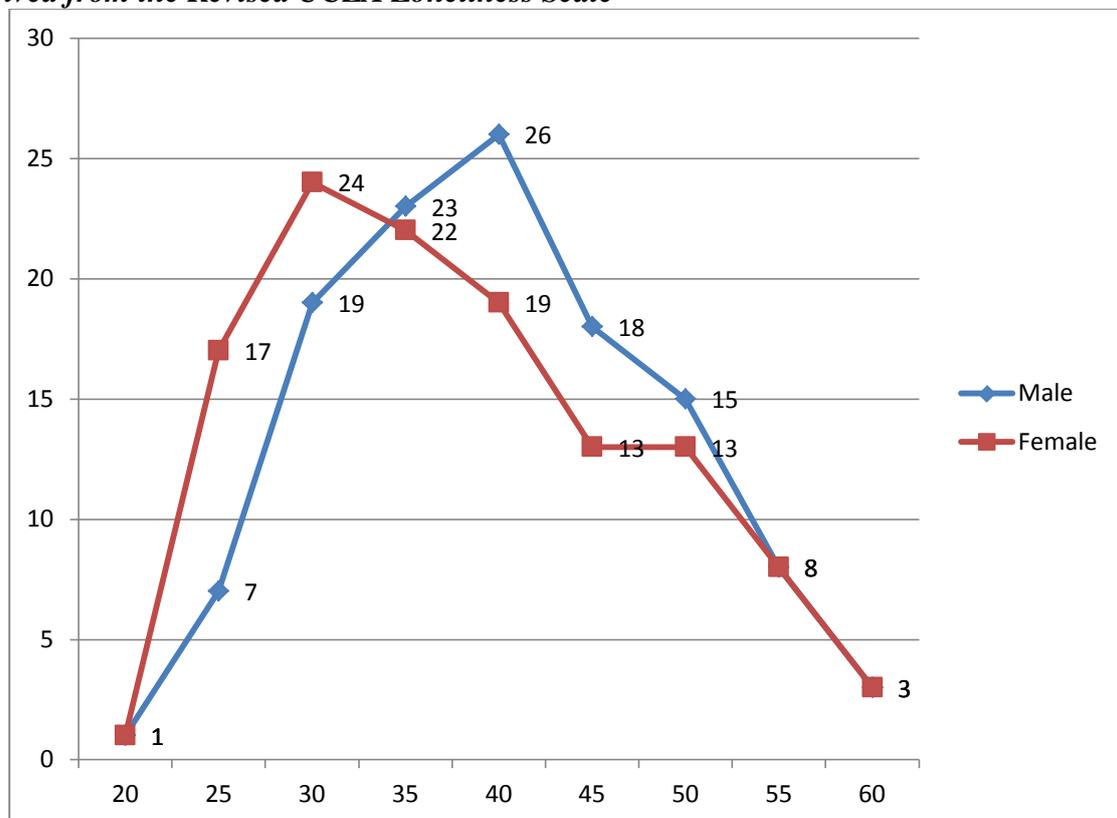
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Mean score and 't' test have been calculated to find discrimination of elderly people by society.

Table 1, Frequency Distributions of Scores on Loneliness as Derived from the Revised UCLA Loneliness Scale

| C.I. | Male | Female | Total |
|---------------|--------------|--------------|--------------|
| 60 – 64 | 3 | 3 | 6 |
| 55 – 69 | 8 | 8 | 16 |
| 50 – 59 | 15 | 13 | 28 |
| 45 - 49 | 18 | 13 | 31 |
| 40 – 44 | 26 | 19 | 45 |
| 35 – 39 | 23 | 22 | 45 |
| 30 – 39 | 19 | 24 | 43 |
| 25 – 29 | 7 | 17 | 24 |
| 20 - 29 | 1 | 1 | 2 |
| N | 120 | 120 | 240 |
| Mean | 42.97 | 40.47 | 41.72 |
| Median | 43.50 | 40.00 | 42.50 |
| S.D. | 8.19 | 8.89 | 8.63 |

Graph 1, Graphical representation of frequency distribution of score on Loneliness as derived from the Revised UCLA Loneliness Scale



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Table 2, Frequency Distributions of Scores on Measures of Social Support (Qualitative and Quantitative)

| C.I. | Social Support (Qualitative) | | | Social Support (Quantative) | | |
|---------------|------------------------------|---------------|---------------|-----------------------------|--------------|--------------|
| | Male | Female | Total | Male | Female | Total |
| 140 – 159 | 38 | 33 | 71 | 2 | 0 | 2 |
| 120 – 139 | 43 | 42 | 85 | 0 | 4 | 4 |
| 100 – 119 | 20 | 23 | 43 | 3 | 7 | 10 |
| 80 – 99 | 8 | 9 | 17 | 0 | 5 | 5 |
| 60 – 79 | 11 | 13 | 24 | 10 | 20 | 30 |
| 40 – 59 | 0 | 1 | 1 | 59 | 45 | 104 |
| 20 – 39 | 0 | 0 | 0 | 32 | 32 | 64 |
| 0 - 19 | 0 | 1 | 1 | 14 | 8 | 22 |
| N | 120 | 120 | 240 | 120 | 120 | 240 |
| Mean | 131.4 | 127.61 | 129.52 | 45.44 | 55.10 | 50.31 |
| Median | 136.0 | 133.00 | 134.50 | 42.97 | 48.50 | 47.00 |
| S.D. | 18.93 | 22.13 | 20.65 | 24.53 | 33.16 | 29.52 |

Graph 2, Graphical representation of Frequency Distributions of Scores on Measures of Social Support (Qualitative)

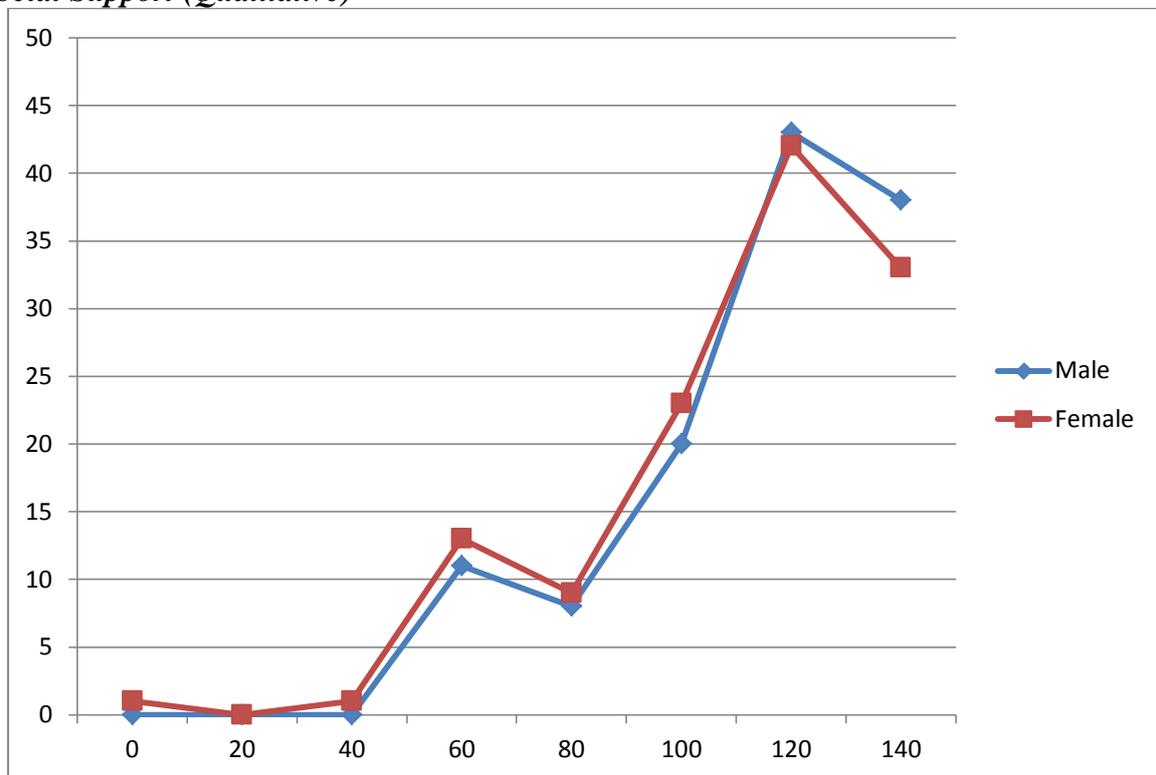
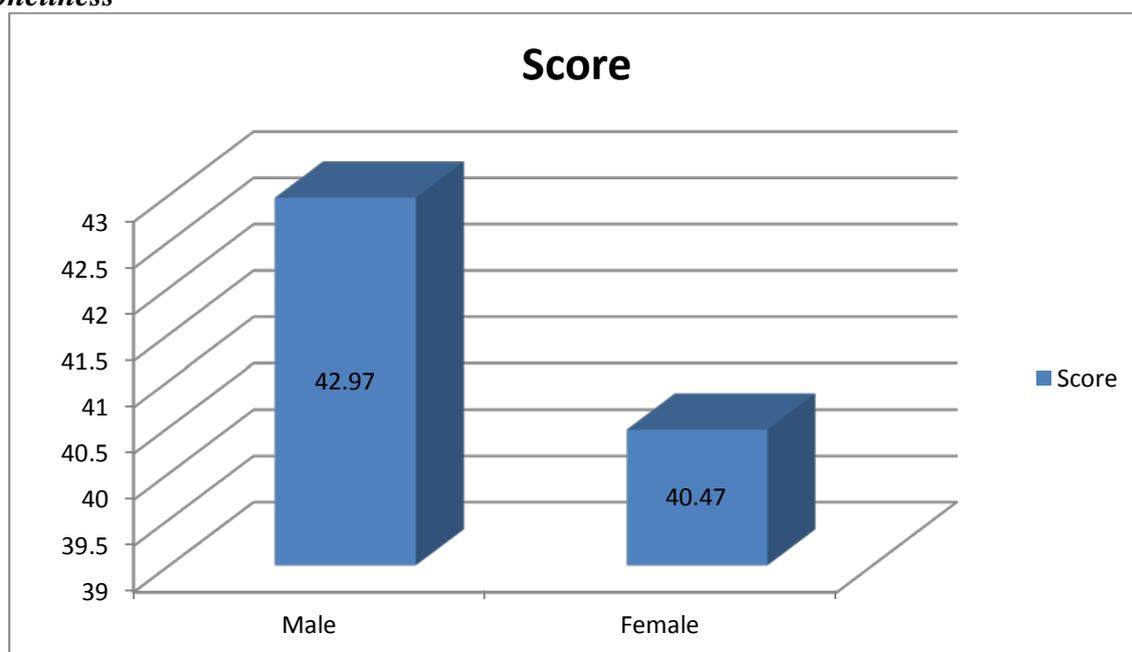


Table 03, Gender an extent of Loneliness on UCLA Loneliness Scale

| Subject | No. | Mean | S.D. | "t" | Significance level |
|---------|-----|-------|------|------|--------------------|
| Male | 120 | 42.97 | 8.19 | 0.63 | Not Significant |
| Female | 120 | 40.47 | 8.89 | | |

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Graph -1, Graphical representation of mean values of Male and Female on Extent of Loneliness



The result reveals that the mean value of Male on the UCLA Loneliness Scale is 42.97 and that of Female is 40.47. The value of 't' is 0.63 which is less than 1.976, the value at 0.05 levels hence the Male and Female of aging people are not a significant difference between Male and Female of Jharkhand. Gender differences in aging people are complex and involve a variety of biological, behavioral and social factors. The difference between gender makes no difference in their loneliness.

Table 04, Gender an extent of Social support on Social Support Questionnaire-Scale

| Subject | No. | Qualitative | | | Quantitative | | |
|---------|-----|-------------|-------|-------|--------------|-------|-------|
| | | Mean | S.D. | “ t “ | Mean | S.D. | “ t “ |
| Male | 120 | 131.4 | 18.93 | 1.43 | 45.44 | 24.53 | 2.56 |
| Female | 120 | 127.61 | 22.13 | | 55.10 | 33.16 | |

The result reveals that the mean value of Male on Social Support Questionnaire is 131.4 and that of Female is 127.61 for the qualitative approach of social support. The value of 't' is 1.43 which is less than 1.976, the value at 0.05 levels hence the Male and Female of aging people are not a significant difference between Male and Female of Jharkhand. But the mean value of Male on Social Support Questionnaire is 45.44 and that of Female is 55.10 for quantities approach of social support. The value of 't' is 2.56 which is more than 1.976, the value at 0.05 levels hence the Male and Female of aging people are significant at 0.05 levels. Hence Social networks are of great importance in determining the quantity of life of older persons. Apart from their spouse, adult children provide the most important support and social contact in old age.

CONCLUSION

Loneliness in old age has become a significant challenge for both researchers and policy-makers (Savikko et al. 2005). For many Indians, the fear of aging is often described as a fear of loneliness. Generally, it is thought that older people with a higher educational level are

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better able to seek out social contacts and engage in activities to broaden their social networks. But the relationship between educational level and loneliness is inconclusive. Older people may receive support from different sources, but family members are the major source in India, and receiving family support especially from children has a positive effect on psychological well-being. Evidence from India regarding loneliness and its related factors and potential sources of social support beyond family members may help inform interventions and other strategies in India and neighboring countries.

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Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

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