

# A Descriptive Study To Assess The Relationship Of Loneliness With Depression Among The Elderly Persons Living In The Selected Old Age Homes Of Punjab

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**Abstract:** Ageing is an inevitable part of human life which mankind cannot escape from. The joint family system where elders were cared for with respect started dismantling and they have to end up their life in old age homes. Loneliness and depression are main problems face by the elderly persons while living in the old age home.

The main aim of this study was to assess the relationship of loneliness with depression, so that the management committees of the old age homes take some efforts for the prevention of loneliness and depression.

A descriptive study was conducted on elderly persons living in the selected old age homes of Punjab. The sample of 80 elderly persons was selected by convenience sampling. Data was collected by structured interview technique by using Standardized scale of University of California Los Angeles Loneliness Scale and Standardized Geriatric Depression Scale.

Results showed that mean value of loneliness and depression among the elderly persons was respectively 34.375 and 21.05. The value of S.D. of loneliness and depression was respectively 6.692 and 4.5001. The 't' value was 14.378 which was significant at the level of 5%, it showed the relationship of loneliness with depression.

Special geriatric services should be started in the old age homes for the prevention of loneliness and depression and elderly persons should involve in these services.

**Keywords:** Elderly persons, Loneliness, Depression, Old Age Homes

## I. INTRODUCTION

"The most terrible poverty is loneliness and the feeling of being unloved"

*Mother Teresa*

Ageing is a natural process in life, which is a psycho-social step or a transition that alters one's relation to the world about one's self and demands new responses.

Old age is characterized by definite changes in terms of biological, psychological and social aspects.

According to Thane (1978) age classification varied between countries and over time. Many times the definition is linked to the retirement age, which in some instances, was lower for women than men. This transition in livelihood became the basis for the definition of old age which occurred

between the ages of 45 and 55 years for women and between the ages of 55 and 75 years for men.

There has been a global increase in the number of older adults over recent years. In India, the population of those 60 years old and over was 77 million and it was the 7.5% of the overall population in 2001. It will be raise to 301 million and will be the 17.3% of the overall population in 2051. The population of those 70 years old and over was 29 million and it was the 2.9% of the overall population in 2001. It will be raised to 132 million and will be the 7.6% of the overall population in 2051. The population of those 80 years old and over was 8 million and it was the 0.5% of the overall population in 2001.

The problem of loneliness is more among the elderly persons. Due to separation from their children or ignorance by their children, the elderly persons prefer to live in the old age

home instead of their own home. In the old age home, they suffer from the feeling of loneliness.

Loneliness is an unpleasant feeling in which a person experiences a strong sense of emptiness and solitude resulting from inadequate levels of social relationships; however it is a subjective experience.

Loneliness has been linked with depression and is thus a risk factor for suicide.

*JT Cacioppo et.al. (2006)* conducted a population-based study to assess the extent to which loneliness is a unique risk factor for depressive symptoms. A nationally representative sample of persons aged 54 and older was taken. Results showed that higher levels of loneliness was associated with more depressive symptoms.

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and physical well-being. It may include feelings of sadness, anxiety, emptiness, hopelessness, worthlessness, guilt, irritability or restlessness.

In Punjab, there are 58.2% elderly male and 68.8% elderly female persons who are totally dependent on their family for the fulfillment of their needs. But due to busy schedule of their family or due to ignorance by their family, they are not able to fulfill their needs. They went to old age homes due to their wish or due to their family's wish. In the Old Age Home, they feel lonely and this loneliness leads to depressive feelings.

*The Mood Disorder Society of Canada (2012)* stated that the incidence rate of depression for seniors living in the community is around 5-10%. For seniors in institutionalized setting the incidence rate of depression jumps to 30-40%.

Depression is the main psychological problem among the elderly. According to W.H.O. it will be the second leading cause of death in 2020.

## II. RESEARCH STATEMENT

A descriptive study to assess the relationship of loneliness with depression among the elderly persons living in selected old age homes of Punjab.

### OBJECTIVES

- ✓ To assess the loneliness among elderly persons living in selected old age homes of Punjab.
- ✓ To assess depression among elderly persons living in selected old age homes of Punjab.
- ✓ To assess the relationship between loneliness and depression among elderly persons living in selected old age homes of Punjab.

### ASSUMPTION

There may be relationship between the loneliness and depression.

## OPERATIONAL DEFINITIONS

- ✓ *Elderly person*: These are the people who are of 55 years of age or above.
- ✓ *Depression*: Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. It may include feeling of sadness, anxiety, emptiness, hopelessness, worthlessness, guilt, irritability or restlessness.
- ✓ *Loneliness*: A state where a person feels isolated, abandoned, rejected and neglected by the near and dear ones or the society.
- ✓ *Old age homes*: Old age homes are the homes which provide shelter and care to the old people who come there according to their own wish or according to their family's wish.

## III. RESEARCH METHODOLOGY

*Research design*: A Descriptive Research Design

*Variables*:

*Research variable*: Loneliness and Depression

*Socio-Demographic variables*: Age, sex, education status, marital status, religion and source of income.

*Setting*: The study was conducted in old age home Rara Sahib(Ludhiana), Jindal old age home Bangawali(Sangrur) and old age care home Badal(Muktsar), Punjab.

*Target population*: The target population of present study was old age persons who are living in old age home Rara Sahib ,old age home Sangrur and old age home Badal, Punjab.

*Sample size*: The sample of study was comprised of 80 old age persons living in selected old age homes of Punjab.

*Sampling techniques*: Convenience sampling technique was used in this study to select the sample.

*Inclusive Criteria & Exclusive Criteria*:

*Inclusive Criteria*:

- ✓ Elderly people with age of 55 years or above.
- ✓ Elderly people who are not suffering from any psychological and physiological disorder.
- ✓ Elderly people who are living in old age homes.

*Exclusive criteria*:

Elderly people suffering from physiological and psychological disorders.

*Description of tool*: Tool comprised of three parts:-

Part (a) - Socio Demographic variables. It contains 6 items to obtain personal and general information on aspects like age of elderly, gender, education status, marital status, religion, source of income.

Part (b) - Standardized Loneliness scale by University of California Los Angeles (UCLA) to assess the level of loneliness among the elderly person living in the old age homes of Punjab.

Scoring of UCLA Loneliness Scale

Never	- 0 mark
Rarely	- 1 mark
Sometimes	- 2 marks
Often	-3 marks

S. No.	Level of Depression	Scores
1.	Normal	0-15
2.	Mild	16-30
3.	Moderate	31-45
4.	Severe	46- 60

Minimum Score – 0

Maximum score- 60

Part (c) - Standardized Geriatric Depression Scale to assess the level of Depression in an elderly person living in the old age homes of Punjab.

**Scoring Of Geriatric Depression Scale**

S.No.	Level of Depression	Scores
1.	Normal	0-9
2.	Mild	10-19
3.	Severe	20-30

Minimum Score – 0

Maximum score- 30

**IV. ANALYSIS AND INTERPRETATION**

N=80

Socio- demographic Variables	Frequency (n)	Percentage (%)
<b>Age in years</b>		
55-65	10	12.5
66-75	42	52.5
76-85	28	35.0
86 or above	0	0
<b>Gender</b>		
Male	40	50
Female	40	50
<b>Educational Status</b>		
Illiterate	30	37.5
Literate	50	62.5
<b>Marital Status</b>		
Married	36	45.0
Unmarried	05	6.25
Widow/ Widower	33	41.25
Divorced	06	7.5
<b>Religion</b>		
Hindu	42	52.5
Sikh	38	47.5
Muslim	0	0
Others	0	0
<b>Source of Income</b>		
Pension	64	80.0
Donation	10	12.5
Support from family	6	7.5

Table 1: Frequency and Percentage Distribution According To Demographic Variables

The Table-1 depicts the following findings:

With regard to age higher proportion of the elderly persons 42 (52.5%) were in the age group of 66-75 years, 28 (35%) were in the age group of 76-85 years, 10 (12.5 %) were in the age group of 55-65 years and no one (0%) were in the age group of 86 or above.

With regard to gender there were 40 (50%) of them were male and 40 (50%) of them were female.

With regard to the educational status 50 (62.5%) elderly persons were literate and 30 (37.5%) elderly persons were illiterate.

With regard to marital status 36 (45%) elderly persons were married, 33 (41.25%) were widow/ widower, 06 (7.5%) were divorced and 05 (6.25%) were unmarried.

With regard to religion 42 (52.5%) elderly persons were belong to Hindu religion, 38 (47.5%) elderly persons were belong to Sikh religion and no one belong to Muslim or any other religion.

With regard to source of income higher proportion 64 (80%) elderly person's source of income was pension, 10 (12.5%) elderly person's source of income was donation and 6 (7.5%) elderly persons had support from family members.

N= 80

Serial No.	Level of Loneliness	Frequency (n)	Percentage (%)
	Normal	2	2.5
	Mild	14	17.5
	Moderate	64	80.5
	Severe	0	0

Table II: Frequency and Percentage Distribution of the Level of Loneliness among the Elderly Persons

Table-II and figure (a) shows that the higher proportion 64 (80.5%) elderly persons had moderate level of loneliness, 14 (17.5%) has mild level of loneliness, 2 (2.5%) were normal and no one had severe level of loneliness.

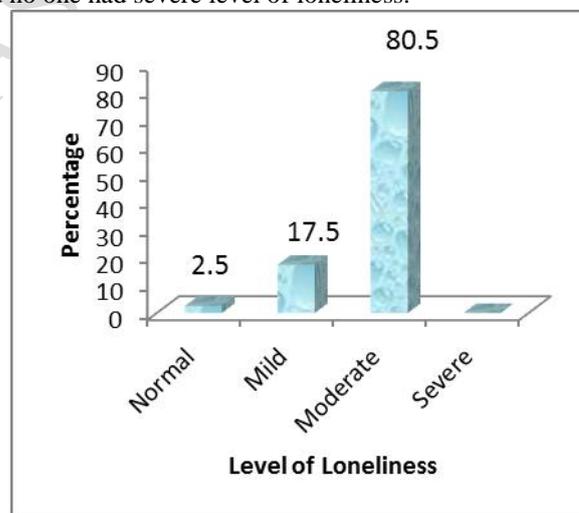


Figure (a): shows percentage distribution the Level of Loneliness among the Elderly Persons

N= 80

Serial No.	Level of Depression	Frequency (n)	Percentage (%)
	Normal	1	1.25
	Mild	12	15.00
	Severe	67	83.75

Table III: Frequency and Percentage Distribution of the Level of Depression among the Elderly Persons

Table-III and figure (b) shows that the higher proportion 67 (83.75%) elderly persons had severe level of Depression, 12 (15%) had mild level of depression and 1 (1.25%) was normal.

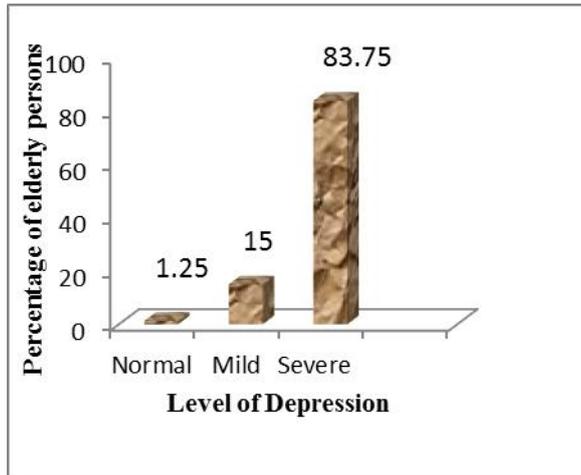


Figure (b): shows percentage distribution the Level of Depression among the Elderly Persons

Variables	Mean	S.D.	Variance	't' value
<b>Loneliness</b>	34.375	6.692	48.47	14.378 <sup>S</sup>
<b>Depression</b>	21.05	4.5001	20.25	

Significant at  $p < 0.05$

Table IV: Relationship of Loneliness with Depression

Table-IV shows that mean value of loneliness and depression among the elderly persons was respectively 34.375 and 21.05. The value of S.D. of loneliness and depression among the elderly persons was respectively 6.692 and 4.5001. The 't' value was 14.378 which is significant at the level of 5%. It shows that there is a relation of loneliness with depression.

## V. CONCLUSION

The present study showed that loneliness is related with depression among the elderly persons living in the selected old age homes of Punjab.

## VI. RECOMMENDATIONS

Replication of the study could be done with a larger sample to validate and generalize the findings.

Study can be conducted on the elderly persons living with their families.

A Comparative study can be conducted to assess the relationship of loneliness with depression among the elderly persons living in the old age homes and living with their own families.

Further study can be conducted on the interventions for the prevention or alleviation of loneliness and depression.

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