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A comparative study on loneliness of senior citizens across gender, marital status and age

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Abstract

Loneliness is an aspect of the human experience that affects people of all ages, but the elderly are more sensitive. Loss of family and friends, poor health, decreased mobility and income, as well as societal trends such as greater geographical mobility, reduced intergenerational living, and less cohesive communities, all contribute to older people becoming more socially isolated, potentially leading to increased loneliness. The present study was conducted with the aim to find the level of loneliness across gender, marital status and age. The study was conducted in Hisar and Sirsa districts of Haryana state. The study was conducted on 400 elderly comprising of 65-70 years old. A sample of 200 elderly persons was picked at random from each district, with 100 with spouses and 100 without spouses. The sample included an equal number of men and women. Self-developed questioner was used to collect information on personal and socioeconomic variables. UCLA Loneliness Scale developed by Russell (1996) ^[24] was used to measure loneliness among senior citizen. Results of the study elucidated that female senior citizen had higher level of loneliness as compared to male senior citizens. Without spouse respondents had higher level of loneliness as compared to with spouse respondents. The level of loneliness aggravated with the advancement of age.

Keywords: Loneliness, ageing, poor health

Introduction

According to a global survey, India not only has the world's second biggest ageing population, but it also ranks third among countries with the greatest percentage of loneliness among older persons. In fact, according to a PAN Healthcare survey, over 64% of the elderly in India suffer from loneliness, with the situation worsening in metropolitan areas. According to a recent study performed by Meerut's Lala Lajpat Rai Medical College, elderly people who live alone and have no social life are more prone to become ill, which leads to stress and melancholy. Elders who are active and socially connected, on the other hand, tend to enjoy better lives. It was also shown that elderly women were more likely than older males to be lonely, even while living in dynamic homes (Dignity, 2023) ^[11].

The senior population is rapidly increasing, both in percentage and absolute numbers. As the older population has grown, so has the number of people who are lonely most of the time or all of the time. The biggest demographic cause of loneliness is a change in living arrangements (living alone or with relatives and non-relations). Loneliness is more prevalent among individuals who live alone, according to studies (Anil, 2016) ^[2]. Other major indicators of loneliness include widowhood, growing dependence ratio as well as economic dependency, type of family, social network, place of residence, and population movements. Women have been proven to be more vulnerable to loneliness and isolation than males (Anil, 2016 and Tiwari, 2013) ^[28, 2].

Ageing refers to a series of processes that begin at birth and continue throughout life. It denotes the conclusion of a person's life, a point at which he looks back on his life, reflects on his achievements, and begins to conclude his life cycle. It represents the totality of a person's changes over time. Ageing is a natural part of life's development and a marker of one's progress towards growth and maturity. Ageing has attracted a great deal of attention in recent decades. Ageing is a normal developmental process that causes changes in the physical, psychological, hormonal, and social environments.

Loneliness is an emotional and cognitive response to having fewer and less fulfilling interactions than desired. Understanding loneliness requires remembering that it is a subjective experience that reflects how we feel and think about our interpersonal relationships, and it is not the same as isolation or being alone.

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Loneliness is a complicated and often painful emotional reaction to solitude or a lack of company. Loneliness is commonly characterised by worrisome sentiments about a lack of connectivity or similarity with other creatures, both in the now and in the future. As a result, even while surrounded by several people, loneliness might be felt. Loneliness can be caused by a variety of variables, including social, mental, or emotional problems (Prasad and Kumari, 2019) [21].

Loneliness is defined as a condition of isolation or being alone; yet, it is a state of mind in which the person feels isolated from the population. Loneliness is the misery caused by differences in desired and perceived social interactions. It makes people feel empty, alone, and unimportant. People who are lonely typically seek human touch, yet their mental state makes it more difficult to connect with others. Loneliness has long been seen as a prevalent issue among the elderly. Loneliness is a personal experience. That is, if a person believes they are lonely, they will experience loneliness. Every single person who is alone is not always lonely. Some folks like their alone time. (Bhagchandani, 2017) [5]. A person can feel lonely due to disappointment with the frequency and closeness of their social contacts or loss of the companionship, family member or friend. (Kenny *et al.* 2015). For example, lonely persons may consume more alcohol, engage in less physical activity, consume less nutritious food, and have lower sleep quality even if their sleeping hours are the same or greater. In an objective sense, lonely people's lives are similar to those of others, but they experience greater stress subjectively. The lonely enjoy the pleasant aspects of life less than others, while suffering more from the negative aspects (DeWall and Pond, 2011) [10]. All of these findings indicate that loneliness has a negative impact on people's psychological well-being and health.

The gap between an individual's intended and attained levels of social ties has been termed as loneliness. Living with loneliness is not just an issue in and of itself; it also has consequences for quality of life, physical and mental health, and mortality. It is widely assumed that elderly individuals suffer loneliness more frequently than other age groups (Lena *et al.* 2018) [17]. Another widely held belief is that recent cohorts of older people are more lonely than previous cohorts as a result of changes in family patterns, such as smaller family sizes, higher divorce rates, and greater geographical distance between family members, as well as transitions to more individualistic societies (Dykstra, 2008) [12].

Loneliness is considered to be a major risk factor for depression, which hastens functional decline and raises the mortality rate. Even mild depression may raise the chance of death from any cause. Loneliness is also linked to sleep disruption. Immune function, glucose regulation, cardiovascular risk, dementia risk, mood, and daily function are all impacted by insomnia (Singer, 2018) [26].

Objectives

- To assess the level of loneliness of senior citizens across gender, marital status and age.
- To compare the level of loneliness of senior citizens across gender, marital status and age.

Methodology

The state of Haryana was purposefully chosen as the location for the current inquiry. A district list was created. At random, the districts of Hisar and Sirsa were chosen. The cities of Hisar and Sirsa were also considered for the sample. To obtain the requisite sample, different locations in each city

were sought. A list of elderly persons aged 65 to 70 years old was compiled. A total of 400 elderly individuals were chosen at random, with 200 with spouses and 200 without. A sample of 200 elderly persons was picked at random from each district, with 100 with spouses and 100 without spouses. The sample included an equal number of men and women. Self-developed questioner was used to collect information on personal and socioeconomic variables. UCLA Loneliness Scale developed by Russell (1996) [24] was used to measure loneliness among senior citizen.

For administration of selected measures, the head of the selected families were approached and purpose of the study was explained. The respondents of both the cities were contacted individually and time and dates were finalized for collection of data. All the senior citizens were told about the purpose of data collection.

Result and Discussion

Loneliness of senior citizens as per gender

Table 1 shows the frequency distribution of data regarding loneliness of senior citizens across gender. Data related to male respondents shows that 43.50 percent of the male respondents had moderate level of loneliness followed by low (39.00%) and high level of loneliness (17.50%), whereas data related to female respondents highlights that 47.50 percent had moderate level of loneliness followed by high (27.00%) and low level (25.50%). Distribution of data regarding total sample shows that majority of the senior citizens had moderate level of loneliness i.e. 45.50 percent followed by low (32.25%) and high level (22.25%) of loneliness.

Table 1: Loneliness of senior citizens as per gender

Loneliness	Male (n ₁ =200)	Female (n ₂ =200)	Total N=400
Low (28-44)	78 (39.00)	51 (25.50)	129 (32.25)
Moderate (45-61)	87 (43.50)	95 (47.50)	182 (45.50)
High (62-78)	35 (17.50)	54 (27.00)	89 (22.25)

*Figures in parentheses indicate percentage

Loneliness of senior citizens as per marital status

Table 2 highlights the frequency distribution of senior citizens for loneliness as per marital status. Data related to with spouse senior citizens reveals that majority had low level of loneliness i.e. 45.50 percent, whereas majority of the without spouse respondents i.e. 50.50 percent had moderate level of loneliness. Data regarding total sample shows that majority of the total respondents (45.50%) had moderate level of loneliness followed by low (32.25%) and high level (22.25%)

Table 2: Loneliness of senior citizens as per marital status

Loneliness	With spouse (n ₁ =200)	Without spouse (n ₂ =200)	Total N=400
Low (28-44)	91 (45.50)	38 (19.00)	129 (32.25)
Moderate (45-61)	81 (40.50)	101 (50.50)	182 (45.50)
High (62-78)	28 (14.00)	61 (30.50)	89 (22.25)

*Figures in parentheses indicate percentage

Loneliness of senior citizens as per age

Table 3 discloses the frequency distribution of senior citizens for loneliness as per age. Data related to 65-67.5 years of age group highlights that 43.70 percent of respondents had moderate level of loneliness followed by low (39.80%) and high level (16.50%) of loneliness, whereas data regarding 67.5+70 years of age group shows that majority of the

respondents had moderate level of loneliness (47.42%) followed by high (28.35%) and low level (24.23%) of loneliness.

Table 3: Loneliness of senior citizens as per age

Loneliness	65-67.5 years (n ₁ =206)	67.5+-70 years (n ₂ =194)	Total N=400
Low (28-44)	82 (39.80)	47 (24.23)	129 (32.25)
Moderate (45-61)	90 (43.70)	92 (47.42)	182 (45.50)
High (62-78)	34 (16.50)	55 (28.35)	89 (22.25)

*Figures in parentheses indicate percentage

Mean comparisons of loneliness of senior citizens as per personal variables

A close perusal of table 4 throws light on the comparison of loneliness of senior citizens as per residential area, gender, marital status and age of the respondents. Significant differences were observed across gender (z = 3.80*), marital status (z = 4.40*) and age (z = 3.10*) of senior citizens. It can be interpreted from the results that females had higher level of loneliness as compared to male respondents. Data regarding marital status shows that without spouse respondents outscored with spouse respondents in their loneliness level. Table further discloses that as age of the senior citizens increase level of loneliness is higher as compared to their counterpart.

Table 4: Comparison of loneliness of senior citizens as per personal variables

Sr. No.	Variables	Loneliness		z value
		Mean	SD	
1.	Gender			
	Male	47.70	12.05	3.80*
	Female	54.14	11.89	
2.	Marital status			
	With spouse	47.24	11.70	4.40*
	Without spouse	54.60	11.97	
3.	Age			
	65-67.5 years	48.34	12.11	3.10*
	67.5+-70 years	53.65	12.11	

Significant at *5% level of significance

Discussion

India is experiencing phenomenal economic development, aided by improved lifespan and lower fertility (Nations - Department of Economic, 2018). According to the most recent census, India has a larger senior population than ever before, and this number is expected to grow rapidly in the near future. Elders in India are passionately cared for by their family members as part of Indian customs and beliefs, and they lived together as a joint family. This is no longer the case as a result of the dissolution of these extended families, and elderly frequently find themselves powerless in times of need (Grover et.al. 2019) [13].

Loneliness is understood as “the discrepancy between an individual’s desired and achieved levels of social relationships.” Loneliness is understood as an emotion and an indicator of social well-being. The authors have also tried to describe different subtypes of loneliness. A feeling of missing an intimate relationship is understood as emotional loneliness, whereas missing a wider social network is understood as social loneliness Grover (2019) [13]. The results of the present study elucidated that 45.50 percent of the total senior citizens had moderate level of loneliness followed by low and high level of loneliness. Findings by Anu (2015) [3] highlighted that

higher percent of elderly were in moderate level of loneliness status. Bajpai (2015) [4] also reported that 81% elderly stated not to feel lonely and 19% elderly said they felt loneliness. It was also noticed that the elderly who were living in old age home complained a little bit about loneliness but the total responses were less that showed negative attitude towards loneliness. As loneliness has seen in every age group but it is strongly related with old age. Prakash *et al.* (2004) [20] further found that 23% population reported loneliness. Further the results regarding loneliness level of senior citizens as per gender highlighted that significant differences were observed in level of loneliness as per gender. Female senior citizens had higher level of loneliness as compared to male senior citizens. The results are in line with the finding of Anil *et al.* (2016) [2] Bhatia *et al.* (2007) [6] observed that females had higher (72.8) mean scores on loneliness than males (65.61) at 0.05 level of significance. The present results got support from the findings of Thakur *et al.* (2018) [27] who conducted a study on 100 elderly subjects comprising of 50 men and 50 women from Uttamnagar area of New Delhi. The results of the study highlighted that 66 percent of the respondents had moderate level of loneliness followed by mild (17%) and severe (17%) level of loneliness. Mean scores of loneliness faced by elderly men and women were 154.1 and 161 respectively, which concluded that females had higher level of loneliness as compared to males.

The study further elucidated that significant differences were found in loneliness of senior citizens on the basis of marital status and age. Without spouse respondents had higher level of loneliness as compared to with spouse respondents. The reason behind this may be that they can share their feelings, thoughts and emotions with their partners. The level of loneliness aggravated with the advancement of age, as the age advances social connectedness tends to decrease due to health problems which further leads to high loneliness. The results are in line with the findings of Richard *et al.* (2017) [22], Yadav and Agarwal (2014) [29], Bhatia *et al.* (2007) [6] observed that level of loneliness was higher among the “75+ years” age group than among the elderly of “65+ years” age group. The study further unveiled that loneliness was significantly higher among the aged who lived alone as compared to those who lived with their spouses or those couples who lived with their families. Savikko (2008) [25] concluded that loneliness was more common in the oldest age groups, among women and widows. The results of the present study also got support from many researches which also states that loneliness is more frequent in the elderly than in younger age groups (O’Luanaigh and Lawlor, 2008, Pinquart and Sorenson, 2001, Routasalo and Pitkala, 2003) [18, 19, 23], and loneliness in the elderly worsens with age (Dahlberg *et al.* 2015, Heikkinen and Kauppinen, 2011, Jylha, 2004) [9, 15, 16]. Loneliness is also more common in women than in males (Aartsen and Jylha, 2011, Cohen-Mansfield *et al.* 2009) [1, 7]. Loneliness is influenced by social characteristics such as marital status, social support, and social interactions. A substantial amount of research indicates a link between marital status and loneliness. More precisely, relationship loss is a significant predictor of loneliness in old life (Aartsen and Jylha, 2011, Dahlberg and McKee, 2014, Dykstra et.al. 2005) [1, 14, 12].

Suggestions

- The community should develop senior citizens clubs for the elderly so that they may spend time on leisure

activities and social gatherings, therefore overcoming social isolation and loneliness.

- Senior citizens should be members of social aid organisations and participate in social work on a regular basis.
- Senior folks should participate in various activities such as meditation and spiritual meetings, yoga, and regular exercise sessions in order to improve their well-being.
- To alleviate loneliness among the elderly, family members should spend time with them at home.

Conclusion

Loneliness is a significant issue for elderly individuals that can be eased via social assistance. The increasing ageing of India's population, along with social and economic transformation, increases the possibility of loneliness and the availability of many types of social assistance for elderly people. Higher percent of the total senior citizens had moderate level of loneliness (45.50%) followed by low and high level of loneliness. Female senior citizens had higher level of loneliness as compared to male senior citizens. The study further elucidated that significant differences were found in loneliness of senior citizens on the basis of marital status and age. Without spouse respondents had higher level of loneliness as compared to with spouse respondents. The level of loneliness aggravated with the advancement of age.

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