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Loneliness among functionally disabled elderly

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Abstract

Loneliness causes people to feel empty, alone and unwanted. People who are lonely often crave human contact, but their state of mind makes it more difficult to form connections with other people. The main purpose of this study is to gain the attention of people regarding the problem of elderly having functionally disabled disease, problem and loneliness physical problem. Aim of this study to identify loneliness and functionally disabled physical, visual, hearing elderly. The research design of the study was descriptive design. The sample size was 120 (60 respondents in male and 60 respondent female). The sampling tools and techniques was self – constructed and Pre-tested interview schedule along with Loneliness scale by “UCLA Loneliness scale” Published by –Peplau R.D. and Perguson M.L (1978).

Keywords: Functionally disabled, loneliness, elderly

1. Introduction

Loneliness according to many experts is not necessarily about being alone, instead, it is the perception of being alone and isolated that matters most. For example, a collage fresher might feel lonely despite being surrounded by roommates and other peers. A soldier beginning his military career might feel lonely after being deployed to a foreign country, despite being constantly surrounded by other people

Loneliness is a complex and usually unpleasant emotional response to isolation or lack of companionship. Loneliness typically includes anxious feeling about a lack of connectedness or communality 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 is widely prevalent throughout society among people in marriages, relationships, families and successful careers. It has been a long explored theme in the literature of human beings since classical antiquity Loneliness has also been described as social pain- a psychological mechanism meant to alert an individual of isolation and motivate him/her to seek social connections. (Byock .2013) ^[1]

In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meaning of the age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which in significant in defining old age. Thus, in contrast to the chronological milestones which mark life stage in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible. 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 communality with other beings, both in the present and extending into the future. As such, loneliness are varied and include social, mental or emotional factors

Loneliness can be described as a growing chronic disease without redeeming features which have long being recognized as a strong correlate of deprive symptoms. Loneliness is a common, universal human experience with emotional cognitive, motivational, and behavioural dimensions, and has various types and degree- Weiss identified two types of loneliness (a) emotional loneliness (b) social loneliness. The broadly accepted definition of loneliness is the distress that result from discrepancy. Perspective makes it clear that loneliness is not synonymous with being alone, non does being with others guarantee protection from feeling of loneliness. Rather, loneliness is the distressing feeling that occurs when one’s social relationship are perceived as being less satisfying than what is desired. (Peplau L.A 2011) ^[6]

Adesola Ogunniyi *et al.* (2010) [2] in the starting there is little information on the profile of disability and the level of unmet need for care among elderly persons living in Sub-Sahara Africa. Using a multi-stage clustered sampling of households conducted in the Yoruba-speaking area of Nigeria (representing 22% of the national population), we assessed persons aged 65 years old and over (n = 2152) for disability in activities of daily living (ADL) and instrumental activities of daily living (IADL). Respondents were assessed for self-reports of physical health, for major depressive disorder, and for availability of informal care. The prevalence of any functional disability (defined as inability to independently perform any function) was 9.2% (s.e. 0.6). In logistic regression analysis, elevated risks of disability were associated with female gender, increasing age, and urban dwelling. Risks were also high for persons with chronic pain, those with poor self-reported overall health, and those with evidence of under nutrition. Disabled persons had poorer quality of life and were more likely to suffer from major depressive disorder. 19.8% of disabled elderly persons lacked any informal care and this unmet need for care increased the likelihood of having depression. The findings suggest a high burden of unmet need for care among a large section of disabled elderly persons in this African community undergoing demographic and social changes. Social factors relating to urbanization and poverty may be associated with both the occurrence of disability and inability to access informal care.

Hawkey L.C *et al.* (2007) [3]. Conducted the study on aging and loneliness. Results of the study showed that levels of loneliness are relatively stable across most of adult life, but correlates of loneliness show age differences. The evidence of age differences in associations between loneliness and individual differences in health behaviour, stress exposure, physiological stress responses, appraisal and coping, and restorative processes. The effects of these pathways endow loneliness with the capacity to accelerate the rate of physiological decline with age. Additional research across the life span is required to understand the nature of accrued loneliness effects on health behaviour and physiology in the short and long term.

Uotila H. *et al.* (2010) [4]. conducted the study to examine how the loneliness of older people is portrayed in mass media, results received that loneliness was seen solely as a lack of companionship and many negative were connected to it, Among other things, loneliness was connected to the low status of older people in society, in human practices in elderly care, lack of meaning in life and neglect by relatives.

Thomopoulon I., *et al.* (2010) [5] examined the differentiate quality of life and loneliness between elderly people. Data were collected from 180 percent aged 60- 93 years old from Greece. Quality of life was estimated through the quality of life index, loneliness, through the UCLA Loneliness Scale, and demographic characteristics with a questionnaire. For quality of life, male had higher score than females, older than oldest old and finally married than divorce and widows but no significance. Concerning loneliness, males scored lower than females, older than oldest old and married than divorce and widows / eras respectively. Divorce had lower loneliness than widowers, but with no significance. The internal consistency of the quality of life Index subscales ranged from 0.749to 0.881, whereas for the UCLA Loneliness Scale was 0.849. In conclusion, elderly perceptions about their condition of living will guide practitioners to find out the real deficits on elder's daily living and family forms suitable rehabilitation programmers.

1.1 Objective: To study loneliness among functionally disabled elderly.

1.2 Hypothesis

Ho1: There exists no relationship between age group and loneliness.

Ho2: There exists no relationship between types of functional disability and loneliness.

2. Materials and Methods

This study was conducted in Lucknow city of Uttar Pradesh, India. The study was carried out among functionally disabled elderly over the age of 60 years. The total sample size was 120 elderly, (60 male and 60 female). Pretested interview schedule along with “UCLA Loneliness scale” Published by-Peplau R.D. and Ferguson M.L (1978) was used to collect data. Purposive random sampling method has used to collect data.

3. Results and Discussion

Table 1: (A) Distribution of the respondent according to age

Age	Male N=60	Female N=60	Total N=120
60-65	22(36.66)	30(50)	53(44.16)
66-70	30(50)	19(31.66)	49(48.83)
71-75	4(6.66)	8(13.33)	12(10)
Above 75	2(3.33)	4(6.66)	6(5)

Figures in parentheses indicate percentage

The above table 4.1(a) showed that 36.66 percent male and 50 present female respondent were belonging to age group 60-65 year and 50% male and 31.66% female respondent were belonging to age group 66-70 year and 6.66% male and 13.33 female were belong to age group 71-75 year and also 3.33 percent male and 6.66 were belonging to age group above 75year.

Ho-1: There exists no relationship between age group and loneliness.

Table 2: Chi square value between age group and loneliness.

S.N	Variables	Chi-square	df	Significant value	Conclusion
1.	Age(in years) Loneliness	9.340	3	.025	S

From The above table it was revealed that the chi- square value was found significant thus null hypothesis was rejected. This means that there exists a significant relationship between loneliness and age group of respondent.

Ho- 2: There exists no relationship between type of functional disability and loneliness

Table 3: Chi –square value between type of functional disability and loneliness.

S.N	Variables	Chi-square	df	Significant value	Conclusion
1.	Types of functional disability in	.257	2	.324	NS
2.	Loneliness				

The above table 2 revealed that the chi square value was found non significant at 50% level of significant thus null hypothesis was accepted which means there exists no relation between of type of functional disability and loneliness of the respondent.

4. Conclusion

The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 56, roughly equivalent to retirement ages in most developed countries is said to be the beginning of old age.

5. References

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