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The extent of loneliness among elderly living in rural and urban areas

Anupriya Singh and UV Kiran

Abstract

A better understanding is needed of the prevalence of social isolation in older persons, its risk factors, the links between isolation and well-being, and its financial impacts for health care and social services. The following review endeavors to deepen the understanding of social isolation and loneliness and its risk factors, explore any connections that may exist between lonely or socially isolated seniors and increased demand or utilization of health and social services, and outline some of the policy implications of these findings.

The present study is made on to study the extent of loneliness among elderly living in rural and urban areas. The selected sample was 60 from Lucknow by adopting multistage sample technique the data collected through self-design questionnaire schedules.

Keywords: social isolation, utilization, understanding, health

Introduction

Ageing is the gradual process of growing old. In Canada, the term 'old age' and senior is defined as an individual who is over the age of 65. Old age is described as a transitional period where older adults encounter changes in both his or her physical health and social roles (e.g., retirement, children becoming adults); these transitional changes are significant because older adults who adjust to later life transitions by being socially active tend to live a happier and healthier life than those who do not (Cornwell, Laumann, and Schumm 2008) ^[1].

Loneliness and social isolation are often viewed as synonymous yet gerontologist almost universally agrees that they are distinct condition. Loneliness is generally understood as the discrepancy between a persons preferred level of social contact and their actual level of social engagement. Social isolation is defined as objective states of having minimal social contact. Loneliness is a subjective, unpleasant feeling in which the person yearns for intimate companionship or social connectivity. Social isolation is an environment condition influenced by such personal circumstances such as lack of transportation minimal contacts, and declining health.

World Health Organization is predicting that by the year 2020, depression will become the second leading cause of disability, so it is considered as a major public health problem, (Finley *et al*, 2002) ^[2]. The Causes and risk factors that contribute to depression in the elderly include: Living alone due to deaths or relocation; decreased mobility due to illness or loss of driving privileges. Estimates of major depression in older people living in the community range from less than 1 percent to about 5 percent, but rises to 13.5 percent in those who require home healthcare and to 11.5 percent in elderly hospital patients (Hybels and Blazer 2003) ^[3].

Depression is the most common mood disorder in later life. It may be associated with serious consequences, including; disability, functional decline, diminished quality of life, increased mortality and increased service utilization. Moreover it is undiagnosed in about 50% of cases. World health organization (WHO) considered that the age of 65 is the beginning of aging, but in Egypt, the age of 60 is still considered the beginning of aging according to the retirement age for most of people.

Objective

To determine the extent of loneliness among elderly living in rural and urban areas.

Hypothesis Ho: There is highly significant extent of loneliness in rural and urban areas.

Material and Methodology

1 Research design

For the present study experimental design was used for the extent of loneliness among elderly living in rural and urban areas. Researcher was gone out to Lucknow campus.

2 Period of study

The time taken for the study was one year that is July 2017 to may 2018.

3 The sample

The size of the study was restricted up to 40 samples.

4 Criteria for the selection

A large number of male female was selected purposively about 40.

40 male and 40 female from Lucknow city were selected

5 Sampling procedure

Male and female were selected for the present study. The study was categorized in to descriptive research design. The study was considered of 60 respondents. The sample random sampling technique was used to select the sample from the selected urban area of Lucknow city.

6 Tools of the study

Relevant scales to measure social isolation, loneliness and life satisfaction were identified for assessment the data. The questionnaire consists of general and specific information required for study.

1. Questionnaire regarding the general information such as age, gender & areas.
2. Questionnaire regarding the extent of among elderly living in rural and urban areas.(Specific information)

Methods of the data collection

As the study in nature, survey method was adopted to collect the target populations. Questionnaire schedule was used with great care so as to have minimum possible biasness. English vision for people of the questionnaire was used. A total respondent selected from Lucknow city survey method used for the collected of the data. Respondents were personally interviewed with the help of pre structure questionnaire. Respondents fill the format of questionnaire.

Results

The analysis and interpretation of the data of the study are based on the collection through self-structured questionnaire on “The Extent of Loneliness Among Elderly Living in Rural and Urban Areas in Lucknow City.” The result was computed using descriptive and inferential statistics based on the study. According to Sex 40(50%) respondents to male and 40(50%) respondents belonged to female. thus we see that most respondents were male members.

Table 1: Loneliness among elderly across area.

Variables	Area				T value	P value
	Rural		Urban			
	Mean	S.D.	Mean	S.D.		
Loneliness	28.1081	6.185	30.23	4.765	2.669	0.106

Table 1: Showed that as $p > .0.1$, thus the null hypothesis was accepted.

Table 2: Loneliness among elderly across age.

Variables	Age				T value	P value
	60-70		70-80			
	Mean	S.D.	Mean	S.D.		
Loneliness	30.16	4.956	27.875	6.131	2.020	0.159

Table 2: Showed that as $p > .0.1$, thus the null hypothesis was accepted.

Conclusion

Social isolation is defined as discontinuing actual relations with society members, groups and communities, which leads to weakened, or discontinued joining and participating in official and nonofficial groups.

This study presents a very grim picture of the conditions of elderly people in our society. Old aged people suffer many health risk as well as security risk due to social isolation and loneliness. This grim picture needs to be changed. For one thing, it is crucial that the government should come up with the policies to resolve the serious problem at a level of welfare for the elderly. In addition, the government should provide the conditions and service contents to accept what the elderly call for as an individual attempt to prevent and resolve their social isolation. Accordingly, a host of programs should be vitalized such as the development and provision of various relationship- building programs, the existing psychological health programs, and the continuous diversification of programs at a public interests level, and the development of rehabilitation exercise, voluntary service, creation of new jobs for them and programs for social; participation designed to boost the social activity of the elderly.

We showed that the respondent of rural area have less mean (28.1081) and the urban area have highest mean (30.23) indicating that in the rural area loneliness level is highest.

The above table showed that the age group of 60-70 has the highest mean (30.16) and in the age group of 70-80 have the lowest mean (27.875).

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