



## RESEARCH ARTICLE

### A COMPARATIVE STUDY ON PERCEIVED LONELINESS AMONG HOME-BASED AND INSTITUTION- BASED ELDERLY

\*Mrs. Sheeba Joseph

Assistant Professor, BSSS, Bhopal

#### ARTICLE INFO

##### Article History:

Received 22<sup>nd</sup> May, 2016  
Received in revised form  
15<sup>th</sup> June, 2016  
Accepted 26<sup>th</sup> July, 2016  
Published online 31<sup>st</sup> August, 2016

##### Key words:

Institution-based, Home-based,  
Loneliness, Elderly.

#### ABSTRACT

Ageing is a multifaceted process that is determined not only by the passage of time, but also by certain psychological, physiological, social, economic and cultural factors. Loneliness is one of major problems elderly face. The main requirements of old people today are social, health and financial security apart from those related to psychological and emotional support, which can only be derived by family members and friends. This study is an attempt to find the loneliness experienced by elderly residing in the institution and also at home. The data was collected from 255 elderly (Institution-based=120 & home-based=135) in and around Bhopal. It was found that elderly in the institution experience more loneliness than the elderly who are staying with their family. It was also found that female elderly experience more loneliness than their male counterparts.

Copyright©2016, Sheeba Joseph. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Mrs. Sheeba Joseph, 2016. "A comparative study on perceived loneliness among home-based and institution- based elderly", *International Journal of Current Research*, 8, (08), 37160-37162.

## INTRODUCTION

Ageing is a natural phenomenon. It is any change in an organism over time. Aging refers to a multidimensional process of physical, psychological and social change (Hultsch and Deutsch, 1981). Aging can also be defined as the maximization and attainment of positive outcomes, and the minimization and avoidance of negative outcomes (Baltes and Carstensen, 1996). It can also be seen as the cumulative, progressive and degenerative changes that occur over a period of life (Ramamurti & Jamuna, 1995). These changes begin with infancy, continue through childhood and adulthood, and ultimately terminate with death. The human life could be divided into different stages such as childhood, adolescence, adulthood and old age.

### Loneliness and Elderly

The most common issue that elderly, face is loneliness. At this life stage significant relationships come to an end. One may lose a spouse through death or divorce. Friendships cease to exist due to death, retirement or relocation. Children leave the nest for college or to begin their own lives, perhaps in other cities, and focus their energy away from the nuclear family.

\*Corresponding author: Mrs. Sheeba Joseph,  
Assistant Professor, BSSS, Bhopal.

Moreover, due to failing health or an inability to drive or walk, an older person may become housebound furthering their isolation from the community. More revealing, however, is the locus of control attribution in the aged. Those who internalize the responsibility and control of their own lives were found to be less lonely than those who felt they had little control over the latter part of their lives (Moore and Schultz, 1987). In short, those who believed loneliness and isolation were a requisite facet of old age took fewer steps to alleviate solitude and therefore experienced greater depression and feelings of detachment from community and family. Another comparative study was conducted to assess the psycho-social determinants of 60 non-institutionalized elderly was done by Kanwar & Chadha (1998). The psychological determinants in term of depression, loneliness and social support were assessed. It was found that the mean score of depression, loneliness of institutionalized elderly were 23.66 and 66.15 against 20.90 and 46.30 among non institutionalized elderly (24.50) which was low among institutionalized elderly (8.35). A cross sectional study was conducted by Bhatia & et.al (2007) on health problems and loneliness among the elderly in urban and rural area of Chandigarh. A total of 361 aged persons of age 65 years and above were selected as samples from Chandigarh. A stratified random sampling technique was used to select the sample. Data was collected using the *Upmanya and Upmanya* loneliness scale and a semi structured interview schedule for health related problems. Out of the total 361 aged persons, 152

were males and 209 were females. Hypertension was the most prevalent condition and it was significantly more in females (46.4%) than in males (34.9%) ( $P < 0.05$ ). Diabetes mellitus was also significantly more in females (18%) than in males (6.4%) ( $P < 0.05$ ). It was observed that problems were also higher (77.3%) among the 75 + years' age group than among the 65 plus years' age group (66.75%) ( $P < 0.001$ ).

A study was done by Savikko (2008) on the loneliness among elderly population and the possible intervention strategies in Finland. The findings showed that there was a distinction between loneliness, social isolation and a global feeling of insecurity. Of the respondents, 39% suffered from loneliness at least sometimes. Several demographic and health-related factors, dimensions of psychological well-being, as well as expectations related to social contacts were associated with loneliness. Losing one's parents in childhood was not associated with loneliness experienced in old age. Several causes of loneliness were mentioned. Loneliness often considered a major problem for growing older. Loneliness is an unpleasant experience that occurs when a person's network of social relationship is deficient in either quality or quantity (Peplau and Perlman, 1982).

### Objectives of the study

- To understand the pattern of loneliness among elderly, institution and home-based.
- To examine the significant difference in loneliness experienced by male & female elderly in the home-based and institution-based context.

### MEASURES USED IN THE STUDY

The researcher administered interview schedule to elicit information from the clients. The tool used was ULCA Loneliness Scale (Russel *et al.*, 1978).

Both males and female elderly were part of the study. The institution-based participants were from four oldage homes situated in Bhopal.

### RESULTS

The following section tries to explore the pattern of loneliness experienced by elderly who are home-based and institution-based. In addition to that comparison of loneliness experienced by male and female aged, type of the family they belong, marital status are the other aspects dealt in this section. Another objective of the study is to understand whether there is a significant difference in the perceived loneliness and place of stay of the elderly. The Mean and the Standard Deviation scores marked a vast difference between the elderly who are home-based and institutionalised in perceived loneliness. It is found that institutionalised elderly ( $29.24 \pm 11.36$ ) were experiencing more loneliness than their counter parts from the family setting ( $23.61 \pm 10.88$ ). An independent sample *T*-test was run to understand the statistically significant variation between aged living with own families and those staying in the institutions. The result remarked a significant variation in the level of perceived loneliness of elderly staying at home and at old age homes ( $t=4.04$ ,  $p=.000$ ). The institutionalized aged have been left in the institution by their families or relatives and they feel they have been abandoned and thus, are not needed or loved, which probably leads to greater feelings of loneliness and depression. The institutionalized aged have low or practically no income of their own, which probably makes them feel lonely. They perceive that due to lack of income they are institutionalized and as a result they feel being alone. Majority of women were either illiterate or had very few years of schooling, as a result they could not read newspapers, magazines or books and therefore felt lonelier. Loneliness might reflect the lack of a significant caregiver, i.e. a high level of loneliness may result in institutionalization for those who have no one in the home to provide care for.

Table 1(a) Perceived loneliness and place of residence

	Residence	N	Mean	Std. Deviation	Std. Error Mean
Perceived	Institution	125	29.24	11.36	1.01693
Loneliness	Home-based	130	23.61	10.88	.95500

Table 1(b) Independent Sample T- test Perceived loneliness and place of residence

Independent Samples Test										
		Levene's Test for Equality of Variances	Test for Equality of Means		t-test for Equality of Means					
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Perceived	Equal variances assumed	.754	.386	4.04	253	.000	5.63262	1.39387	2.88755	8.37768
Loneliness	Equal variances not assumed			4.05	251.289	.000	5.63262	1.39506	2.88512	8.38011

### Sample

The sample for the present study consisted of 255 (Institution-based=120 & home-based=135) senior citizens randomly drawn from Bhopal district of the state of Madhya Pradesh, India. The age of the respondents ranged from 60 to 90 years.

Moreover, in advanced age physical and sensory functions decline which limit mobility (e.g. driving, walking) and communication (e.g. less ability to see or hear a voice on the telephone), which further adds to loneliness. Another area the research delves into is to find the variation among elderly male and female with regard to perceived loneliness. The mean and

the standard deviation score states that female elderly (28.39±11.23) were feeling lonelier than their male (24.26±11.23) counter parts. An Independent sample T test was used to find the significant variation exists between male and female elderly. The result of the test as presented in the table indicate that there is sufficient evidence to say female elderly were high in loneliness compared to male elderly ( $t$ -Value=-2.773,  $p$ =.006). The mean score gives a clear indication that married people (23.35±11.55) were experiencing less lonely feeling than the unmarried (27.05±9.34), widows/widower (28.58±11.02) and divorcees (39.20±7.36). The situation of unmarried and widows/widower seemed to be experiencing loneliness higher than the aged who were married. But the present study is throwing light on the loneliness of divorcees which was found to very high than the other groups. The computed value of  $F^3_{251}$ = 6.570 with 5% significance is .000. The study evinces a significant difference in the perceived loneliness of elderly who were married, unmarried, divorced, widower or widow.

Another aspect was to find the level of loneliness experienced by elderly from joint and nuclear family. It shows elderly coming from nuclear family (26.83±11.81) were experiencing more loneliness than elderly from joint family (25.38±10.65). Although there is a variation in the mean scores but no significant variation is observed in the ' $t$ '-value. A rapid spread of modernization, growing urbanization and crumbling of joint family system all have conspired to increase insecurity and loneliness among the geriatric population. From the family side, the elderly population looks forward to emotional support, love and affection. The effect of this phenomenon is evident from the weakening of the traditional bond of joint family. The elderly have been the biggest sufferers of this change of values and family system. Many of them feel that the attitude of younger generation towards them has under gone a tremendous change and become less satisfactory. These findings are in conformity with the findings of the study conducted by Aggarwal and Srivastava (2002), which indicated that the emotional states like anxiety, depression, loneliness, neglect by family members, lack of self confidence, social isolation are more in old people living in institutions. The findings also get support from the study of Kanwar and Chadha (1998) according to which depression and loneliness of institution based elderly was higher than that of non-institution based elderly. The result was further propounded by (Singh *et al.*, 2013). Most people experience social isolation and loneliness in old age, especially who lived in old age homes. Loss of important relationship may lead to feeling of loneliness. Posner (1995) points out that older people tend to eradicate loneliness by making friendship with those within the same age cohort. A study conducted in Gujarat stated that only 22% admitted that they did experience loneliness living away from their children (Das & Shah, 2004). Hence, it can be concluded that the elderly staying in institutional setting suffer from more psycho-social problems due to lack of family support, social interaction and separation from the family.

## Conclusion

The present research was a genuine effort to understand the problems of elderly in the home-based and also from the institutional context with reference to perceived loneliness. The outcome of this research gave to lot of concerns to ponder upon especially elderly from the institutional context. All those factors are discussed in the result section. The vitality of elderly can be preserved for the future generations if channelized properly by geriatric social work intervention.

## REFERENCES

- Agarwal S. and Srivastava SK. 2002. Effect of living arrangement and gender differences on emotional states and self esteem of old aged persons. *Indian Journal of Gerontology*, 16:312-320.
- Baltes, M. M. and Carstensen, L. L. 1996. The process of successful ageing. *Ageing and Society*, 16, 397 – 422.
- Bhatia SPS, Swami H.M., Thakur J.S., Bhatia V.A. 2007. Study of health problems and loneliness among the elderly in Chandigarh. *Indian Journal of Community Medicine*, (32), 255-8
- Das, N.P. and Shah, Urvi, 2004. Study of old age homes in the care of the elderly in Gujarat. Project Report, Press
- Hultsch, D. F. and Deutsch, F. 1981. *Adult development and aging: A life-span perspective*. New York: McGraw Hill.
- Kanwar, Priya and Chadha, N.K. 1998. Psycho-social determinants of institutionalized Elderly: An empirical study. *Indian Journal of Gerontology*, 12(1 &2), 27-39.
- Kanwar, Priya and Chadha, N.K. 1998. Psycho-social determinants of institutionalized Elderly: An empirical study. *Indian Journal of Gerontology*, 12(1 &2), 27-39.
- Moore, D. and Schultz, N. R. 1987. Loneliness among the elderly: The role of perceived responsibility and control. *Journal of Social Behavior and Personality*, 2, 215-224.
- Peplau, L. A. and Perlman, D. (Eds.) 1982. *Loneliness: A sourcebook of current theory, research and therapy*. New York: Wiley-Interscience.
- Ramamurti, P.V. and Jamuna, D. 1995. Perspectives of Gero Psychology in India : A review. *Indian Psychological Abstracts and Reviews*, 2 (2), 207-267.
- Russell, D., Peplau, L. A., & Ferguson, M. L. 1978. Developing a measure of loneliness. *Journal of Personality Assessment*, 42, 290-294.
- Savikko, N. 2008. Loneliness of older people and element of an intervention for its alleviation. *Medica Odontologica* ISBN978-951-29-3607-6(PDF)CA <http://www.theseus.fi/bitstream/handle/10024/69558/final.pdf?sequence=1>
- Singh R, Singh B, Lall BS *et al.* 2013. Psychosocial problems: an issue among the elderly in Kathmandu, Nepal. *Int J Health Sci Res.*, 3(6):48-53.

\*\*\*\*\*