**Impact of loneliness on Elderly Well-being among the Community Dwelling Elderly**

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**Abstract**

The research was conduct conducted to explore the connection between loneliness and elderly well-being and to gauge the nature and extent of loneliness and well-being among elderly residing in district Faisalabad. It was the correlation study in which cross sectional research design was used. The total sample size was one hundred and fifty. Multi stage sampling technique was used. Interview schedule and two scales were used as instruments to gauge loneliness and wellbeing among elderly. The main assumption of the study was that there will be significant difference exists existed among loneliness and elderly well being. The major findings of the study are as followings; majority of the respondents were feeling lower level of loneliness and almost one third exhibited high level of loneliness. Slightly more than half of the respondents reported high level of well-being. The result shows majority of respondents were living with family. Pearson Product Moment Correlation was used to discover correlation. The main findings showed there is negative significant correlation between loneliness and elderly well being. It was reported that there existed a significant difference between loneliness and elderly wellbeing, with family system. It indicted that members of joint family system have better well being than the members of nuclear family system. Whereas, no significant difference existed among the relationship of loneliness and wellbeing, with gender. In upcoming studies the different awareness program should be launched in order to aware the young generation about the psychological and sociological aspect of old adults as they live successful aging.

***Keyword;* Loneliness, elderly well-being, family structure, Gender of elderly**

**1.0** **Introduction:**

It is ordinary that people search for happiness and social relations during their normal life includingespacially in their old age, yet according to Savikko (2008) loneliness runs with a significant number of people from early age till the finish of their lives. Loneliness’ refers to how individuals evaluate their level and quality of social contact and engagement (Cornman et al., 2003). Loneliness has a significance prevalence among elderly and it may be a causative factor that are associated with disturbance of physical and mental health (Taube E, Kristensson J, Midlöv P, Holst G. and Jakobsson U,2013).Previous studies indicated that loneliness is significant with the low quality of life and increasing tendency towards the mental health problems(Cornwell and Waite,2009). Moreover, loneliness has been categorized as a major predictor of decreased wellbeing (VanderWeele, Hawkley, & Cacioppo, 2012).

According to the WHO, there is no fixed criterion yet in routine 60+ individuals categorized in older adult’s category (Alpass and Neville, 2003). Aging is a biological and chronological process that effects complete body structure and increased vulnerability to chronic diseases (World Health Organization, 2014).

Wellbeing is fundamentally, linked with health, life satisfaction and quality of life. With advancing age, wellbeing is fundamentally, relevant to both health and quality of life (Green, 2014**;** Steptoe, Deaton, & Stone, 2014). Wellbeing is a broader spectrum phenomenon that includes happiness, prosperity, and purposeful life (Bowling & Dieppe, 2005; Steptoe et al., 2014). For the successful aging, it is very compulsory to manage the adverse effects of loneliness and its associated factors. Most of the previous literature on social isolation and loneliness revolves around cross-sectional studies rather longitudinal studies. In addition, with advancing age the burden of disease added up, along with a decrease in physical and mental wellbeing (Chatterji, Byles, Cutler, Seeman, & Verdes, 2014).

It has been recommended that the link between living alone and psychological well-being may be more prevalent among Chinese, where collective culture plays a role in family togetherness and dependence of family member among themselves. Therefore, residing in loneliness conditions may have strong negative impact on wellbeing of Asian elderly. In Singapore, this rapid growth of older adults, changing family patterns due to nuclearization, has increased the percentage of elderly residing alone from 15,000 to 22,000 between 2000 and 2005(Department of Statistics, Singapore Census of the Nation, 2006).

In today’s world of work, elders are facing problems such as depression, feeling of neglect, loneliness and isolation. Due to rapid increase in nuclear families and global trend of employment opportunities, elders are compelled to live alone. Rook mentioned loneliness is an emotional state that arose when an individual feels rejected by others and lacks partners for social activities. It has possibility of occurring loneliness in all age groups but this problem is mostly relevant to elders. There is direct relationship between age and loneliness (Gul, 2015).

Lack of interaction and communication gap with friends and family triggerstrigger loneliness among older adults. Various factors such as variation in living style, demographic variables, social support and change in personality features may contribute in increasing occurrence of loneliness at community level (Gierveld, 2008).

In developing and under developing nations, the elderly population will rise because of decrease in fruitfulness and change in future that procured exceptional consideration of regime. These expansions in much older populace willpower go to rise to a mass rate that will end up noticeably 2000 million by 2050. The maturing populace in creating nations included 8 percent that will rise to 28 percent by 2055 (Nizamuddin, 2010).

Social support and family interaction can increase and boost the dignity of the older adults and such support has a protective role in the maintenance of mental health. Most of the family members in Pakistan have been noticed while threaten and beating their parents. Majority of these family members have found to be the sons. In psychological abuse of the elderly, the most common is the verbal abuse. Moreover, In case of health care, we have very few Non-Governmental Organizations (NGOs) serving elderly population. Health care of the elderly is not regarded as a distinct specialty but they are having only fragmented provision of care and lack comprehensive care and treatment (Dildar et al, 2012).

**1.1 Objectives of the study:**

* To study the nature and extent of loneliness and wellbeing of the respondents.
* To investigate relationship among loneliness and elderly well being.

**1.2 Hypotheses:**

* There would be significant relationship between loneliness and well being among elderly.
* There would be significant difference between male and female on loneliness and well-being.
* There would be significant difference between joint family system and nuclear family system on loneliness and elderly well being.

1. **Materials and Methods:**

In the present cross-sectional study quantitative research method was used. In this study comparison also has done on different important demographics variables. Multi-stage sampling method is used. Faisalabad is divided into four Tehsil. At the first stage we selected one Tehsil of Faisalabad out of four Tehsils (Chak Jhumra, Jaranwala, Samundary, and Tandlianwala) of District Faisalabad randomly. There were 57 Union Councils (17 urban and 40 rural) in the sampled Jaranwala Tehsil and at the next stage out of 57 Union Councils, 11 union councils were selected by applying the systematic random sampling and every 5th union council will be taken from the list of union councils. Then one village/town will be selected from each union council through simple random sampling. At the last stage, the researcher is approached to target population (60+ elderly men and women) by applying convenient sampling technique.

Three tools of data collection has been used i.e.Interview schedule, Loneliness scale and Old people quality of life well being scale (OPQOL).

* 1. **Interview Schedule:**

Interview schedule was prepared with the help of review of literature. The main demographic are gender (male and female) community (urban and rural) educational status (literate and illiterate) working status (working and non working) economics status (middle and lower) family structure (nuclear and joint) partner living status (alive and dead) physical disease (yes no) satisfaction with family behavior (yes no) involvement in politics (yes no) involvement in literal activities (yes no) final demographic variable involvement in spiritual activities (yes and no).

**2.2. Scale for loneliness:**

The scale makes a differentiation between social and emotional loneliness. The loneliness scale consists of 15 items. For loneliness scale the value of first quartile is 27. The second quartile scale is 31 and third quartile value is 48. The participants who scored below the first quartile i.e. Less than 27, experience no loneliness. These participants who scored above 27 and till 31 they experience moderate loneliness. These participants who score are more than 31 experience high level of loneliness.

**2.3. Old People Quality of Life and well being (OPQOL)**

The old people quality of life and well being briefed is used for quality of life and well being. It was developed by Bowling and his colleges on 2013. The old people quality of life briefed questionnaire has 13 items.

**2.4. Statistical Analysis**

SPSS version-23 was used for statistical study. After that descriptive statistical were calculated. Later on correlation and t-test were used for relationship and compression of means between two groups respectively.

**3. Results**

The table 1 shows the descriptive statistics of all demographic variables used in the present study.

**Table 1**

*Descriptive statistics of demographics variable (N=150)*

Variables n (%)

**Gender**

Male 93(62)

Female 57(38)

**Community**

Rural 86(57.3)

Urban 64(42.7)

**Family Structure**

Nuclear 70(46.7)

Joint 80(53.3)

**Working Status**

Working 68(45.3)

Not working 82(54.7)

The results given in the table 1 indicates that total participants of present study 150. This further divided in two categories on the bases of their sex. Total 62% (93) male participated in this study while 38% (57) female took participate in this study. The second most important demographic variable was community. The residents of the two community participated in this study, 57.3% (86) participants were belonged to rural community while 42.7% (64) participants were from urban community. Family structure also taken in two consideration there are two groups were taken in family structure, first group known as nuclear family structure and second group is called joint family structure, 46.7% (70) belong to nuclear family structure and 53.3% (80) members were belong to combine or joint family structure. The next demographic variable is working status. Two groups were taken in this study 45.3% (68) members belong to working status while 54.7% (82) participants were unemployed.

**Table 2**

*Prevalence of Well-being among elderly (N=150)*

Variables n (%)

**Well-being**

Lower Level 23(15)

Moderate Level 43(29)

High level 84(56)

This table indicates that in low level of well being 15% (23) participants while in moderate level well being there are 29% (43) participants while in high level of well being there are56% (84) participants.

**Table 3**

*Prevalence of loneliness among elderly (N=150)*

Variables n (%)

**Loneliness**

Lower Level 79(52)

Moderate Level 21(15)

High level 50(33)

The table no. 3 reveals prevalence of loneliness, 52% (79) participants reported low level of loneliness, 15% (21) participants experience moderate level of loneliness and 33% (50) experienced high level of loneliness.

The first hypothesis of the present study was that there would be significant relationship between loneliness and well being among elderly. Perason product moment correlation was used to check this hypothesis.

**Table 4**

*Summary of inter-correlation between loneliness and elderly wellbeing*

Variables *1 2*

Loneliness - -.705\*\*

Well-being

Note; \*\* p< .001

The above table shows the results of correlation analysis. The table also shows that there is negative significant correlation between loneliness and elderly well being. It means that if loneliness of the participant increasing the elderly well being will be decreasing and is the same way if loneliness is decreasing elderly well being is increasing.

The next hypothesis of the present study was that there would be significant difference between male and female on loneliness and well-being. To check this hypothesis independent sample t-test was used.

**Table No 5**

Variable Male Female T P 95%CI Cohen’s D

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ M SD M SD LL UL

Loneliness 35.3 8.7 36.4 12.1 -.595 .552 -4.3 2.3 0.40

Well-being 31.3 7.9 33.0 6.9 -1.3 .178 -4.2 .79 0.22

Note:; M= mean, SD= Standard deviation, T= t-test value, P= significant value, LL= lower limit, UL= upper limit

The table 3 shows that there is no significant difference exists between male and female on loneliness which means that present population the score of both gender or same on scale on loneliness. Moreover the same table shows that the score of male and the score of female or same on elderly well being scale Whichwich mean that there is no significant difference exists between male and female on elderly well being and loneliness.

The next hypothesis of the present study was that there would be significant difference between joint family structure and nuclear family structure on loneliness and elderly well being.

**Table No 6**

Variable Joint Nuclear T P 95%CI Cohen’s D

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ M SD M SD LL UL

Loneliness 27.3 4.1 43.1 7.6 -15.4 .000 -17.9 -13.8 2.58

Well-being 37.3 4.1 27.2 6.8 10.7 .000 8.2 11.9 1.79

Note:; M= mean, SD= Standard deviation, T= t-test value, P= significant value, LL= lower limit, UL= upper limit

The table 4 indicates that there is significant difference exists among nuclear family structure and joint family structure on loneliness. The result shows that participants of nuclear family structure experience more loneliness as compared of joint family structure. The next findings of above table indicate that there is significance difference exists between nuclear family structure and joint family structure on well being. Further the members of joint family system have better well being then the members of nuclear family system.

**4. Discussion**

The first assumption of this research was that there will be major relationship exist among loneliness and well-being. Pearson Product Moment Correlation analysis was used to check this hypothesis. The result showed that loneliness has negative significant correlation with well being. This results is consistent with those of Ain, (2002) Stepteo, Shankar, Demakakos and wardle, (2003) and Berkman, (1995) Pelletier, (2004).

The next hypothesis of this study was that there will be significant difference exist between male and female on loneliness and well being. The result of study expressed no significant difference exists in gender on loneliness. The result also showed that there is no significant difference exist between male and female on well being. The outcome is similar with other study as well like Ryan and Deci, (2001) Argly, (2001) Gasper, (2007) Walter and Cattan, (2005).

But in previous studies, a significant difference was noted between loneliness and gender of elderly. In view of Hojat, women posses lower level of self-esteem which confers association between loneliness and lower self-esteem. It means lower self esteem is in parallel relation to promote the loneliness. Therefore, Hojat note a difference in prevalence of loneliness and wellbeing gender wise. Moreover, men have more stronger social support networks than women (Chalise, 2010; and Hojat,1982). Keeping in view these two aspects i.e. self esteem and social support network, in our Pakistani society elderly female level of respect and self-esteem enhanced in later life. As she become head of family and took part in decision making and become more privileged. In case of second aspect, the social support network of female elderly does not change. She remained within household setting from birth to death and their social support network becomes stronger in later life in comparison with the western society. The elderly women have more association with their grandsons and grand-daughter in Asian society.

The next hypothesis of this research was that there would be significant difference exists between joint family system and nuclear family system on loneliness, and well being. The result showed that there is significant difference exist between nuclear family structure and joint family structure on loneliness, and well being. Mason findings also approved this study phenomenon that joint family system provides more social support to adults of geriatric rather than nuclear family system. When elders receive more social support from their children then they feel lower level of loneliness. Elders living in joint family system receive more attention, care and social support from their children as compare to living alone (Berkman LF, Glass T, .2000). Member of nuclear structure experience more loneliness and member of joint family system experience more well being as compared to member of nuclear family system. The result is similar with other study as well like Cattan, (2005) Pitkala, (2011) Roberts,(2008).

**4.1 Limitation of the study:**

1. The data was collected only from Faisalabad (rural and urban areas) of city of Punjab. So the result of this study may only be reliable in the context of Faisalabad.
2. Loneliness is a common problem of a large portion of sample but sample size was too short due to time constraints.

**4.2 Implication of the study:**

1. Present study will help to understand the present condition of elderly.
2. The result of present study will create awareness for elderly well being.
3. This study will open new window of knowledge for future researches.
4. This study highlights that community centers should be established to deal the challenge and succeeding effects of loneliness among elderly and it will enhance their level of well-being to live successful elderly life.
5. **Conclusion**

In conclusion, study has gained the perception that family structure and social interaction hashave a positive impact on the wellbeing of elderly. As findings revealed that majority of people residing within joint family system, predicted higher level of well-being rather in nuclear family system and there is no likely difference found between gender and loneliness and wellbeing. Whereas, loneliness has inverse relationship with well-being. Therefore awareness raising programs should be launched focusing on the needs and care of elderly, to strengthen our value system that focus on the elevated status of elderly in our culture. Moreover, community centers should be established where elders’ people may beengaged in group activities so that they can remain active. With thesesthese intervention strategies, the level of wellbeing of elderly will be enhanced to live successful elderly life.

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