A Study of Loneliness in Relation to Health Status among Aged Person

Dr. Anshu Kumari

M.A., Ph.D. (Psychology), J.P. University, Chapra (Bihar)

ABSTRACT

The purpose of the study was to see the impact of loneliness among aged persons in the viewpoint of their health status. For this purpose, 180 aged persons were purposively selected as a research sample from Saran district area. Perceived Loneliness Scale of Dr. Praveen Kumar and Health Questionnaire of Q. Hasan were administered upon research sample and data were collected. The collected data were analyzed with t-test method. The findings revealed that :(i) Health of aged persons was negatively correlated with their loneliness related factor, (ii) The level of health status significantly depend upon loneliness of individuals. (iii) Workful aged persons have better health while workless aged persons have comparatively less better health status and (iv) There were no significant difference between male and female aged persons in term of their loneliness based factor.

Keywords: Loneliness, Health Status, Aged person

INTRODUCTION:

Aging is the time related deterioration of the physiological functions necessary for survival and fertility. The characteristics of aging as distinguished from diseases of aging affect all the individuals of a species. Some people consider aging to simply be a state of mind and others go by how the mind and body naturally change over time. In broken down into three distinct categories; biological aging, psychologicalaging and social aging.

Biological aging refers to various ways the human body naturally changes over time. For instance, immune system changes associated with age make it more difficult to fight infections and viruses. Biological aging can also affect digestion, the spine, joints, vital organs and oral health can also be affected by biological issues.

Psychological aging refers to behavior, perception and reactions to the immediate environment. Psychological aging is related to changes is the brain and in some cases, underlying psychological issues or changes in cognitive capabilities that could affect problem solving emotions and subjective reactions to situation.

Social aging refers to how social habits and behaviors change over the time. It also includes the individuals role in relation to society as a whole and people in his or her age group.

Loneliness is a distressing emotional state that people experience when the notice a discrepancy in the deserved and perceived quality or quantity of their social relations.

According to Amaral Psychology Association Loneliness is the emotional distress in which we feel when our inherits need for intimacy and companionship are not meet. Thus, loneliness is something almost all people fear. It is a deeper feeling then just being isolated. It is feeling distant or disconnected from others.

Several studies related to loneliness and health suggests that loneliness is closely related to human health. In this context Centers for Disease Control and Prevention (CDC) advised that loneliness may have a link to higher rates of anxiety, depression and suicide.

Srivastava and Srivastava (2023) studied the prevalance and correlates of loneliless in the later life and found that by means of loneliness related factor elderly persons affect from activity of daily living difficulties.

Bhatia et al; (2007) studied the study of health problems and loneliness among the elderly in Chandigarh and found that more aged persons were found in one or more health related problems. They also found that loneliness was more prevalent among persons who lived alone as compared to those who lived with their spouse.

In another study Singh and Mishra (2009) studied the loneliness, depression and sociability in old age and found that there were close relationship between depression and loneliness.

Mustaq et.al (2014) studied the relationship between loneliness psychiatric disorders and physical health and found that loneliness can lead to various psychiatric disorders like depression, alcohol abuse, child abuse, sleep problems, personality disorders and Alzheimer's disease.

OBJECTIVE OF THE STUDY:

The main objective of the study was to see the impact of loneliness on health status among aged persons.

HYPOTHESESES OF THE STUDY :

1. There would be negative correlates between loneliness and health status of respondents.
2. There would be significant difference between respondents of high and low level of loneliness related respondents interm of their health status.
3. The loneliness level would be significantly differed between workful and workless aged persons.
4. There would be significantly difference between male and female respondents interm of their loneliness status.

METHODOLOGY:

1. Research Sample :

Total 180 aged persons (average age range of 65 years) were purposively selected from Saran District of Bihar state. The research sample were in normal condition for giving responses on research scales.

2. Research Scale :

The following research scales were administered upon research sample :

1. Loneliness scale of Dr. Praveen Kumar Jha
2. Health Questionnaire of Wig & Verma and
3. Self Prepared Personal Data Sheet.

DATA COLLECTION:

For data collection work, the researcher had made well plan. According to decided plan, the respondents were contacted properly and conveyed them about purpose of meeting. After making the rapport with respondents the data collection work was held in a small group situation. Thus, data collection work was finished and thanked by researcher for their positive co-operation.

ANALYSIS OF DATA:

The collected data was analyzed with t-test method and prepared result in current Indian context.

RESULT AND DISCUSSION:

The following results were found after the analysis of data collected:

1. Correlation between loneliness and health status :

The correlation between loneliness and health status were obtained. The findings are presented in following table no. (i) :

Table No.- (i) Correlation between loneliness and health status

Scale	Health Status	P-value
Loneliness Level (High Score)	0.45	<.01

The findings that presented in above table no. (i) revealed that, high level of loneliness, negatively effect the respondent's health status. According to this result we can say that high level of loneliness-based factor negatively affects the respondent's health status. Thus, this result confirmed our hypothesis no. (4) that, "There would be negative correlation between loneliness and health related score."

2. Comparison of health status between high loneliness and low loneliness respondents:

The health status of respondents werecomprised between respondents of high and low level of loneliness. In this context the findings are displayed in following table no. (ii)

Table No.-(ii) Comparison of health status between respondents of high and low level of loneliness

Group	N	Mean	SD	t-value	p-value	df
Respondents of High Loneliness Level	85	28.5	5.32	4.69	<.01	178
Respondents of Low Loneliness Level	95	25.2	3.91			

The findings that contained in table no.- (ii) revealed that high loneliness respondents were obtained less mean (25.22) and SD (3.91) scores while low loneliness respondents

were obtained more mean (28.46) and SD(5.32) scores on health measurement scale. According to this result it can be said that loneliness related factor negatively and significantly impacts the respondent's health status. Thus, this result confirmed our hypothesis no.-(ii) that "there would be significant difference between respondents of high and low level of loneliness related respondents interm of their health status."

3. Comparison of loneliness between workful and workless aged respondents :

The loneliness was also comprised between workful and workless respondents. The findings are presented in following table no.-(iii)

Table No.-(iii) Comparison of loneliness between workful and workless respondents

Group	N	Mean	SD	t-value	p-value	df
Workful Respondents	95	27.69	4.43	4.22	<.01	178
Workless Respondents	85	31.24	6.72			

An observation of above table no.-(iii) cleared that workful respondents were found in low level of loneliness contain while workless respondents were found in more level of loneliness condition. In this context the calculated t-value (4.22) was also found significant at <.01 level of confidence. The reason may be behind such findings that workful respondents engaged in their work and don't keep in mind loneliness comparison to their counterpart workless respondents. Thus, this findings conformed our earlier made hypothesis no.-(iii) that, "there would be significant difference between workful and workless respondents interm of their loneliness measures."

4. Comparison of loneliness between male and female respondents:

During research work, the loneliness was also comprised between male and female respondents. In this context, the findings are given in following table no.-iv

Table No.-(iv) Comparison of loneliness between male and female respondents

Group	N	Mean	SD	t-value	p-value	df
Male Respondents	90	29.72	5.72	0.96	N.S.	178
Female Respondents	90	28.94	5.14			

An observation of above table revealed that, there were no clear difference between male and female respondents interm of their loneliness measures. According to this result, it can be say that both (male and female) group of respondents were not found in equal level of loneliness measure. Thus, this result not confirmed our earlier made hypothesis that, "there would be significantly difference between male and female respondents interm of their loneliness measure" was not confirmed by empirical verification.

CONCLUSION:

To conclude it is clear that:

1. Health of aged persons is negatively correlated with their loneliness related factor,
2. The level of health status significantly depends upon loneliness of individuals.

3. Workful aged persons have better health while workless aged persons have comparatively less better health status and

4. There is no significantly difference between male and female aged persons interm of their loneliness based factor.

REFERENCES:

1. **Srivastava, P & Srivastava M. (2023) :**Prevalance and Correlates of loneliness in the later life. Indian Journal of Psychiatry, Vol.-65 (9), 914–921.

2. **Bhatia, SPS, Swami, H.M., Thakur, J.S., and Bhatia, V. (2007) :** A study of health problems and loneliness among the elderly in Chandigarh. Indian Journal of Community Medicine, Vol.-32(4), 255–258.

3. **Singh, A and Mishra, N (2009) :** Loneliness, Depression and Sociability in Old Age. Vol.-18(1), 51–55

4. **Mustaq, S. (2014) :** Relationship between Loneliness, Psychatric disorders and Physical Health. Journal of Clinical & Diagnostic Disorder, Vol.-5(2), 178–186

5. **Kumar, P. (2000) :** Manual of Percived Loneliness Scale, National Psychological Corporation, Agra, U.P.

6. **Hasan, Q. (2000) :**Manual of Health Questionnaire, National Psychological Corporation, Agra, U.P.