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A Cross-Sectional Study to Assess the Loneliness and Social Support among Elders Residing in Selected Rural Areas of Bagalkot District

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Abstract **Original Research Article**

Background of Study*:** Transient loneliness (loneliness which exists for a short period of time) is related to positive effects, including an increased focus on the strength of one's relationships. Chronic loneliness (loneliness which exists for a significant amount of time in one's life) is generally correlated with negative effects, including increased obesity, substance use disorder, risk of depression, cardiovascular disease, risk of high blood pressure, and high cholesterol. Chronic loneliness is also correlated with an increased risk of death and suicidal thoughts. Other social treatments for loneliness include the ownership of pets and loneliness-designed technologies, such as meetup services or social robots (although the use of some technologies in order to combat loneliness is debated). Loneliness has long been a theme in literature, going back to the Epic of Gilgamesh. ***Aim*:** the aim of the study was to assess the loneliness and social support among elders. ***Method: A non-experimental cross-sectional study was conducted from April 09 to May 10, 2024, a total of 206 study subjects were selected using the stratified random sampling technique. The study was conducted in selected rural areas of Bagalkot district. A standard Loneliness and social support scale was used to collect the data. According to the general system model was employed to identify the association of loneliness and social support among elders. ***Result*:** The sample have years with the minimum age 60 years and maximum age was more than 75 years. The loneliness has 96 samples of Moderate degree with the percentage of 46.60%, and 108 samples of Moderate high degree with the percentage of 52.40%, and 2 samples of high degree with the percentage of 0.97%. with the mean was 49 and SD was 5.8, And out of 206 social support have 136 samples of medium perceived support with the percentage of 66.01%, and 38 samples of medium perceived support with the percentage of 18.44%, and 32 samples of high perceived support with the percentage of 15.53%. **Conclusion**: The findings of this study showed that elders have moderate high degree of loneliness and medium perceived support of social support. suggested points to the need for encouraging the elders to involve in all functions, giving a decision-making responsibility, and Health workers should be well trained to identify the loneliness and the associated with social support, in order to prevent the loneliness for the elders.

Keywords: Loneliness, Social support, Elders, Rural areas, Health workers.

INTRODUCTION

Elder people is having lived or existed long; of advanced age; old: an aged man; an aged tree. pertaining to or characteristic of old age: aged wrinkles of the age of: a man aged 40 years [1]. Elder people problems, the five major old age problems include, physical problems, cognitive problems, emotional problems, social problems, psychological problems [2].

The psychological problems are anxiety, depression, delirium, dementia, personality disorders, and substance abuse. Common social and emotional issues may involve loss of autonomy, grief, fear, loneliness, financial constraints, and lack of social networks [3].

Play Mind Games. Just as the body needs physical activity and stimulation to stay healthy, the brain needs stimulation to stay sharp and avoid cognitive decline as we age, get Physical, stay connected with friends, pick up a new hobby, volunteering, caring for a pet [4]. Loneliness is the unhappiness that is felt by

someone because they do not have any friends or do not have anyone to talk to1 [5].

Transient loneliness (loneliness which exists for a short period of time) is related to positive effects, including an increased focus on the strength of one's relationships. Chronic loneliness (loneliness which exists for a significant amount of time in one's life) is generally correlated with negative effects, including increased obesity, substance use disorder, risk of depression, cardiovascular disease, risk of high blood pressure, and high cholesterol. Chronic loneliness is also correlated with an increased risk of death and suicidal thoughts. Other social treatments for loneliness include the ownership of pets and loneliness-designed technologies, such as meetup services or social robots (although the use of some technologies in order to combat loneliness is debated). Loneliness has long been a theme in literature, going back to the Epic of Gilgamesh.

Society level Noreena Hertz writes that Hannah Arendt was the first to discuss the link between loneliness and the politics of intolerance. In addition to increasing support for populist policies, Hertz argues that a society with high levels of loneliness risks eroding its ability to have effective mutually beneficial politics. While Hertz applies a broader definition of loneliness, the empirical studies that contradict her point use self reported, directly measured loneliness as predictor for voting behaviour [6]. Social support is the perception and actuality that one is cared for, has assistance available from other people, and most popularly, that one is part of a supportive social network. These supportive resources can be emotional, informational, or companionship tangible or intangible. Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, neighbour's, coworkers, organizations, etc [7].

Social support for elders Support for elderly persons can be found in many places including: senior centers, assisted living facilities, meal delivery, religious affiliations, adult day care centers, etc. These services can provide positive social supports that can help older persons defeat loneliness and isolation [8].

Mental health problems are common among seniors and may include isolation, affective and anxiety disorders, dementia, and psychosis, among others. Many seniors also suffer from sleep and behavioural disorders, cognitive deterioration or confusion states as a result of physical disorders or surgical interventions [9]. Social support can include perceived emotional support, instrumental support (e.g., direct assistance such as transportation), and informational support (e.g., sharing knowledge about resources) [10].

MATERIAL AND METHODS

Research approach: non-experimental approach: descriptive cross sectional research design. Setting of the study: selected rural areas of Bagalkot district. Data collection method: Sample: Non probability purposive sampling technique. The researcher randomly selected rural areas of Bagalkot district for setting. The old aged people who have a loneliness were selected for sample. All old aged people who have a loneliness in the age group more than 60 years were selected. Sample Size: 206 old aged people Sampling Technique: Non probability purposive sampling technique. Population: In this study all the old aged people with loneliness in Bagalkot district are the target population. Accessible Population: The accessible population of present study conducted among old aged people with loneliness on Shirur, Guledagudda, Bevur, Bevinamatti.

Variables under Study:
Independent Variable: - Social support among elders.
Dependent Variable: - Loneliness among elders.

Socio Demographic Variables:

Age, gender, educational status, family income, number of members in the family, spouse alive or dead, number of children, residing with children.

Data Collection Procedure

Prior permission was obtained from SIONS of Bagalkot President BV V. Sangha. Permission was taken from the MO of PHC shirur Bagalkot. This study obtained written and verbal informed consent from old age people who have a loneliness. The interview method was applied to old age people who have a loneliness. Data collection took place from from 25-04-2024 to 10-05-2024.

Statistical Analysis:

The data will be analysed by using descriptive and inferential statistics. Numerical data obtained from the sample was organized and summarized with the help of descriptive statistics like percentages, mean, and standard deviation. Chi-square test used to find out association between loneliness and social support with selected demographic variables among old age people.

Ethical Clearance: Institutional Ethical Clearance Certificate: -SUBMITTED (Ref No. BVVS/SIONS/JEC/2023-24/308Date: -10-06-2023)

RESULTS

The data will be analyzed with descriptive and statistical analyses. Numerical data obtained from the sample will be organized and calculated with the help of statistics such as percentage, mean, standard deviation. Chi-square test was used to find the relationship between

loneliness and social support with selected demographic variables among old age people.

Part I: -Description of old age people according to their sociodemographic factors

Age (In Years):

The percentage obtained by dividing the sample by age shows that most of the old age people (37.90%) are in the 65-70 age group, 29.12% are in the 70-75 age group, and 21.35% are in the 60-65 age group. 11.70% are in the age group above 75 years of age. The gender percentage shows that majority (60%) are male and 40% are female. Percentage of old age people shows majority of education is no formal education (52%) and minority of education is Degree and above (4%). The sample is divided by family percentage, shows that majority (63%) of nuclear family, 29.12%, and minority (2%) of extended family is there. Religion percentage shows Shows that majority of religion is Hindu (67%), and Muslim (25%), And Others (6%), and minority is Cristian (2%). No. of family members Shows that majority of family members are 4-6 Family members are (43%), and 2-3 Family members are (29%), and more than 6 (28%) are minority of family the members. Shows that majority of gender male (60%), Female (40%). of the old age people. Household Income: As a percentage of household income (46.11%) of 10,000-15000 are the majority, and minority (9.2%) are the more than 20,000. Sample percentage Shows that majority of (99%) no any relaxation therapy, and minority of (1%) yes for any relaxation therapy. The majority of occupation is Kooli (40.80%), and minority of occupation are Factory (0.97%), Watchman (0.97%), Teacher (0.97%), Bank employee (0.97%), and Nursing officer (0.97%).

Part II: Description of Loneliness and Social Support Scale

1. Description of Sample Based on Loneliness Scale

Loneliness scale was divided into 20 components based on the contents. The respondents were asked to select the groups. The responses of subjects are as follows. 108 (52.4%) of respondent's moderate high degree, 96 (46.6%) respondents moderate degree. 2(0.97%) respondents for high degree.

2. Description of Sample Based on Social Support Scale

Loneliness scale was divided into 12 components based on the contents. The respondents were asked to select the groups. The responses of subjects are as follows. 38 (18.44%%) of respondent's Low perceived support, 136 (66.01%) respondents medium perceived support. 32(15.53%) respondents for high perceived support.

Part III: Description of loneliness among elders.

Table 1: Mean, Standard deviation of loneliness N-206

PARAMETERS	MEAN	S.D	MINIMUM	MAXIMUM
Loneliness	49	5.80	36	65

Table 1: The Description of the loneliness among elders have a 49 of mean, 5.80 of standard deviation, and it includes 36 of minimum and 65 of maximum score.

Table 2: Mean, Standard deviation of social support N-206

PARAMETERS	MEAN	S.D	MINIMUM	MAXIMUM
Social support	46.44	13.25	23	76

Table 2: The Description of the social support among elders have a 46.44 of mean, 13.25 of standard deviation, and it includes 23 of minimum and 76 of maximum score.

PART –IV: Association between Socio Demographic factors and both Loneliness and Social support Scale.

Table 4: Association between socio demographic factors and loneliness of old age people N-206

SL.NO	Socio-Demographic variables	DF	Chi-Square value	'P' Value	Significance of association
1	Age	1	1.971	0.1603	NS
2	Gender	1	2.854	0.0911	NS
3	Educational status	1	0.000	0.9912	NS
4	Occupation	1	1.427	0.2323	NS
5	Type of Family	1	0.992	0.3193	NS
6	Marital status	1	0.356	0.5506	NS
7	Religion	1	12.504	0.0004	S
8	No. family members	1	0.021	0.8844	NS
9	Family income/month	1	0.278	0.5979	NS
10	Attended any relaxation therapy	1	4.037	0.0445	S

NOTE: NS-Non-significant S-Significant DF-1

Table 4: There will be significant association between socio demographic factors and loneliness of old age people. The selected Socio-Demographic Variables are Age, gender, educational status, occupation, type of family, marital status, family income, number of members in the family, are rejected for sociodemographic variables. Religion and attended any therapy are accepted.

Table 5: Association of socio-demographic factors with social support old age people N-206

SL.NO	Socio-Demographic variables	DF	Chi-Square value	'P' Value	Significance of association
1	Age	1	1.770	0.1834	NS
2	Gender	1	1.287	0.2565	NS
3	Educational status	1	12.319	0.0004	S
4	Occupation	1	13.643	0.0002	S
5	Type of Family	1	2.578	0.1083	NS
6	Marital status	1	1.290	0.2560	NS
7	Religion	1	12.268	0.0005	S
8	No. family members	1	1.976	0.1598	S
9	Family income/month	1	4.274	0.0387	S
10	Attended any relaxation therapy	1	7.535	0.0060	S

NOTE: NS-Non-significant S-Significant DF-1

Table 5: There will be significant association between socio demographic factors and loneliness of old age people. The selected Socio-Demographic Variables are Age, gender, type of family, marital status are rejected for sociodemographic variables. Educational status, occupation, religion, family income, number of members in the family, and attended any therapy are accepted.

DISCUSSION

The study was conducted with an aim to determine the relationship between loneliness and social support among old age people. Descriptive survey research approach was used for the study. The study was done using cross sectional descriptive design. The study was conducted in selected rural areas of Bagalkot district. population for the study were old age people between 65 to more than 75 years of age. The sample size was calculated by formula of 4PQ/I2, The study was begun with assessment of loneliness and with social support of old age people. The old age people were interviewed using structured questionnaire for data collection. The study participant was selected by complete enumeration technique.

The final tool was divided into 3 sub parts in each section. Section contains four parts. Part I: 10 items for assessing socio demographic data/Baseline data Part II: assessment of loneliness of the old age people, Part III: assessment of social support of the old age people.

The tools were translated to Kannada, the local language. The content validity of the tool was obtained by 5 experts. The reliability of the tools was tested by test-retest method. The tool was found highly reliable.

The pilot study was conducted in Muchakandi Bagalkot. Old age people between 65 to more than 75 years of age, from 09-04-2024 to 10-04-2024. The main study was conducted in Shirur, Bagalkot from 25-04-2024 to 10-05-2024.Based he objectives of the study and Hypothesis formulated the data analysis was carried out with following statistical measures; Descriptive statistics; Frequency distribution, percentage distribution, mean and standard deviation and Inferential statistics; Chi square test etc. Informed written consent was taken from the participants. Ethical Clearance certificate was obtained from Institutional ethics committee Sajjalashree institute of Nursing sciences, Bagalkot.

CONCLUSION

This chapter deals with the conclusions drawn based on the findings of the study, implications, and limitations of the study, suggestions and recommendations. The present study was conducted with the objective of assessing the loneliness and social support of old age people residing selected rural areas of Bagalkot. In the present study the prevalence of, low degree of loneliness, Moderate degree, moderate high degree, and high degree 0%,46.6%, 52.4%, and 0.97%% respectively.

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