



Problems Associated With Aging In Elderly Populations

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Abstract: Aging as a process is totally irreversible and associated with several physical, psychological and social role changes that challenge the aged people's sense of self and capacity to live happily. Despite great strides in technology in the field of health care, mobility, and treatments available at our hands, people still face a lot of problems in dealing with old age. In this paper, we will address the problems related to old age like loneliness, financial dependency, lack of mobility, physical and mental health problems, rigid mentality, the generation gap in the family, and economic problems and their inter-relationships. Advancing age is often associated with loss or demise of friendship networks, and difficulty is entering new friendship networks. The paper further presents a discussion on ways to erode these problems along with ways of gaining acceptance of these solutions. Different statistical analyses will be shown with which we can understand the different levels of problems.

Index Terms - old-aged problems, generation gap, economic problems, elderly abuse.

I. INTRODUCTION

Aging as a process begins from the conception stage and lasts throughout the life cycle of the person till his death. The effects of aging are more visible towards the last phase of the life cycle often seen in the loss of coping skills needed for adaptation to new changes in family roles as well as societal roles. With urbanization, globalization, and changes in family structure, the elderly face newer challenges, which were not typically seen in the last century. Warnick (1995) points out that people in old age require flexibility and new coping skills to adapt to these changes brought about in their lives.

Moreover, the definition of health – as the 'absence of disease' is clouded in controversy, when it comes to its applicability to old age people. A growing consensus that health in old age cannot be meaningfully translated into the absence of disease due to high prevalence of diagnosable diseases in the elderly population. Borchelt et. al. (1999) argue that diagnosis of disease should be complemented with an assessment of discomfort associated with symptoms (like pain), life threat, side effects of treatment, functional capacity, and subjective health evaluations. Rowe and Khan (1987) in fact suggest the definition of health of sub-groups of the elderly must be defined relative to age and cohort norms.

Kennedy (1996) demonstrated that the prevalence of depressive symptoms increases with age, which bolstered the observation that depressive symptomology is a prominent condition among the elderly impacting the well-being and quality of life. Studies (Specket al. ,1995) point out that depressive disorders may be associated with a reduction in cognitive functions. Depressive symptoms have been significant predictors of functional health and longevity as well as indicators of psychological well-being. Penninx et al. (1998) point out that increased difficulties with activities of daily living have been correlated with depressive symptoms. Bruce (1994) has studied community-based data which indicate that older persons with major depressive disorders are at an increased risk of mortality.

The major problems faced by old-aged people include lack of economic provisions, poor health conditions, lack of emotional support, and illness in the post-retirement period. This situation becomes a grave problem if it coexists with inadequate income after retirement, loss of spouse or ample free time, poor health, social isolation, alienation in family relationships, and physical and financial dependency. - all these situations are interrelated or interdependent. The decline of traditional family values and the transition of family structure towards nuclear has aggravated the problem further.

II. LITERATURE REVIEW

Adequate academic studies are present in the field of psychology in areas of old aged and geriatric populations highlighting challenges and associated vulnerabilities. Sociability plays an important role in protecting people from psychological distress and maintaining of well-being. Among empirically well-established social factors impacting depressive symptoms in later life, George (1996) reports that increasing age, minority racial or ethnic status, lower socioeconomic status and reduced quantity or quality of social relations are all among the significant ones. Social isolation is a major risk factor for functional difficulties in older persons.

Mullis et. al. (1987) opine that for old age people, having few social contacts or living alone does not guarantee a state of loneliness. He opines that time spent by the elderly in family may be obligatory as compared to time spent with friends of similar age group, confirmed by Posner (1995) – which are because of choice. It further emphasized the need of a perceived internal locus of control over social interaction as a means of alleviating loneliness. Thus with advancing age, it is inevitable that people lose their friendship networks and that they find it more difficult to initiate new friendships and to belong to new networks. However, those with more physical, material, and intellectual resources also have more social “capital”, which allows them to continue to seek out new relationships and forms of social involvement.

Old age in the age of globalization is a vulnerable time, due to slow degradation of joint family structure and rise of nuclear families in accordance with the industrialized cities. Social isolation, loss of important relationships lead to feelings of isolation, emptiness and depression. “Persons with a positive relationship tend to be less affected by everyday problem and have a greater sense of control and independence. Those without such relationships, often become isolated, ignored, and depressed. Those caught in poor relationships tend to develop and maintain negative perceptions of self, find life less satisfying and often lack motivation for change” (Hanson and Carpenter, 1994).

As the world witnesses growth of technological miracles, average age of life continuously increased in the last few decades. Moreover, the number of elderly people in need of care have been on the rising trend across many developed countries. With rise of elderly people, the complexity of challenges faced by the elderly (social, physical and psychological) in ensuring sense of self and happy life has exponentially risen.

Loneliness and health related complications have been correlated in the study by Greenet al. (1992) and is an important cause for suicides and suicides attempts in the old age people. Hanssen et al. (1997) has correlated loneliness with poor psychological adjustment, dissatisfaction with family and social relationships.

The death of spouse, friends and social disengagement post retirement, unfamiliar neighbourhood are some of the ubiquitous life-changing events contributing to loneliness in older people. Those in the oldest age cohort are most likely to report the highest rates of loneliness, reflecting their increased probability of such losses.

III. PROBLEM STATEMENT

The study focus on listing out major socio-economic problems faced by old aged people. It aims to understand perceptions of the old-aged people about the causes of the problem and reasons for their negative attitude towards life in general. Further it aims to establish empirical inter-relationships between depression, loneliness, and sociability among elderly people. The examination of the problem is covered to include a study of gender differences with respect to sociability, loneliness, and depression among elderly people.

IV. METHODOLOGY

As a descriptive study, a sample of 300 individuals aged over 60 was taken using convenience sampling method. The study is based on primary data collected via questionnaire through google surveys unrestricted for any geographical area. The responses were collected from a wide range of geographies, social and income groups and analysed using the percentage method and other statistical techniques.

Loneliness - We have utilized the revised UCLA (University of California, Los Angeles) Loneliness scale (Russell et al., 1980) which includes 10 negatively worded and 10 positively worded items that have the highest correlations with a set of questions that are explicitly related to loneliness. With high discriminative validity, the revised version of the scale also has a high internal consistency, with a coefficient alpha of 0.94.

Depression - The Beck Depression Inventory (BDI) is a 21-item self-report scale measuring supposed manifestations of depression. The internal consistency for the BDI ranges from 0.73 to 0.92, with a mean of 0.86. This scale demonstrates high internal consistency, with alpha coefficients of 0.86 and 0.81 for psychiatric and nonpsychiatric populations, respectively. The scale has a split-half reliability coefficient of 0.93.

Sociability – The study utilizes Eysenck personality profiler (Eysenck & Eysenck, 1975) (EPP V6) is a multidimensional modular personality inventory for 3 dimensions: Extroversion, emotionality (neuroticism) and adventurousness (psychoticism) with each dimension having 7 subscales.

The sociability subscale of extroversion used in this study consists of 20 questions. The response category is either 'Y' or 'N', with 10 positive items and 10 negative items. The factorial validity of the EPP-V6 holds across different cultures and age groups, with a high equivalent factor structure among these different samples.

V. RESULTS

Table 1 shown below reveals no significant gender differences for loneliness and depression in elderly men and elderly women. Elderly men were found to comparably more sociable than elderly women.

Table-1

Sl.	Variables	Men (n=175) M (SD)	Women (n=125) M (SD)	T	Sig (2 tailed)
1.	Loneliness	47.64 (8.36)	44.88 (9.04)	0.71	0.49
2.	Depression	18.16 (11.35)	22.22 (8.59)	-1.32	0.19
3.	Sociability	8.84 (3.30)	7.32 (1.70)	2.16	0.036**

**P < 0.01

Table 1 shows the means and standard deviations for gender differences on loneliness, depression, and sociability.

Table 2: Correlations among loneliness, depression, and sociability

Sl. No.	Variables	Loneliness	Depression	Sociability
	Loneliness	1		
	Depression	0.528**	1	
	Sociability	-0.010	0.032	1

**P < .01

Table 2 shows the correlation between loneliness, depression, and sociability, which is significant at 0.01 level. The study observes a positive correlation between level of depression and increase in loneliness for both elderly men and women. A slightly negative, though insignificant correlation is also observed between sociability and loneliness. No significant correlation was found between sociability and depression though.

Table 3 and Table 4 reveal a significant positive correlation was found between depression and loneliness in males as well as females. Sociability and loneliness for both were negatively correlated, though not significantly.

Table-3

Sl.	Variables (Men)	Loneliness	Depression	Sociability
1.	Loneliness	1		
2.	Depression	0.557**	1	
3.	Sociability	-0.118	0.05	1

**P < .01

Table-4

Sl.	Variables (Women)	Loneliness	Depression	Sociability
1.	Loneliness	1		
2.	Depression	0.602**	1	
3.	Sociability	0.165	0.265	1

**P < .01

Table 2 and Table 4 : Tables showing correlation for men and women respectively.

VI. DISCUSSION

Level of social activity and mood often affects health and well-being of older adults. Heikkinen et al. (1995) points out negative effects of loneliness on health in old age. Moreover, when coupled with other physical and mental problems, it leads to depression in elderly people. Arber & Ginn (1991) have pointed out gender differences in prevalence of health problems in the elderly. While the study does not show any significant gender differences for depression and loneliness in elderly men and women. However, men were found to be more sociable as compared to their female counterparts. The probable reason for the same could be that all the elderly men belonged to the working group, i.e. employed in government jobs while their wives do not exhibit the same level of sociability who find leisure in spending lives at home and towards house chores.

We observe that skewed intellectual and social resources at the hands of elderly is a factor behind variation in sociability between elderly men and women. We also observe that lack of significant gender differences for loneliness between elderly men and women is because of the fact that both the groups contained elderly married couples, with both partners being alive, hence the chances of their feeling lonely were low. Moreover, couples staying with their children and grandchildren, is an antidote to loneliness.

One observation in the study relating to insignificant gender differences on depression was found contrary to the often-held norm that elderly women are more prone to depression as compared to elderly men (Kessler et al., 1993). This result as per this study has not been congruent to the current literature. The findings of non-significant gender differences with respect to depression may be attributed to the fact that most the women were non-working ladies before they attained 60 years of age. Hence, the transition into old age for them was less associated with a change in lifestyle or break in ties with others or a sudden loss of power and status. The transition was very gradual, which prevented any abrupt change in mood states, leading to very insignificant gender differences in depression.

Green et. al (1992) finds a positive correlation between loneliness and depression is in accordance with the results obtained in the study for both male and female elderly. No significant relationship between loneliness and sociability (Table 2) reveals that despite being sociable, they experienced increased feelings of loneliness. Possible explanation for this may be that feeling lonely not only depends on the number of connections one has with others but also whether or not one is satisfied with his lifestyle. Revenson (1992) argues that it is not the number of connections, rather the expressed dissatisfaction within available relationships which is a powerful indicator of 'loneliness'.

Lack of significant relationship between depression and sociability (Table 2) affirms the multicausality theory of depression, i.e., depression arises due to a host of factors, like declining health, significant loss due to death of a spouse, lack of social support etc. It was also observed that most of the elderly kept low to moderate connections with friends and family, while participating in daily/occasional family activities.

VII. CONCLUSION

On the basis of the study, shown above, the following conclusions can be drawn. A significantly positive correlation exists between loneliness and depression for both men and women, while no significant relationship was found between loneliness and sociability, as well as depression and sociability. In general, men are found to be more sociable than women.

VIII. LIMITATIONS AND ASSUMPTION

There were certain limitations in the study:

1. Limited size of the sample may not provide a picture of true relationship that exists between sociability, depression, and loneliness.
2. Number of Men and Women included in the sample were not equal. Hence, a more representative sample should be tried in the future.
3. No formal medical diagnosis of depression was made in the study. Self-awareness was the sole factor that was relied upon while answering questions related to depression. It is possible that levels of self-awareness may vary within the sample, skewing the correlation for depression.

In the light of these limitations above, its recommended that a large sized longitudinal study with proper representation of men and women among all working and social groups be done in future to observe these correlations.

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