

Trending shift of social support and loneliness in elderly.

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Abstract

Background and Purpose: Recent literature has reported that loneliness and social support can have tremendous impact on the health of elderly. Loneliness is a risk factor for numerous physical and psychological health outcomes. The current review investigates the factors leading to loneliness in older adults and effects on their coping.

Methods: A literature search was conducted using PubMed, Springer Link and JSTOR databases. Relevant search items were targeted for the study. Reference lists of various articles were also included for exploring additional literature.

Results and Conclusion: Our findings suggest that various factors including living conditions, social support, neglect, abuse influence older adults drastically. Loneliness is one of the major contributor of adverse health outcomes among elderly. Future studies are required to examine which interventions can be devised and implemented to reduce loneliness among older adults.

Keywords: Ageing, Social support, Loneliness, Coping.

Introduction

Ageing of population is a by-product of social reality which is usually called the demographic transition. The boundary of old age cannot be defined exactly because it does not have the same meaning in all societies. Government of India adopted 'National Policy on Older Persons' in January, 1999. According to the Situation Analysis of the Elderly in India [1, 2], the policy defines 'senior citizen' or 'elderly' as a person who is of age 60 years or above.

The rapid decline in fertility and the bringing down of death rates as of recent years has prompted a sensational ascent in the number and the extent of the elderly in the populaces of the developed and developing countries. Be that as it may, as an outcome of a quick decrease in fertility, and a parallel pattern of expanding life expectancy, the developing nations have turned out to be aware of a various issues in context with ageing [3-5]. A rapidly growing part of the population is experiencing physical, cognitive, social and economic losses. It is an immense challenge for the older adults to live in a youth oriented society. Geriatric health is influenced by many factors like age, gender, lifestyle habits, education, food habits, residence, marital status, financial well-being, family size and structure, as well as cultural traditions such as kinship patterns, the availability of social services and social support and the physical features like housing structure and also of local

communities. These factors increase the chances of different problems and illnesses among the elderly including non-communicable diseases, neurological problems, hypertension, depression, and cardiovascular diseases [6, 7].

Demographic factors of elderly in India

The life expectancy at birth during 2002-06 was 64.2 for females as against 62.6 years for males (Table 1) [8, 9]. At age 60 average remaining length of life was found to be about 18 years (16.7 for males, 18.9 for females) and that at age 70 was less than 12 years (10.9 for males and 12.4 for females) (Situation Analysis of the Elderly in India, 2011). According to National Family Health Survey (2015-2016), the life expectancy was reported to be 65.3 among males and females where females had higher expectancy than males [10]. In India, the population projection reflects the elderly population to be around 9.6% of the entire population and is suspected to increase to 15.5% by 2036.

The old-age dependency ratio climbed from 10.9% in 1961 to 13.1% in 2001 for India as a whole. For females and males the value of the ratio was 13.8% and 12.5% in 2001. Of the economically independent men more than 90% as against 65% of women were reported to have one or more dependents. 75% of persons of age 60 and above reside in rural areas [2].

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Table 1: Worldwide Trend of Population of 60 Years and Above: 1980-2020 (United Nations, World Demographic Estimate and Projections).

	1980	1990	2000	2010	2020
World	381.2	484.7	608.7	754.2	1011.6
Developed	173.3	203.6	234.6	232.4	308.2
Developing	207.9	281.8	374.1	491.8	703.4
Africa	23.4	30.9	41.8	57	82
Latin America	23.4	31.7	41.9	56.4	80.7
Asia (excl. Japan)	160	218.2	290	377.7	539.9
China	78.6	101.2	131.7	167.9	238.9
India	44.6	60.2	81.4	107	149.7

Researches have reported that majority of the older adults face the threat of isolation resulting in poor physical, mental, social and cognitive health. This isolation is higher in urban areas as compared to rural areas. And the adults who have a healthy relationship with their family and friends tend to have a better quality of life [11-14].

Family structure and households

The 2005-2006 National Family Health Survey in India examined the share of older Indians living with their children declined by about 7 percentage points. More than 75% of elderly males and less than 40% of elderly females live with their spouse. Less than 20% of aged men and about half of the women live with their children [15]. A number of trends may explain these changes in living arrangements, including declining fertility leaving fewer children available to care for older parents, rural to urban migration for employment that separates families, and changing social expectations regarding intra-family obligations [16, 17].

Changing family structure

The traditional Indian society with an age-old joint family system has been instrumental in safeguarding the social and economic security of the elderly people. The traditional norms and values of Indian society also laid stress on showing respect and providing care for the elderly. However with the emerging prevalence of nuclear family set-ups in recent years, the elderly are likely to be exposed to emotional, physical and financial insecurity in the years to come. There is an upward trend in the living arrangement pattern of elderly staying alone or with spouse only from 9.0% in 1992 to 18.7% in 2006 [18-20].

Health related problems

In rural areas 55 % of the aged with sickness and 77 % of those without sickness felt that they were in a good or fair condition of health. In urban areas the respective proportions were 63 % and 78 %. The proportion of elderly men and women physically mobile decline from about 94% in the age-group 60 – 64 years to about 72% for men and 63 to 65% for women of age 80 or more [2].

Prevalence of heart diseases among elderly population was much higher in urban areas than in rural parts. 12 million people in India are blind 70 – 80% of these are elderly. 62.6 % are blind due to cataract. India is said to be the World Capital for heart diseases. It is estimated that by year 2015, nearly 7 lakh elderly in India within the age bracket of 60 – 69 will

die of coronary Heart Diseases. More than two third of the Oldest Old (80+) are financially dependent on others [2]. Various recent researchers have found that rural elderly tend to have lower education level leading to higher vulnerability to different problems and illnesses [21, 22].

Psychological problems

The Secretary General stated in his report to the U. N. General Assembly "loneliness, desolation and isolation characterize the social lives of many of the aged, particularly in many developed countries"[23, 24].

Elderly abuse: Contrary to popular perception, the sons were the main cause for dumping and the verbal abuse of parents, and not the Daughter's in Law! 56 % of the parents were sent to Old Age Homes because of sons and 23 % because of Daughters' in Law. Disrespected elderly are 44%, and Neglected are 30%. India has the second largest aged population the world. 55 million elderly sleep on an empty stomach every night. 1 out 8 elderly felt no one cares they exist. 30 million are lonely. 33% are below the poverty line and majority of them are illiterate. 90 % have to continue to work if they have to survive [25, 26]. Studies have shown that in India, about 81 million people are elderly and about 40% of this population face some kind of abuse [27].

Trends of vridha asharam

These days many old age homes have increased in the society where in some number of societies, the old people stay with their own children and in other old age societies. There is a great influence of western world in our society these days and all of us have all together become very obsessed with materialistic things and money such that we are losing gradually our morality. So we should realize that we should take good care of the old people because everyone has to face this phase of life in future. The generation gap is also a reason of incompatibility between the old and young people which makes it difficult for them to cope up with each other as no matter how much they try, the elderly people will not be satisfied as they want their children's time and not money during their old age [28, 29]. The rapid increase in the number of residents in old-age homes in Kerala during recent times has set off alarm bells in the Department of Social justice. According to information made available by the Government Home for the Aged, Kollam, there has been a 69 per cent increase in the number of residents of old-age homes in the State over the past four years [30].

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Thus, it can be seen from above statistics that there is a remarkable change in demographics and health issues of old aged in the 21st century. In recent years, the family structure is changing to nuclear/small unit families. Without the safe, secure and dignified status in the family, the elderly are finding themselves vulnerable. And also, the welfare of the elderly has been a low priority with the state [31, 32].

Therefore, the present study focuses on the trending shift of social support and loneliness of elderly people in a large representative sample of community-dwelling people aged 65 and over. Only the studies conducted in 21st century (i.e. after 2000) have been included in this study to draw a general framework, on the basis of existing literature, that describes how the generations of 21st century differ in terms of their conceptualization of elderly people.

Social support

Social support refers to positive exchanges with network members that help people stay healthy or cope with adverse events [33]. Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging) and intangible (e.g. personal advice) [34].

There are four common functions of social support [35, 36]:

Emotional support is the offering of empathy, concern, affection, love, trust, acceptance, intimacy, encouragement, or caring. It is the warmth and nurturance provided by sources of social support. Providing emotional support can let the individual know that he or she is valued. It is also referred to as "esteem support" or "appraisal support."

Tangible support is the provision of financial assistance, material goods, or services. Also called instrumental support, this form of social support encompasses the concrete, direct ways people assist others.

Informational support is the provision of advice, guidance, suggestions, or useful information to someone. This type of information has the potential to help others problem-solve.

Companionship support is the type of support that gives someone a sense of social belonging (and is also called belonging). This can be seen as the presence of companions to engage in shared social activities.

Social support in elderly is a powerful predictor of living a healthy and long life. Large, well-controlled prospective studies show that social support has an impact on older adults' health independently of potentially confounded factors such as socioeconomic status, health-risk behaviors, use of health services, and personality [37, 38].

According to WHO, factors increasing depression risk in older adults include genetic susceptibility, chronic disease and disability, pain, frustration with limitations in Activities

of Daily Living (ADL), personality traits (dependent, anxious or avoidant), adverse life events (separation, divorce, bereavement, poverty, social isolation) and lack of adequate social support [39]. According to Kumari, the sense to receive and provide social support exists is inherent in every human [40]. Low social contribution and low social support lead to depression and proneness to disease both psychological and physiological.

Ramamurti reveals the socio-cultural and economic aspects have a bearing on the relations [41]. Joint family, kinship and value system in the past ensured emotional help, physical security and social support to the aged. The situation varies according to the economic condition and the social status of the aged in the family and society. The elderly who have adequate financial resources and who take care of the family affairs, who are productive and involve in income generation activities and contribute to family, and who also have good social networks are looked after well and held in good esteem by the young.

Demographic shift toward elder women population need to focus attention on their physical, social and emotional well-being. The ageing women experience a range of changes, physical as well as psychological and this period is known as the period of serious crises. The present study examined the predictors of depression among ageing women (n = 400). The results showed that the level of economic status followed by education and social support are the prime factors contributing depression in aged women. Findings also suggest that the change in life style and spiritual health are the means to achieve holistic health [42]. Pandey concluded that females reported significantly greater helplessness and fatalistic coping [43]. Mental health depends on social harmony, social support, sound family relations and independent financial status. Loneliness is a deadly enemy during old age.

Recent surveys confirm the shift in attitudes of adult children, with a 40 percentage point decline in the share of adult children who said caring for their elderly parents was their duty from 91 percent in 1984 to 51 percent in 2001[41].

In the study conducted by Singh, Singh and Singh, which reported that 26.1% felt neglected by family members, while Prakash, Choudhary and Singh, reported 17.3% having feelings of neglect [44, 45]. Balamurugan & Ramathiratham reported that only 79.9 percent of male and 84.1 percent of female elderly had experienced abusive behaviour from family members [46]. Mohapatra reported that about 21.4% respondents were being neglected by their family members [47]. About 85.7% of the respondents felt themselves to be a burden on their family. 92.9% of the respondents expressed unhappiness with life. 89.3% of the respondents felt that they were not loved by their family members. Financial, physical, and psychological abuse are few of the common types of abuse reported among elderly in India [48].

Lack of social support, breaking up of joint family system, changing life-styles, all aggravates health and nutritional problems in the elderly age group. While elderly people in

India may have reasonable access to family care, they are inadequately covered by economic and health security [49-51]. Also, lack of social support increases the risk of mortality and supportive relationships are associated with lower illness rates, faster recovery rates and higher levels of health care behaviour [52].

The increase in the number of elderly individuals has led to discussions about health care facilities and social support system in India. Aging is usually associated with physical decline and frailty as well as psychological modifications. A number of research studies focus on structural and functional decrements [53, 54]. Joint family, kinship and value system in the past ensured emotional help, physical security and social support to the aged [54]. However, in the last few decades, researches have specified that the traditional joint family has disintegrated due to forces of urbanization and modernization, and leaves the older people vulnerable and isolated [55]. The elderly in India are much more vulnerable because of the less government spending on social security system. The elderly in urban area rely primarily on hired domestic help to meet their basic needs in an increasingly-chaotic and crowded city. Social isolation and loneliness has increased [56]. Insurance cover that is elderly sensitive is virtually non-existent in India. In addition, the preexisting illnesses are usually not covered making insurance policies unviable for the elders. Pension and social security is also restricted to those who have worked in the public sector or the organized sector of industry. In a study by Lena, Ashok, Padma, Kamath and Kamath almost half of the respondents felt neglected and sad and felt that people had an indifferent attitude towards the elderly [57]. It was also found that 47% felt unhappy in life and 36.2% felt they were a burden to the family.

Gender roles influence the type and amount of social support received by older women. Widowhood, economic dependence, rural background and cultural-social restrictions affect women's lives adversely [58].

Rajan shared the findings of his research on the elderly, highlighting with three major problems faced by them health concerns, living alone because children are away, and loneliness [59]. The elderly in Kerala are committing suicide because of loneliness. He suggested that it is time to talk about relationships (social support) rather than economic stability. No one cares to accompany the elderly to the hospital when they need to go. Care-economy is the need of the hour. The elderly need people around them. He shared experiences from his fieldwork in Kerala saying that the elderly keep their television on 24 hours a day just to have some noise in the house. He concluded with the warning that the situation will soon spread from Kerala to other states in India.

The findings of Mishra et al. and Muhammad et al. are concerned, it may be concluded that the social support responsible for psychological wellbeing in elderly peoples [60, 61]. The social support plays an important role in old age peoples' life because they live in their final stage of life and they need love, attention and support from family, financially,

emotionally and socially. The factor social support affects their well-being, if they have higher level of social support, they cannot feel lonely.

Loneliness in elderly

Loneliness can be considered as a biggest enemy of ageing population [62, 63]. Ageing adults face numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. Many people experience loneliness and depression in ageing years, either as a result of living alone or due to lack of close family ties and reduced connections with their culture of origin, which results in an inability to actively participate in the community activities [64]. The problem due to pathological loneliness is increasing worldwide and needs to be handled as a disease; not just as a situation or a symptom of a disease or mere a social concept. It has been described as the major problem associated with old age and therefore, has been identified as an appropriate condition for therapeutic intervention or prevention (Table 2) [65, 67].

Loneliness is a subjective, negative feeling related to the person's own experience of deficient social relations. The determinants of loneliness are most often defined on the basis of two causal models. The first model examines the external factors, which are absent in the social network, as the root of the loneliness; while the second explanatory model refers to the internal factors, such as personality and psychological factors [63, 68].

Loneliness affects the physical and mental health of ageing adults. It leads to slower recovery from stroke and also increases the frequency the emergency hospitalization which may cause depression and stress. Loneliness contributes to anxiety and despair [69]. The feeling of loneliness, along with the natural age related decline in physical and physiological functioning, makes them more prone to psychological disorders [70, 71].

Loneliness has many different causes and affects everyone differently. Often people feel lonely because of their personal circumstances. But sometimes loneliness is a deeper, more constant feeling that comes from within. Some people experience a deep and constant feeling of loneliness that come from within and does not disappear, regardless of their social situation and social support (Table 3) [62, 72, 73].

Loneliness was associated with living alone or in a residential home, advancing age, widowhood, a low level of education and a low level of income. In addition, poor health status, poor functional status, poor vision and loss of hearing increased the prevalence of loneliness. The most common subjective causes for loneliness were found to be illnesses, death of a spouse and lack of friend [62, 74].

It was also found that loneliness was prevalent more in females (72.8%) as compared to males (65.6%). Loneliness was more prevalent among persons who lived alone (92.2%) as compared to those who lived with their spouse (58.9%) or when husband and wife lived with the family (61.4%). It was

Table 2: *The Times of India, (2014), Rema Nagarajan have reported India as LONELY PLANET..*

Percentage of 60+ People Living →	Alone	2 people by themselves	In homes with no one below 60
India	4.8	9.8	15.0
Tamil Nadu	9.2	15.1	24.3
Andhra	8.7	15.7	24.4
Chattisgarh	8.5	15.2	23.7
M.P	6.3	14.3	20.6
Odissa	5.2	12.0	17.3
J & K	1.6	4.0	5.6
Haryana	2.1	6.4	8.5
Punjab	2.2	6.3	8.5
Delhi	2.5	6.7	9.2
Assam	3.0	3.4	6.4

Table 3: *While the vast majority of older Indians live in multigenerational households, a growing share lives alone or with only a spouse..*

	Males	Females	Both
Living alone			
1992-1995	1.4	3.5	2.4
2005-2006	2.6	7.6	5.0
Living with a spouse only			
1992-1995	7.5	5.6	6.6

higher among the widows (85.2%) and widowers (75.8%) who lived with the family as compared to the aged who lived with the spouse (58.9%) and the aged husband and wife who lived with the family (61.4%). it can be seen that the aged who were living alone or those who were widows/widowers were experiencing more loneliness than the aged who were living with their life partner [3, 75].

In a survey by Agewell Foundation which included a representative sample of 1000 older persons (approx.5000 each from rural and urban areas), who were interviewed and spread across 20 states of the country, that older persons in the age group of 80+ elderly are feeling more isolation or loneliness in comparison to older persons in lower old age groups. Over 93% elderly in this age group were found in complete isolation. In rural areas 1119 older persons said that they are not feeling any kind of isolation or loneliness whereas in cities only 510 older persons said they were not isolated. Also, due to loneliness in their life, older persons were found suffering from the following;

- Feeling of unhappiness and dejection
- Increased substance abuse / smoking
- Uneasiness & distress
- Reduced self-esteem
- Increased trauma levels
- Health disorders like blood pressure

Ramachandran in The Hindu reported that the capital Delhi is ignoring its elderly [76]. More than 80 per cent of older persons in their twilight years complain of feeling “isolated” and experience “loneliness in their present life”. According to a recent study on the status of older persons in and around Delhi, a majority attributed their loneliness to no or little interaction with family members or within society. “Every

third older person, facing loneliness in Delhi and NCR, was found in poor health condition because of loneliness and less interaction with people. Almost 36 per cent older persons said that their health has deteriorated further since they were left alone. Due to isolation in old age, 16.2 per cent older persons were found feeling insecure in their lives” the report said.

The level of depression, loneliness and feeling of insecurity varies with the variation of the environment where the aged person lives. It is evident from that the aged women are living in old age homes are more depressed, lonelier and feel more insecure than the aged women who are living in families. It can be said that the well-being of the older adults is markedly affected by the feeling of alienation from the family [77, 78]. The cross sectional study in Chandigarh on the basis of health problems and loneliness found that health related problems in circulatory system, musculoskeletal system and connective tissue were higher among females (59.5%) compared to males (40.5%) [75]. Loneliness is a particularly relevant issue in relation to elderly widows, whose rates of mortality illness and depression exceed those of their married counterparts. Older women report more loneliness than male. Gender, social and cultural factors influence the experience of loneliness in older women [79-81]. Studies have found that the elderly suffered with various socio-psychological problems like; loneliness, declining authority, lack of respect, strained family relations, emotional instability and neglected physically, economically and emotionally [82-84].

Loneliness appeared as a distinct factor which seems to have a temporal and synergistic relationship with depression [85]. The findings of the research by Jabin, revealed that loneliness plays an important role in determining depression among old aged people [86]. Depression level can be reduced by reducing loneliness among old aged people.

Conclusion

Ageing concept has a different meaning for different people. Ageing can be defined on several parameters psychological and physiological and behavioral. Yet, there is no comprehensive definition. Further there is subjectivity involved in the experience of this concept. There is a same trend showing the increase in population of elderly both in developed and developing countries. However, few contradictions are seen. India has a population of 125 corers in which there is 65% is youth and 65% of aged population who depend upon others for their day to day maintenance.

On one hand data shows the share of older Indians living with their children declined by 7% whereas there is an upward trend in the living arrangement pattern of elderly staying alone or with spouse only from 9.0% in 1992 to 18.7% in 2006. Population explosion is the result of having a male child in Indian families. And an interesting finding shows that sons are responsible for dumping and verbal abuse of parents and not the daughter in law.

Comparison of loneliness elderly people between south and north India: Shocking results say that south India famous for rich heritage, imbued with customs and traditions than north has increasing number of old age homes, particularly in Kollam.

The data also shows a remarkable explanation of those elderly who are still productive experience less of loneliness, depression and anxiety. So is it the economic independence or is it the social support of family members or is it the contribution of a country as a welfare state such as Canada. Factors that contribute to healthy coping and manifestation of lonely are debatable and require cross-sectional and longitudinal studies.

Today, the lives of people have become very busy such that the people are not able to spend healthy time with their family members. Also, there is no time left to give and spend with their elderly parents staying with them. Therefore, it can be said that the main reason for these situations are the cultural values which has been challenged by the mixture of various other cultures and the change occurred in the word freedom's definition [87]. A multitude of social, demographic, psychological, and biological factors contribute to a person's mental health status. Almost all these factors are particularly pertinent amongst older adults. Factors such as poverty, social isolation, loss of independence, loneliness and losses of different kinds, can affect mental health and general health. Older adults are more likely to experience events such as bereavements or physical disability that affect emotional well-being and can result in poorer mental health. They may also be exposed to maltreatment at home and in care institutions [64, 88]. On the other hand, social support and family interactions can boost the dignity of older adults, and are likely to have a protective role in the mental health outcomes of this population. Psychological problems such as loss of job, anxiety, depression, loneliness, loss of social support, neglect, abuse and exploitation were faced by the elderly [89].

The elderly were the most respected members of the family in traditional Indian society. Taking care of them was mainly the responsibility of their children. However, the growth of individualism and materialism among the younger generation in modern industrial life led to their alienation and isolation from family and society [90].

Menopause and link with loneliness requires attention to understand female elderly. As it has a strong impact on social harmony, social support, sound family relations and independent financial status, i.e. the mental health.

In India, social support becoming obsolete, plus there is no insurance cover in comparison to countries like Canada and USA where there is non-existent social support by family but is covered by developed country. Family care of the elderly seems likely to decrease in the future with the economic development of the nation and modernization.

To sum up, ageing is a new challenge amidst rapid technological advancements both for developing and developed nations. Thus, in these changing trends of ageing, there should be more focus on the solutions of the problems related to elderly people. Elderly people are very important part of our cultural heritage and their care and support should be our first priority.

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