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Loneliness, depression, and sociability in older adults: The role of marital status

¹Divya Kaushik, ²Dr. Apoorva Panshikar, ³Aditi Dutt, ⁴Ayushi Mishra, ⁵Nirvikar shahi

1,4,5 PhD. Research scholar, Department of Human Development and Family Studies, College of Home Science, C.S.A. University of Agri and Tech, Kanpur, Uttar Pradesh, India

2Assistant professor, Centre for Special Education, SNDT Women's University, Juhu Campus, Santacruz (w), Mumbai, Maharashtra, India

3Teaching associate, Department of Human Development and Family Studies, College of Community Science, C.S.A. University of Agri and Tech, Kanpur, Uttar Pradesh, India

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Corresponding Author: Divya Kaushik

Abstract

The study sought to examine the impact of marital status on sociability, loneliness, and depression in older persons. The study was carried out in Kanpur Nager, Uttar Pradesh, using a purposive sample approach. The questionnaire was handed out by interview to 65 older persons aged 61 to 80. The revised UCLA loneliness scale, Geriatric depression scale (GDS), and Berkman-Syme Social Network Index were used to evaluate loneliness, depression, and sociability in older persons. The findings indicated that marital status had a substantial influence on sociability, loneliness, and depression.

Keywords: Sociability, depression, loneliness, older adults, marital status

Introduction

Population aging is a global demographic occurrence. People's social networks may change as they age, influencing their general well-being and mental health. Marital status has a crucial role in determining social bonds since it may provide emotional support, companionship, and social interaction. The influence of marital status on sociability, loneliness, and depression in older adults is growing as individuals live longer lives and confront the challenges of aging. The World Health Organization (WHO) projects that by 2050, the number of people aged 60 and over will have doubled to 2 billion globally. In the United States alone, the population aged 65 and up is expected to reach 98 million by 2060.

Depression is a mental disorder characterized by persistent feelings of sadness, hopelessness, and apathy in activities. Depression is regarded to be one of the most often reported mental diseases among the elderly, with significant negative consequences for subjective well-being and quality of life. There is a lot of information demonstrating the prevalence of depression among the elderly population. Depression, or the presence of depressive symptoms, is a prevalent disorder among the elderly, with major effects for their health and quality of life. According to Grønli *et al.* (2022) ^[5], depression symptoms tend to increase with age. Loneliness and depression both have negative effects on elderly people's physical health and overall well-being.

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Rationale

As the world's population ages, it becomes increasingly crucial to understand the elements that impact older persons' well-being and mental health. One such factor is marital status, which has been proven to influence social connectivity, loneliness, and depression in older persons. Understanding the link between marital status and sociability, loneliness, and depression in older persons is critical for various reasons. First, it can aid in identifying possible risk factors for mental health disorders such as loneliness and depression in older persons who are unmarried or have lost a spouse. Second, it can help to shape programs and policies targeted at increasing social ties and reducing social isolation in older persons. Third, it can assist healthcare practitioners and caregivers in better understanding the needs and experiences of their patients or customers.

Several research have looked at the effect of marital status on sociability, loneliness, and depression in older persons,

with conflicting results. Overall, the impact of marital status on sociability, loneliness, and depression in older persons is a complicated and nuanced problem that warrants additional investigation. By investigating this issue, academics, healthcare practitioners, and policymakers may obtain a better knowledge of the elements that impact older individuals' social connectivity and mental health, as well as develop policies to promote healthy aging.

Objectives

To examine the marital status-based variations in depression, loneliness, and sociability in older people.

Hypotheses

H0: There are no significant marital status-based differences for loneliness, depression, and sociability in old age.

H1: There are significant marital status-based differences for loneliness, depression, and sociability in old age.

Methodology

Sampling Procedure

The research was carried out in the Kanpur Nager region of Uttar Pradesh. A purposive sample strategy was used to gather data from 65 older individuals. Data was acquired using the interview approach. The sample's age ranged from 61 to 80 years.

Variables

Independent variable: Marital Status (Married, Widow, Widower, Not Disclosed)

Dependent Variable: Depression, Loneliness, Sociability

Tool

Russell, Peplau, and Cutrona developed the revised UCLA loneliness scale in 1980, which is a 20- item scale meant to evaluate both subjective emotions of loneliness and social isolation. The internal consistency reliability was determined to be 0.89-0.94. In 1986, the Geriatric Depression Scale (GDS) was established as a 15-question measure, with 10 items indicating the existence of depression when responded positively and the remainder indicating depression when answered negatively. Berkman-Syme Social Network Index (created by Berkman and Syme in 1979) ^[16] is a self-report questionnaire for individuals. It is a composite measure of four forms of social connections: married status, sociability, religious group participation, and involvement in other community groups. This measure enables researchers to categorize individuals into four levels of social connection: socially integrated, moderately socially integrated, and socially isolated, with the latter defined as being unmarried, having fewer than six friends or relatives, and not belonging to any church or community groups.

Data Analysis

One way ANOVA were used to analyse the results.

Results and Discussion

The data was screened and the findings were presented in the order of objectives of the research.

Demographics of the Participants

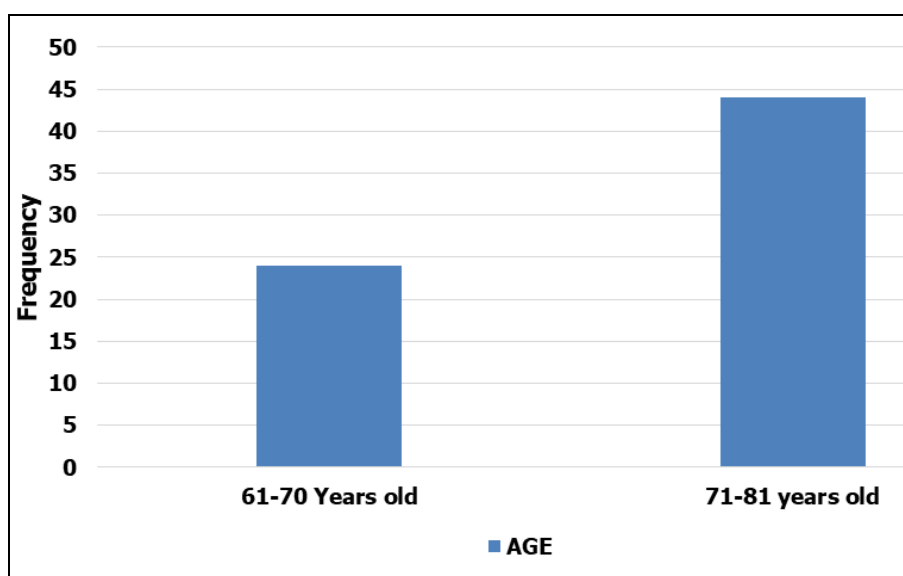


Fig 1: Age of the participants.

The figure above illustrates the research participants' ages. All participants in the research had to be elderly. The

majority were between the ages of 71 and 81, followed by those aged 61 to 71.

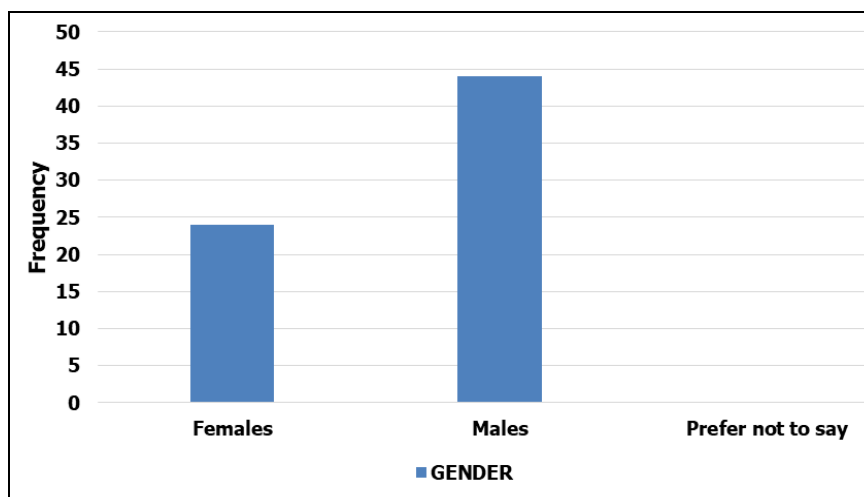


Fig 2: Gender of the participants.

Figure 2 depicts the gender of the participants in the research. Most participants, 44, were males and 24 females, with some not disclosing their gender.

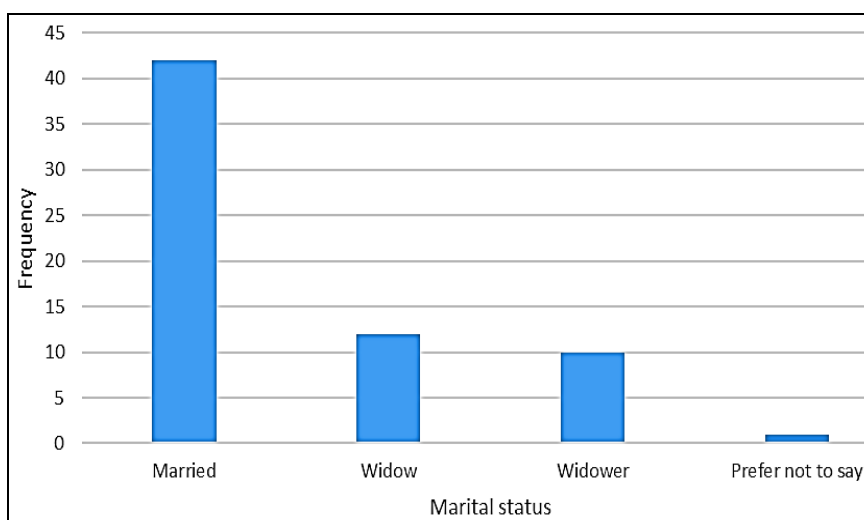


Fig 3: Marital status of the participants

Figure 3 depicts the marital status of the individuals in the research. Most participants (42%) were married, subsequent

to widows and widowers. Two individuals decided not to reveal their status.

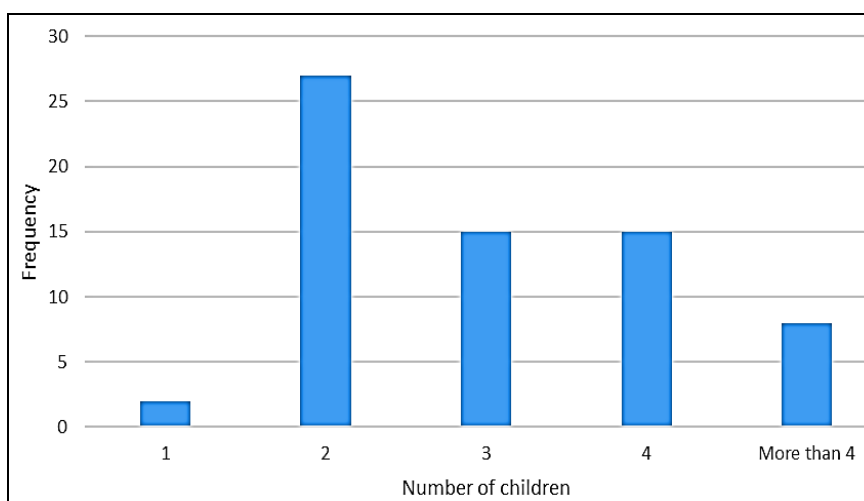


Fig 4: Number of Children of the participants

Figure 5 depicts the number of children among the study's participants. Most participants had two children, followed by three and four children, and more than four children; only a handful had one kid. India was the first country to implement a family planning strategy, in 1952, just a few

years after independence. As a result, the government began pushing the two-child policy. By the time the present participants became parents, the belief had been deeply embedded, and as a result, most participants had two children.

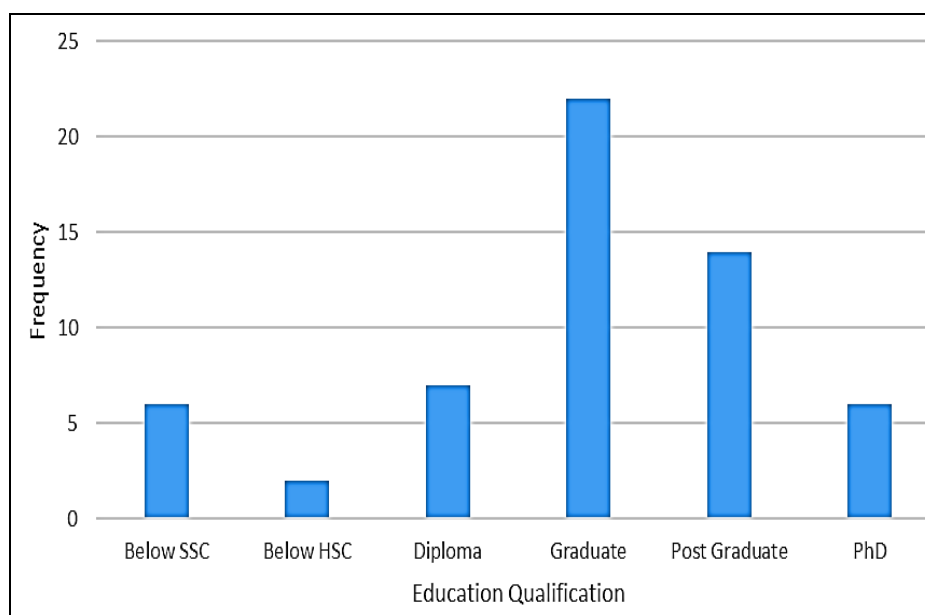


Fig 5: Education Qualification of the Participants

Figure 6 depicts the educational qualifications of the study's participants. Most participants were grads and post-graduates. Some possessed PhDs, while others had not completed their secondary education. Given that a large proportion of participants were males, and that the government began implementing additional initiatives to encourage higher education in the 1960s and 1970s, the research included many graduates.

Table 1: Mean, SD, F-value & significance of marital status-based differences with respect to the sociability in old age

Sociability	Mean	SD	F-value	Sig.
Married	52.4	5.4	15.3***	.000
Widow	56.3	3.8		
Widower	55.6	5.2		
Not-Disclosed	21			

$p < .005$

The following table shows the mean, SD, F-value, and significance of marital status-related changes in sociability in old age. The F-value was 15.3, which was significant at 0.005. As a result, the null hypothesis, "There are no significant marital status-based differences with respect to sociability in old age," was rejected, while the alternate hypothesis, "There are significant marital status-based differences with respect to sociability in old age," was accepted. The mean differences indicate that widows scored higher in sociability, followed by widowers and married individuals. Those who have lost their partners often require someone to call a relative or friend, someone to share their lives with, therefore they are more sociable than married folks.

Table 2: Mean, SD, F-value & significance of marital status-based differences with respect to the loneliness in old age

Loneliness	Mean	SD	F-value	Sig.
Married	2.6	.83	15.35***	.000
Widow	6.1	.35		
Widower	6.7	.69		
Not-Disclosed	6	.80		

$p < .005$

The following table shows the mean, SD, F-value, and significance of marital status-related changes in loneliness in old age. The F-value was 15.3, which was significant at 0.005. As a result, the null hypothesis, "There are no significant marital status-based differences concerning loneliness in old age," was rejected, whereas the alternative hypothesis, "There are significant marital status-based differences concerning loneliness in old age" was accepted. According to the mean differences, widowers scored higher on loneliness than widows and those who did not disclose their status. Married adults scored the lowest on loneliness. Widows and widowers may feel more lonely than married people since they have lost their relationships and do not have that one life mate.

Table 3: Mean, SD, F-value & significance of marital status-based differences with respect to the depression in old age

Depression	Mean	SD	F-value	Sig.
Married	8.7	.56	5.0**	.003
Widow	5.3	.99		
Widower	5.1	1.2		
Not-Disclosed	3			

** $p < .005$

The following table shows the mean, SD, F-value, and significance of marital status-related variations in depression in old age. The F-value was 5.0($p=.003$), which was significant at 0.005. As a result, the null hypothesis, "There are no significant marital status-based differences with respect to depression in old age," was rejected, whereas the alternative hypothesis, "There are significant marital status-based differences with respect to depression in old age," was accepted. The mean differences indicate that married persons scored the highest in depression, followed by widows and widowers. Devkota, Mishra, and Shrestha (2019) [3] discovered that married persons were more depressive than widows.

Conclusion

The purpose of the study was to determine the impact of married status on sociability, loneliness, and depression. The study's findings suggest that marital status has a considerable impact on sociability, loneliness, and depression among older persons. The study found that married older persons have greater levels of depression than widows and widowers. In contrast, married people experience less loneliness than widows and widowers. This shows that the influence of marital status on mental health outcomes is multifaceted and varies depending on the result being examined. More study is needed to understand the probable explanations for observed disparities in mental health outcomes among older persons with diverse marital situations.

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