

## International Journal of Agriculture Extension and Social Development

Volume 7; Issue 4; April 2024; Page No. 35-41

Received: 10-02-2024  
Accepted: 13-03-2024

Indexed Journal  
Peer Reviewed Journal

### Relationships between loneliness, depression and sociability in elderly persons

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DOI: <https://doi.org/10.33545/26180723.2024.v7.i4a.500>

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#### Abstract

The study sought to better understand the links between depression, loneliness, and sociability in an older population. The study was carried out in the Kanpur Nagar region of Uttar Pradesh. The interview approach was utilized. The sample size was 65 senior individuals. The technique for data collection was the Geriatric Depression Scale (GDS), which was initially designed by Yesavage *et al.*, in 1982, and is utilized way out with the older population. Russell, Peplau, and Cutrona produced the Revised UCLA Loneliness Scale in 1980, which evaluates loneliness, and the Berkman-Syme Social Network Index in 1979, which is a self-report questionnaire for persons aged 18 to 64. The data gathered was examined. Statistical metrics include mean scores, standard deviation, independent sample t-test, one-way ANOVA, and Pearson correlation. The main findings were that there was a strong link between sociability and depression.

**Keywords:** Elderly, old age, depression, loneliness, sociability

#### Introduction

“Old age is the supreme evil, for it deprives man of all pleasures while allowing his appetites to remain, and it brings with it every possible sorrow. Yet men fear death and desire old age.”

#### Giacomo Leopardi

These words describe the feeling of most of the elderly in our country. But on a bright side,

“The answer to old age is to keep one's mind busy and to go on with one's life as if it were interminable.”

#### Leon Edel

##### Old Age

According to Özel *et al.* (2014) <sup>[17]</sup>, old age is a natural process that begins in utero and lasts until death, characterized by irreversible deterioration of cells and systems. According to Karagiülle (2008) <sup>[15]</sup>, Hoca and Türker (2017) <sup>[13]</sup>, and Yıldız *et al.* (2017) <sup>[33]</sup>, the physiological, psychological, social, and temporal changes associated with old age are not abnormal. Thus, the concept of old age is vast and complicated.

“The aging process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. In the developed world, chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most developed countries, is said to be the beginning of old age. In many parts of the developing world, the chronological

time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases, it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.” (Gorman, 1999) <sup>[6]</sup>.

In India, those aged 65 and up are referred to as elderly or older folks. This is a phase in when a person approaches or exceeds his or her life expectancy, reflects on his accomplishments, and prepares to say farewell. However, as people age, they must adapt to various physical, psychological, and social changes, using both old and new coping abilities.

The United Nations defines an elderly person as someone who is 60 years or older.

The following is a starting point for considering the span of old age

1. Between 60 – 75 years = young old
2. Between 75 – 85 years = old
3. Those 85+ are considered the frail older population

The divides demonstrate that older adults are a diverse population that requires consideration based on their specific requirements. In 2001, the United Kingdom's National Service Framework for Older People roughly classified the three cohorts as follows.

- Entering old age: Individuals between 50 and

retirement age who have concluded their careers. They are said to be energetic and independent, and many of them continue to be such into their later years.

- The transitional phase refers to a period between healthy, active life and frailty. It often occurs in the seventh or eighth decade, but can occur at any point.
- Frail older individuals are susceptible owing to health issues including stroke or dementia, social care needs, or a mix of the two. Frailty is frequently encountered in old age, thus services should be planned with their requirements in mind.

A 2020 Australian study on pre-frailty and frailty in healthy, independent community-dwelling adults proposes using frailty phenotypes (unintentional weight loss, exhaustion, low physical activity levels, poor hand grip strength, and slow walking speed) to detect pre-frailty in younger community dwellers aged 40-75 years. Aging research has shown that religious views, social ties, perceived health, self-efficacy, socioeconomic level, and coping skills, among other things, all have a favorable association with one's capacity to age effectively. According to the 2011 Population Census, India has almost 104 million senior people (aged 60 and over), with 53 million women and 51 million men. According to a survey provided by the United Nations Population Fund and Help Age India, the old population is predicted to reach 173 million by 2026. The proportion and size of the elderly population are growing over time.

From 5.6% in 1962, the share has risen to 8.6% in 2011. The share climbed to 10.1% in 2021 and is expected to rise to 13.1% in 2031.

The demographic shift is most likely caused by lower fertility and mortality rates as a result of improved health-care access. Despite their long life expectancy and the benefits provided by medical and social institutions, the elderly face issues such as loneliness and sadness. Population aging also causes a range of social and health issues, particularly those concerning the psychological well-being of the elderly. The elderly frequently experience sadness, loneliness, quality of life concerns, and social isolation (Thomopoulou, Thomopoulou, & Koutsouki, 2010) [27].

### Depression

Depression is a common psychiatric condition among the elderly, negatively impacting their well-being and quality of life. There is a large body of data demonstrating the incidence of depression among the elderly. In India, the elderly population (60+ years old) accounts for 8.6% of the total population (India Census 2011) and is expected to increase to 19% by 2050. Depression, or the incidence of depressed symptomatology, is a common illness among older individuals, with serious consequences for their well-being and quality of life. Many studies have found that the incidence of depressive symptoms rises with age. 51 studies from 16 Indian states were included as 56 datasets, with an estimated incidence of depression among the Indian old population of 34.4% (95% CI: 29.3-39.7). In sub-group analysis, females, rural groups, and the eastern portion of the nation had higher pooled prevalences (Manju Pilania *et al.*, 2019) [7].

Many factors contribute to depression. The word "depression" causes much confusion. It's often used to describe when someone is feeling 'low', 'miserable', 'in a mood' or having 'go out of bed on the wrong side'. However, doctors used the word in two different ways. They can use it to describe the symptom of a 'low mood', or to refer to a specific illness, i.e., a 'depressive illnesses'.

Depression causes a wide range of social, bodily, and psychological difficulties. When depression strikes early in life, genetic, personality, and life experience variables are more likely to play a role. Depression that emerges later in life is more likely to be associated with physical health concerns. An elderly individual in good physical condition is at a lower risk of developing depression. Physical health is, in fact, the leading cause of late-life depression. There are numerous reasons for this, including the psychological effects of living with an illness or disability, the effects of chronic pain, the biological effects of some conditions and medications that can cause depression via direct effects on the brain, and the social restrictions that some illnesses impose on older people's lifestyles, resulting in isolation and loneliness. There is solid evidence that depression significantly increases the probability of mortality in adults, mostly from accidental causes and cardiovascular disease (Wulsin *et al.*, 1999) [31]. At the same time, contrary to popular belief, older persons are less likely to have significant depression than younger adults (Hasin, Goodwin, Stinson, & Grand, 2005) [12].

### Risk Factors for Depression in elderly population

There are several variables that may increase the risk of depression. For some people, brain changes might impact their mood and lead to sadness. Others may become depressed following a big life event, such as a medical diagnosis or the death of a loved one. People who are under a lot of stress, particularly those who care for loved ones with a significant disease or handicap, might experience depression. Others may experience depression for no apparent cause.

### Research has shown that these factors are related to the risk of depression, but do not necessarily cause depression

- Being female
- Being single, unmarried, divorced, or widowed
- Lack of a supportive social network
- Stressful life events
- Medical conditions, such as stroke or cancer
- Genes – people who have a family history of depression may be at higher risk
- Stress, including caregiver stress
- sleep problems
- Social isolation and loneliness
- Lack of physical activity
- Functional impairments that hinder everyday activities
- Substance use disorders

### Signs and symptoms of depression

Some elderly persons with depression might not experience sorrow as their primary symptom. They might be feeling more numb or uninterested in activities. They may be less

reluctant to express their emotions. Here's a list of common symptoms. However, because everyone experiences depression differently, certain symptoms may not be on this list.

- Symptoms of depression include persistent sadness.
- Feelings of sadness, guilt, worthlessness, or helplessness.
- Irritability.
- Loss of interest in previously enjoyable activities.
- Decreased energy.
- Difficulty concentrating, remembering, or making decisions.
- Difficulty sleeping.
- Eating more or less than usual, and unplanned weight gain or loss.

The National Institute of Mental Health considers depression in adults aged 65 and up to be a serious public health issue.

### Loneliness

Loneliness is not identical with being alone, and being with people does not provide protection from emotions of loneliness. Loneliness has been defined as a complicated mix of sensations that emerge when personal and social needs are not fully addressed, prompting individuals to seek fulfillment of these needs. It is a ubiquitous occurrence in people that is directly related to changing living situations. Loneliness is commonly associated with old age. According to studies, loneliness is associated with despair, worse quality of life, and greater vulnerability to both physical and mental health issues in the elderly. These correlations were shown to be independent of age, education, income, marital status, and perceived stress (Raut *et al.*, 2014) [9].

A significant share of India's population is old, with 3.4% of those over the age of 45 living alone, according to a research released on January 6, 2021. Approximately 5.7% of the country's elderly residents (aged 60 and older) live alone, without the help of family or friends. Loneliness is a subjective, bad sensation caused by the individual's own experience with poor social relationships. Typically, the factors of loneliness are characterized using two causal models. The first model investigates external variables that are lacking in the social network as the source of loneliness, whereas the second explanatory model focuses on interior characteristics such as personality and psychological issues. Furthermore, it has been reported that loneliness significantly increases the risk of developing depression, suicide, low self-esteem, anxiety, sleep disturbances, behavioral withdrawal, shyness, and a sense of emptiness in the elderly because many people experience loneliness as a result of living alone, a lack of close family ties, reduced connections with their culture of origin, or an inability to actively participate in local community activities. Researchers have observed that loneliness has a deleterious impact on old-age health (Heikkinen *et al.*, 1995) [11]. Some of the most common life-changing events that contribute to loneliness in older adults are the death of a spouse or acquaintance, as well as social disengagement after leaving job or a familiar neighborhood. Those in the oldest age cohort are more likely to experience loneliness, indicating an increased risk of such losses.

Loneliness in windows is terrible; it is much than just a want for companionship or to do something with another person; widows are frequently overcome by emotions of isolation, disconnection, and alienation from other people. Because of these sentiments, lonely widows may find it difficult, if not impossible, to maintain meaningful human interaction. Generally Lonely people frequently suffer a subjective sensation of inner emptiness or hollowness, as well as emotions of separation or isolation from the outside world, and an elderly woman grieving the loss of her spouse is no exception. (Alpass and Neville 2003; Victor *et al.* 2000) [2, 29]. In this study, the elderly widowhood refers to men or women who are 65 years old or older and who live in their own homes after losing their spouse.

A study discovered that greater age, lack of a spouse, reliance, institutionalization, and health impairment were all connected with an increased likelihood of loneliness. Cognitive function and limits in everyday activities were not associated with loneliness (Raut *et al.*, 2014) [9]. According to the American Journal of Epidemiology, the negative effects of loneliness and social isolation include depression, poor sleep quality, impaired executive function, accelerated cognitive decline, poor cardiovascular function, and impaired immunity at all stages of life, as well as an increased risk of premature death from any cause for all races.

"Lacking encouragement from family or friends, those who are lone may slide into unhealthy habits," according to Valtorta. "In addition, loneliness has been shown to increase stress, disrupt sleep, and injure the health. Loneliness can exacerbate depression or anxiety. (Amy Novotney 2019) [3]. Although it is difficult to quantify social isolation and loneliness exactly, there is compelling evidence that many persons aged 50 and more are socially isolated or lonely in ways that jeopardize their health.

Recent studies found that:

- Social isolation greatly increases the risk of early mortality from all causes, comparable to smoking, obesity, and physical inactivity.
- Social isolation was linked to a 50% greater risk of dementia.
- Poor social ties, including isolation and loneliness.
- Loneliness was linked to greater incidence of depression, anxiety, and suicide.

### Sociability

Sociability is vital in safeguarding the elderly from psychological suffering and promoting well-being. Summarized some of the empirically well-supported effects of social factors on depression symptoms in later life, finding that increasing age, minority racial or ethnic status, lower socioeconomic status, and poorer quality of social relationships are all associated with higher levels of depressive symptoms. Social isolation is a significant, complicated, and multifaceted risk factor. Simply put, it refers to the lack of meaningful relationships between one individual and another, or with his or her community.

Old age is "neither universally defined nor constant across time," hence the notion and meaning of older people varies between countries. In certain countries, elderly people are revered, while in others, they face unfavorable stereotypes. Nonetheless, elderly adults are more susceptible to social

isolation. First and foremost, unfavorable stereotypes perpetuate older people's isolation, adding to the perception that they are 'useless' and 'idle'. Second, assuming that social life involves intersubjectivity and that those interactions help people make sense of their place in the world, anything that denies older people the opportunities to be 'useful' members of their communities contributes to their social isolation (Bhalla, Ajit, and Frédéric Lapeyre, 1997) <sup>[4]</sup>. This has become a major worry in India over the last few decades, as the country's population ages.

According to the World Health Organization, social isolation and loneliness are pervasive, with certain nations estimating that up to one-third of elderly persons are lonely. A wide amount of evidence indicates that social isolation and loneliness have a significant influence on older people's physical and mental health, quality of life, and lifespan. Social isolation and loneliness have the same influence on mortality as other well-established risk factors including smoking, obesity, and physical inactivity. Social isolation is a key risk factor for functioning impairments in elderly people. "People in a healthy relationship are less impacted by ordinary concerns and have a stronger sense of control and independence.

People who do not have connections are more likely to feel alienated, disregarded, and sad. Those who are in unsatisfactory relationships are more likely to acquire and retain negative self-perceptions, find life less enjoyable, and lack drive to change" (Hanson & Carpenter, 1994) <sup>[10]</sup>. "Social isolation" is defined as having a narrow network of kin and non-kin ties, resulting in little or occasional encounters with others. Some research have discovered only a weak link between social isolation and loneliness: socially isolated persons are not always lonely, and vice versa. According to Geriatric Psychiatry (2020), social connection is a broad phrase that covers other frequently used concepts that describe the structural, functional, and qualitative elements of human connections.

Social isolation is defined as an objective lack or restricted degree of social contact with others due to factors such as marital status, living alone or with others.

### Causes of social-isolation

Seniors' loneliness and social isolation are typically caused by poor-quality social ties or a complete lack of these relationships. However, there are numerous other factors that might create similar complications, such as being 80 years or older, having chronic health problems, and altering family arrangements. (Kate Benesch, 2020) <sup>[16]</sup>.

### Other causes of elderly social isolation include

- Disability.
- Living alone.
- Limited finances.
- Impaired mobility.
- No family close by.
- Never having married.
- Transportation challenges.
- Divorced, separated, or widowed.
- Inability to remain physically and mentally active.
- Lack of access and inequality due to rural living or being part of a marginalized group.

- Poor health and well-being including untreated hearing loss, frailty, and poor mental health.
- Societal barriers such as ageism and lack of opportunities for older adults to engage and contribute.

### Living arrangements, loneliness, and social isolation among elderly people

"Living alone" is described as living in a single-person home. The majority of research find that living alone increases the risk of social isolation and loneliness, with conflicting outcomes. Not only is the population aging, but social and economic developments are transforming the environment in which older people live, including the number and makeup of their homes and living arrangements. Changes include decreasing fertility, changes in marriage, cohabitation, and divorce patterns, increased educational levels among younger generations, continuous rural-to-urban and international migration, and rapid economic development.

Living alone was frequently identified as the cause of loneliness. According to Census 2011, over 15 million senior Indians live alone, with women accounting for nearly three-fourths of the total. One out of every seven elderly people in India lives in a family with no one under the age of 60. According to the Age Well research, other causes of loneliness included 'reduced engagement with family members', 'bad health', and 'isolation and lack of social interaction'. (Vora *et al.*, 2020) <sup>[30]</sup>. Globally, more elderly women than men live alone. From 2006 to 2015, older women were twice as likely as older males to live alone (24% vs. 11%). The gender disparity was most pronounced in Europe and Northern America (37% vs 18%), followed by Australia and New Zealand (33% vs. 18%). Globally, 15% more elderly men than older women lived with a spouse (38% of males, 23% of women), but the margin was larger in Europe and North America (56% vs. 33%).

The 52nd wave of National Sample Survey data was used to investigate gender variations in the living arrangements of older adults in India. After adjusting for demographics, socioeconomic features, health condition, economic independence, and property ownership, data show that older women over the age of 60 are more likely to live alone than older males. (Roy *et al.*, 2009) <sup>[21]</sup>. The diversity of experiences is clear, with elderly women living alone ranging from 45-50 percent to 5-10 percent, and men ranging from approximately 25 percent to less than 5 percent. (Reher *et al.*, 2018) <sup>[23]</sup>.

### Rationale

I choose to focus my research on elderly persons who may be feeling despair and loneliness. This might be due to the chances they have for social connection. Many research have shown that there is a strong primary influence of two categories of elderly age, namely older old and oldest old (65-74 years and 75-84 years) on adjustment, loneliness, helplessness, and depression among senior persons, with the exception of death anxiety. The elderly without relatives experienced higher loneliness, helplessness, and sadness. In the elderly, high degrees of social and emotional loneliness are associated with depressive symptoms such as lack of interest, despondency, low self-esteem, weariness, and emptiness. There was a positive association between



loneliness and social support, as well as a negative correlation between depression and social networks. Many people feel loneliness and despair in old age, either as a result of living alone or owing to a loss of close family ties and weakened links with their culture of origin, which prevents them from actively participating in community activities.

I picked this because I was interested in learning more about the notion of old age, including despair, loneliness, and sociability. In the current study, the words aged, old age individuals, and elderly population were used interchangeably.

## Review of Literature

### Loneliness and Depression

Golden, Ronán, Conroy, Bruce, Denihan, Greene, Kirby, and Lawlor (2009) <sup>[3]</sup> investigated the relationship between social networks, loneliness, depression, anxiety, and quality of life in Dublin's community-dwelling elderly. The sample size is 10299 persons aged 65 and over. The results show that 35% of individuals were lonely, with 9% characterizing it as painful and 6% as invasive. Similarly, 34% reported a non-integrated social network. Loneliness was higher in women, widows, and those with physical disabilities, and it increased with age, but when age-related characteristics were taken into account, the connection was non-significant. Wellbeing, depressive mood, and despair were all independently linked to loneliness and non-integrated social networks. Loneliness, in particular, explains the increased incidence of depression among bereaved people.

Raut, N., Singh, S., Subramanyam, A., Pinto, C., Kamath, R., and Shanker, S. (2014) <sup>[9]</sup> investigated the link between loneliness, depression, and coping methods in depressed and non-depressed elderly. A cross-sectional study was conducted on 46 depressed and 48 non-depressed older people. The instruments utilized in the study were the Geriatric Depression Scale-Short Form [GDS-SF], loneliness scale, and short coping scale. The statistical analysis was carried out with SPSS 20 software. The results show that depressed patients had higher loneliness (emotional and social) scores than non-depressed patients. Self-distraction (mal-adaptive-passive) was the most commonly used coping mechanism in the depressed group, whereas active coping (adaptive) was the most common coping mechanism in the non-depressed group.

Jabin (2016) <sup>[6]</sup> sought to investigate the association between loneliness and depression in elderly persons. Using the incidental-cum-purposeful sampling approach, a sample of 60 elderly persons aged 60 to 75 were drawn from Patna and its surrounding areas. The UCLA Loneliness Scale was employed, as was a Hindi variant of Beck's Depression Inventory. The t-ratio and coefficient of correlation were calculated to analyze the received scores. The results validated all of the theories. Overall, the data suggested that there is a considerable difference between the levels of loneliness and depression among elderly persons. The study also found a positive association between loneliness and depression levels.

### Objective

To examine the relationships among loneliness, depression and sociability in elderly persons

## Hypotheses

- **H0:** There is no significant relationship between loneliness and depression in old age.
- **H1:** There is a significant relationship between loneliness and depression in old age
- **H0:** There is no significant relationship between sociability and loneliness in old age.
- **H2:** There is a significant relationship between sociability and loneliness in old age.
- **H0:** There is no significant relationship between sociability and depression in old age.
- **H3:** There is a significant relationship between sociability and depression in old age.

## Variables

**Independent variables:** Age (61-71 & 71-81 years).

### Dependent Variables

Depression, Loneliness, Sociability.

### Locale and Sample of the Study

The study was conducted in the Kanpur Nager area of Uttar Pradesh. A sample of 65 elderly people were taken for the study. The elderly population belonged to the age ranges of 61-80 years. Sample belonged to the middle and upper middle-income group.

### Data Collection

**For data collection, three standardized tools were used**

1. Revised UCLA loneliness scale,
2. Geriatric depression scale (GDS),
3. Berkman-Syme Social Network Index.

Interview methods were used, in addition to the questionnaires using the self-structured Personal Information Sheet.

### Revised UCLA loneliness scale

Russell, Peplau, and Cutrona developed this scale to measure loneliness in 1980. This is a refined version of the original UCLA Loneliness Scale. It consisted of a 20-item scale meant to assess both subjective experiences of loneliness and social isolation. Participants score each item on a scale of one (never) to four (often). The measure has a strong internal consistency (coefficient alpha =.96) and a two-month test-retest correlation of .73. The overall score reflects the complete amount of loneliness, with higher values indicating greater loneliness. The internal consistency reliability was determined to be 0.89–0.94.

### Geriatric depression scale (GDS)

This scale was developed by Yesavage *et al.* in 1982 and is widely used among the elderly. In 1986, a short form GDS comprising 15 questions was devised, with 10 of the questions indicating the presence of depression when responded affirmatively and the remaining questions indicating depression when replied negatively. Each response showing depression (bold 'yes' or 'no') is worth one point. Scores more than 5 are suggestive of probable depression. It takes around 5 to 8 minutes to finish.

**Berkman-Syme Social Network Index**

The Berkman-Syme Social Network Index (SNI) (Berkman & Syme, 1979) is a self-reported questionnaire for adults aged 18-64 years old that is a composite measure of four types of social connections: the status of marriage (married vs. not); sociability (number and degree of contacts with children, close relatives, and close friends); church affiliation with a group (yes vs. no); and affiliation in various community groups (yes vs. no). This measure allows researchers to classify 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**

Independent Samples T-test, one way ANOVA and Pearson’s Correlation Coefficient were used to analyse the results.

**Results and Discussions**

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

**Relationships between Loneliness, depression and sociability in elderly persons**

**Table 1:** N, Pearson Correlation & Significance between loneliness and depression in old age

Depression			
Loneliness	N	Pearson Correlation Coefficient	Sig.
	65	.009	.945

The above table depicts the N, Pearson Correlation & Significance between loneliness and depression in old age. The Pearson correlation coefficient was .009 which was not significant. Therefore, the null hypothesis, i.e., There is no significant relationship between loneliness and depression in old age was accepted and the alternate hypothesis, i.e., There is a significant relationship between loneliness and depression in old age was rejected. The correlation coefficient was very weak.

A study conducted by Devkota, Mishra & Shrestha, in 2019, in Nepal showed a significant relationship between the two variables, which contradicts the current findings. It could possibly be due to a number of reasons, as both studies have different age groups and locale, and the scale to measure loneliness differed.

**Table 2:** N, Pearson Correlation & Significance between sociability and loneliness in old age

Sociability			
Loneliness	N	Pearson Correlation Coefficient	Sig.
	65	.191	.128

The above table depicts the N, Pearson Correlation & Significance between loneliness and sociability in old age. The Pearson correlation coefficient was .191 which was not significant. Therefore, the null hypothesis, i.e., There is no significant relationship between sociability and loneliness in old age, was accepted and the alternate hypothesis, i.e., There is a significant relationship between sociability and

loneliness in old age was rejected. The correlation coefficient was weak.

Panwar, Kumar & Chellappan in 2019 [18], found that loneliness and sociability had a significant relationship, however their correlation was weak, at .195, similar to that found in the current study. A different sample, might give more significant results, however, the correlation might still remain weak.

**Table 3:** N, Pearson Correlation & Significance between sociability and depression in old age

Sociability			
Depression	N	Pearson Correlation Coefficient	Sig.
	65	-.621***	.000

\*\*\*p<.000

The above table depicts the N, Pearson Correlation & Significance between sociability and depression in old age. The Pearson correlation coefficient was -.621 which was significant at .000. Therefore, the null hypothesis, i.e., There is no significant relationship between sociability and depression in old age was rejected and the alternate hypothesis, i.e., There is a significant relationship between sociability and depression in old age was accepted. The correlation coefficient between sociability and depression was high and negative, i.e., as depression increases sociability decreases, and vice versa.

Panwar, Kumar & Chellappan in 2019 [18], found a relationship between depression and sociability, suggesting that when people less social they are at a higher risk of depression.

**Conclusion**

The study’s major goal was to investigate the links between depression, loneliness, and sociability in an older population. Depression is thought to be one of the most often reported psychiatric illnesses among the elderly, with major negative repercussions for subjective well-being and quality of life. An elderly individual in good physical condition is at a lower risk of developing depression. Loneliness has been related to despair, a worse quality of life, and an increased sensitivity to both physical and mental health issues in the elderly. Sociability is vital in safeguarding the elderly from psychological suffering and promoting well-being. Social isolation is a key risk factor for functioning impairments in elderly people. Living alone increases the risk of social isolation and loneliness, with varying outcomes.

The review of literature suggested that the oldest old elderly is having relatively more depressive feelings than the older elderly. Self-distraction (maladaptive-passive) was the most commonly employed coping technique in the depressed group, and social support serves as a partial mediator in the association between loneliness and depression in the elderly. The main findings were that there was a strong link between sociability and depression.

**Limitation**

The study used purposive sampling, which reduces the sample’s representativeness. The study’s sample size was limited, hence the results are less generalizable.

### Recommendation

A larger, more representative sample would be suggested for further research. Other factors affecting sociability, loneliness and depression should be considered.

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