

## **A Study Loneliness among Aged People in Erode District**

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### **Abstract**

Loneliness often is regarded as the psychological embodiment of social isolation, reflecting the individual's experienced dissatisfaction with the frequency and closeness of their social contacts or the discrepancy between the relationships they have and the relationships they would like to have the present study is an attempt to study the adjustment and Loneliness among the aged people. The study was conducted on a randomly selected sample of 100 aged people in the range from 60-75 years. The results indicates that adjustment of males was better that their counterparts for Health, Home, Social, emotional and Financial adjustment.

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### **INTRODUCTON**

Aging is associated with decline of both physical and mental capacities. Loneliness itself has been linked with increased risk of cardiovascular disease and mortality, elevated blood pressure and heightened inflammatory responses to stress, and modifications in transcriptional pathways linked inflammatory processes. A key scientific question is whether adjustment and loneliness are two independent processes, each contributing to health risk, or whether the emotional state of loneliness, through its biological concomitants, provides a mechanism through which social isolation affects health. The issue is important because its answer will help identify the most effective levers for change and the best approaches for support of older people. The purpose of our study was to investigate the associations of adjustment and loneliness with mortality in a representative sample of older men and women and to test whether loneliness is partly responsible for the association between social isolation and mortality.

### **REVIEW OF LITERATURE**

Ramamuthy (1985) stated that breaking down of joint family system took away the social and economic security of the elderly and affected their network contributing their feeling of loneliness

Garnick (1987) explained that adjustment of a person decided the quality of his life. It indicates his general well –being, which in the aged is dependent on health status, Functional ability , socio- economic status, housing and availability of service.

### **OBJECTIVES**

1. To study the demographic profile of the sample respondents.
2. To assess the relationship between loneliness and adjustments.

## METHODOLOGY

Methodology is the key aspect which governs the outcome of the research. It encompasses and directs the researcher to conduct the research in a systematic process which ensures and facilitates the accuracy of the outcome. The validity of any research is based on the systematic method of data collection and analysis. Both primary and secondary data are used for the present study. The primary data are collected from 100 sample respondents from Erode District. The study was conducted on aged people between 60-80 years of age.

## TECHNIQUES USED FOR ANALYSIS

### SIMPLE PERCENTAGE ANALYSIS

Simple percentage analysis is one of the basic statistical tools which is widely used in analysis and interpretation of primary data. It deals with the number of respondents' response to a particular question in percentage arrived from the total.

$$\text{Percentage} = \frac{\text{Number of respondent}}{\text{Total no. of respondent}}$$

### CHI-SQUARE TEST

The degree of influence of the following independent variables like Age, Nativity, Educational qualification, No. of family members, Nature of family, Monthly income, Staying Place, Marital Status, are pertaining to respondents on their level of adjustment were also studied.

In order to identify the factors influencing the factors of adjustment level by the selected respondents, a Chi-square ( $\chi^2$ ) test was used and the formula is given below:

$$\chi^2 = \sum \frac{(O-E)^2}{E} \text{ With Degree of Freedom (D.F.)} = (c-1)(r-1) \text{ where,}$$

O	=	Observed frequency,
E	=	Expected frequency,
c	=	Number of Columns,
r	=	Number of Rows

### HENRY GARRETT RANKING TECHNIQUE

This technique is used to rank the problems faced by the women nurses in the study area. In this method the respondents were asked to rank the given problem according to the magnitude of the problem. The order of merit given by the respondents was converted into ranks by using the following formula.

$$\text{Percentage Position} = \frac{100(R_{ij} - 0.5)}{N_j}$$

R<sub>ij</sub> - Ranking Position

Nj - Total No. of Ranks

### RESULT AND DISCUSSION

The main data source of this present study is field survey and another source of data and information are various books, journals, reports etc. After significant article review the frame work of the study is made. The researcher presented the collected data with the help of tables. This also intends to do appropriate statistical test over the data to validate the statistical hypothesis which helps in interpreting data, to explain the relationship between Age and Loneliness.

#### AGE GROUP AND LONELINESS

AGE/ADJUSTMENT AREA	HEALTH	HOME	EMOTIONAL	FINANCE	TOTAL
60-65	9(4.23%)	13(6.11%)	24(11.28%)	1(0.47%)	47
66-70	3(0.93%)	14(4.34%)	11(3.41%)	3(0.93%)	31
71-75	2(0.36%)	2(0.36%)	12(2.16%)	2(0.36%)	18
76-80	1(0.04%)	2(0.08%)	1(0.04%)	0	4
<b>TOTAL</b>	<b>15</b>	<b>31</b>	<b>48</b>	<b>6</b>	<b>100</b>

#### CHI-SQUARE TEST

FACTOR	CALCULATED VALUE	TABLE VALUE	D.F	REMARKS
<b>AGE</b>	<b>16.9</b>	<b>10.38</b>	<b>9</b>	<b>5%</b>

It is witnessed from the above table that the calculated Value is less than the table value and the result is not significant. It is concluded that there is no significant relationship between Age and adjustment area of aged people.

#### HENRY GARRETT RANKING TECHNIQUE

S.NO	PROBLEMS FACED BY LONELINESS	WEIGHTED SCORE	RANK
1	I Lack companionship	31.92	I
2	My interest and ideas are not shared by those around me	8.54	III

3	I feel part of a group of friends	12.0	II
4	There is no one I can turn to	4.0	IV
5	My social relationships are superficial	2.5	V

The most powerful predictors of loneliness were living alone, depression, experienced poor understanding by the nearest and unfulfilled expectations of contacts with friends. Feeling of loneliness was not associated with the frequency of contacts with children and friends but rather with expectations and satisfaction of these contacts.

#### **LIMITATIONS OF THE STUDY:**

The study confined only 100 sample respondents the market survey was conducted only in Erode of TamilNadu State. Hence, the results arrived from the study may or may not be applied to other states. Further, the survey method which was adopted for collecting the data in this study has its own limitations.

#### **CONCLUSION:**

For the older people both retirement and living arrangement can contribute to the sense of social isolation and uselessness. Our findings support the view that emotional loneliness is a separate concept from social isolation. This has implications for practice. Interventions aiming at relieving loneliness should be focused on enabling an individual to reflect her own expectations and inner feelings of loneliness.

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