



EFFECT OF MARITAL STATUS ON SOCIABILITY, LONELINESS AND DEPRESSION AMONG OLDER ADULTS

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ABSTRACT

The aim of the study was to understand the effect of marital status on sociability, loneliness and depression among older adults. The study was conducted using a purposive sampling technique in the Kanpur Nager area of Uttar Pradesh. The questionnaire was administered using the interview method to 65 elderly people between the ages of 61-80 years. Revised UCLA loneliness scale, Geriatric depression scale (GDS), and Berkman-Syme Social Network Index were used to assess loneliness, depression and sociability among older adults. The results suggested that there was a significant effect of marital status on sociability, loneliness and depression.

Keywords: Sociability, Depression, Loneliness, Older adults, Marital Status

INTRODUCTION

The aging of the population is a demographic phenomenon that is occurring globally. As people age, they may experience changes in their social networks, which can affect their well-being and mental health. Marital status is a key factor that influences social connections, as it can provide a source of emotional support, companionship, and social interaction. The effect of marital status on sociability, loneliness, and depression among older adults is a topic of growing interest, as more individuals are living longer and facing the challenges of aging.

The World Health Organization (WHO) estimates that by 2050, the number of people aged 60 years and over will double, reaching 2 billion globally (WHO, 2015). In the United States alone, the population aged 65 years and over is expected to reach 98 million by 2060. As the population continues to age, understanding the factors that influence the well-being and mental health of older adults is becoming increasingly important.

Sociability plays an important role in protecting the elderly population from the experience of psychological distress and in enhancing well-being. Social connectedness is an important aspect of well-being, particularly among older adults who may be experiencing health-related challenges and changes in their social networks. Some of the empirically well-supported effects of social factors on depression symptoms in later life are increasing age, minority racial or ethnic status, lower socioeconomic status and reduced quality of social relations are all associated with increased depressive symptom levels. Researches have shown that older people with social support networks comprising of their family, friends, neighbours, and communities are generally less depressed and report greater well-being (Wenger, 1997).

Loneliness and depression are two mental health outcomes that are of particular concern among older adults. 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 2 causal models. The first model examines the *external factors*, which are absent in the social network, as the root of loneliness; while the second explanatory model refers to the *internal factors*, such as personality and psychological factors.

Further, it has been reported that the presence of loneliness strongly contributes to a high risk of developing depression, suicide, poor self-esteem, anxiety, sleep disturbances, behavioral withdrawal, shyness and feeling of emptiness in elderly because many people experience loneliness either 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 the local community activities.

Depression is a mood disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest in activities. Depression is suggested to be one of the most reported psychological problems among elderly, with significant negative consequences on subjective well-being and quality of life. There is plenty of research that demonstrates the prevalence of depression in the elderly population. Depression or the occurrence of depressive symptomatology is a prominent condition amongst older people, with a significant impact on their well-being and quality of life. Many studies have demonstrated that the prevalence of depressive symptoms increases with age (Grønli, Bramness, Wynn, & Høye, 2022). Both loneliness and depression can have negative impacts on physical health and overall well-being among older adults.

The effect of marital status on sociability, loneliness, and depression among older adults has been the subject of numerous studies, with mixed results. Polkampally, B., Godishala, S., & Kumar, K. (2015). Polkampally Bharathi, Godishala Sridevi & K.B. Kumar (2015) through their study titled "Gender difference and age factor in Loneliness, Depression and Social Network effects of widowhood". The results show that widowers are experiencing significant loneliness than widows and on the other hand widows showing significant depression than widowers but no difference was found on social networks from both groups. A study conducted by Gutiérrez-Vega, and colleagues in 2018 showed that people who were divorced and widowed reported more feelings of loneliness and sadness compared to other groups. Another meta-analysis titled Aging, Marital Status, and Loneliness: Multilevel Analyses of 30 Countries, reported that married elders were the least lonely group, followed by never married.

A study on the Association of depressive symptoms with marital status among the middle-aged and elderly in Rural China—Serial mediating effects of sleep time, pain and life satisfaction, found that those who were not married, or divorced or separated or widowed showed more symptoms of depression than the married group (Pan, et al., 2022).

Rationale

As the global population continues to age, understanding the factors that influence the well-being and mental health of older adults is becoming increasingly important. One such factor is marital status, which has been shown to play a significant role in social connectedness, loneliness, and depression among older adults. Understanding the relationship between marital status and sociability, loneliness, and depression among older adults is important for several reasons. First, it can help identify potential risk factors for mental health issues, such as loneliness and depression, among older adults who are unmarried or have experienced a loss of a spouse. Second, it can inform interventions and policies aimed at improving social connections and reducing social isolation among older adults. Third, it can help healthcare providers and caregivers better understand the needs and experiences of their patients or clients.

Several studies have explored the impact of marital status on sociability, loneliness, and depression among older adults, with mixed results. Overall, the effect of marital status on sociability, loneliness, and depression among older adults is a complex and multifaceted issue that requires further exploration. By examining this topic, researchers, healthcare providers, and policymakers can gain a better understanding of the factors that influence social connectedness and mental health in older adults and develop strategies to promote healthy aging.

Objectives

- To study the marital status-based differences with depression, loneliness and sociability in elderly persons

Hypotheses

H0: There are no significant marital status-based differences with respect to sociability in old age.

H1: There are significant marital status-based differences with respect to sociability in old age.

H0: There are no significant marital status-based differences with respect to loneliness in old age.

H2: There are significant marital status-based differences with respect to loneliness in old age.

H0: There are no significant marital status-based differences with respect to depression in old age.

H3: There are significant marital status-based differences with respect to depression in old age.

METHODOLOGY

Sampling Procedure

The study was conducted in the Kanpur Nager area of Uttar Pradesh. Data were collected from 65 elderly people using a purposive sampling technique. Data was collected using the g interview method. The sample was in the age group of 61-80 years.

Variables

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

Dependent Variable: Depression, Loneliness, Sociability

Tool

Revised UCLA loneliness scale, developed by Russell, Peplau and Cutrona, in 1980, a 20-item scale designed to measure one's subjective feelings of loneliness as well as feelings of social isolation. The internal consistency reliability was found to be in the range of 0.89 to 0.94. Geriatric depression scale (GDS), a 15-question tool was developed in 1986, in which 10 questions indicated the presence of depression when answered positively while the rest indicated depression when answered negatively. Berkman-Syme Social Network Index developed by Berkman & Syme, in 1979) is a self-reported questionnaire for use in adults. It is a composite measure of four types of social connections: marital status, sociability, church group membership, and membership in other community organizations. This measure allows researchers to categorize individuals into four levels of social connection: socially integrated, moderately socially integrated, or socially isolated, the latter being characterized by being unmarried, having fewer than six friends or relatives, and no membership in either 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 & DISCUSSION

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

Demographics of the Participants

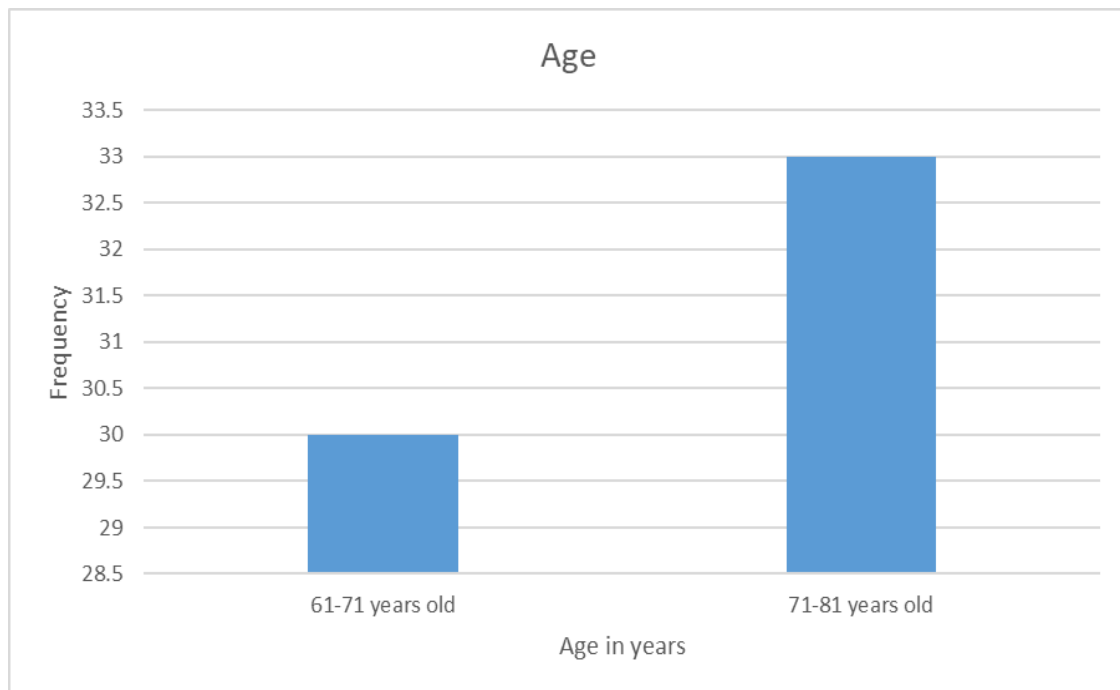


Figure 1: Age of the participants.

The above figure depicts the age of the participants in the study. All participants were required to be in the old age for the study. Most were between 71-81 years old, followed by 61-71 years.

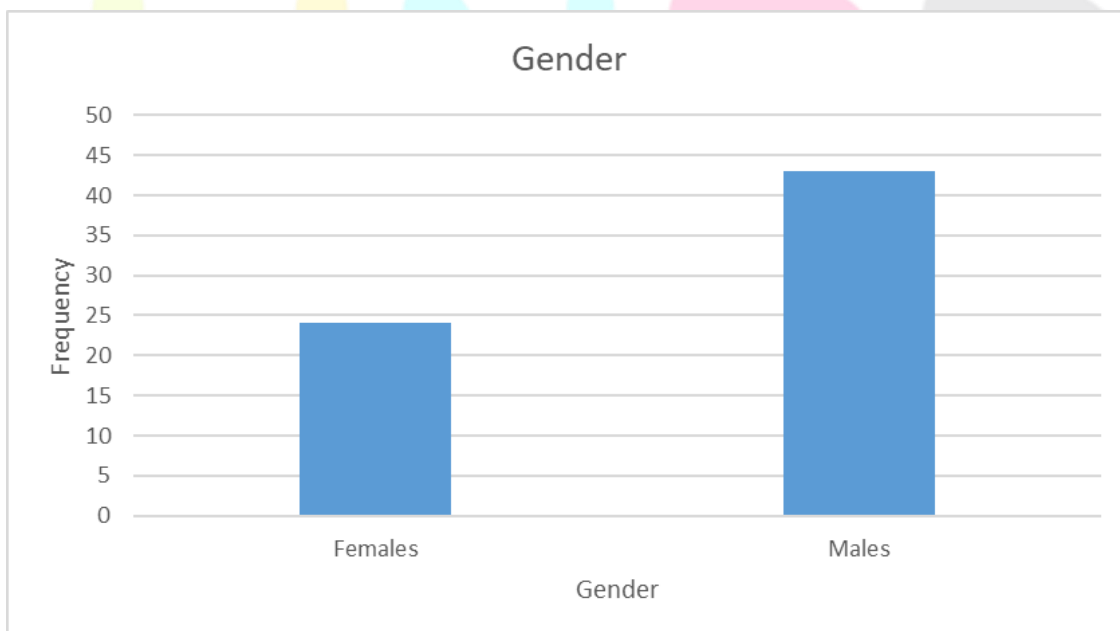


Figure 2: Gender of the participants.

Figure 2 suggests the gender of the participants in the study. Most participants, i.e., 44 were males and 24 were females and some did not disclose their gender.

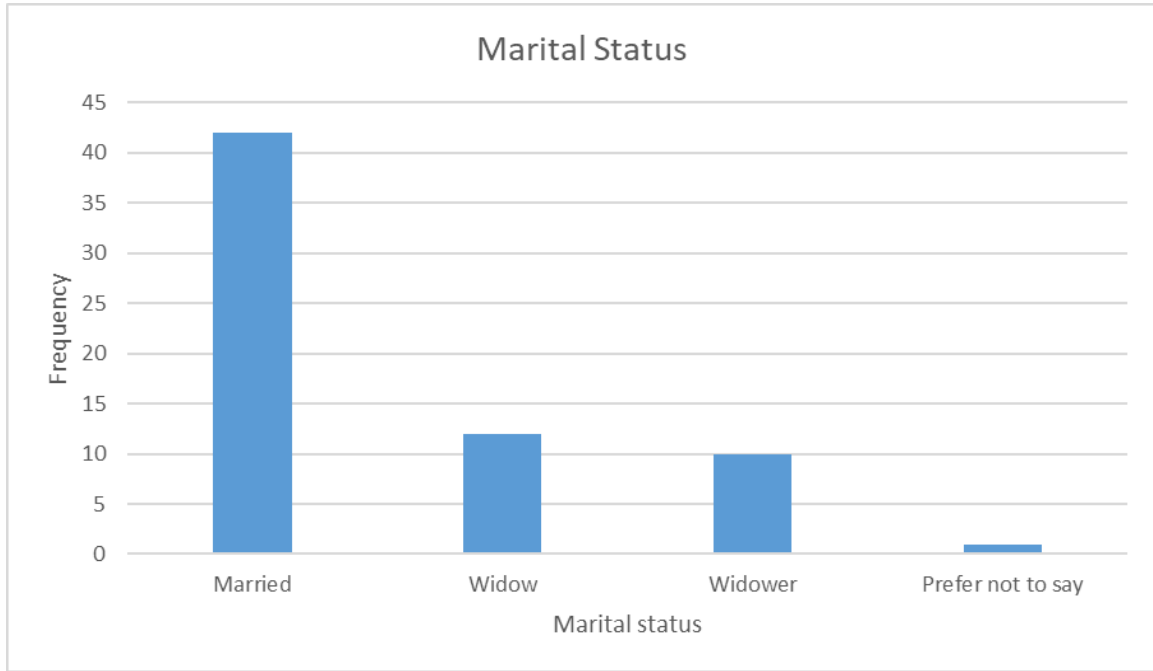


Figure 3: Marital status of the participants

Figure 3 suggests the marital status of the participants in the study. Most participants, i.e. 42 were married, followed by widows and widowers. 2 participants preferred not to disclose their status.

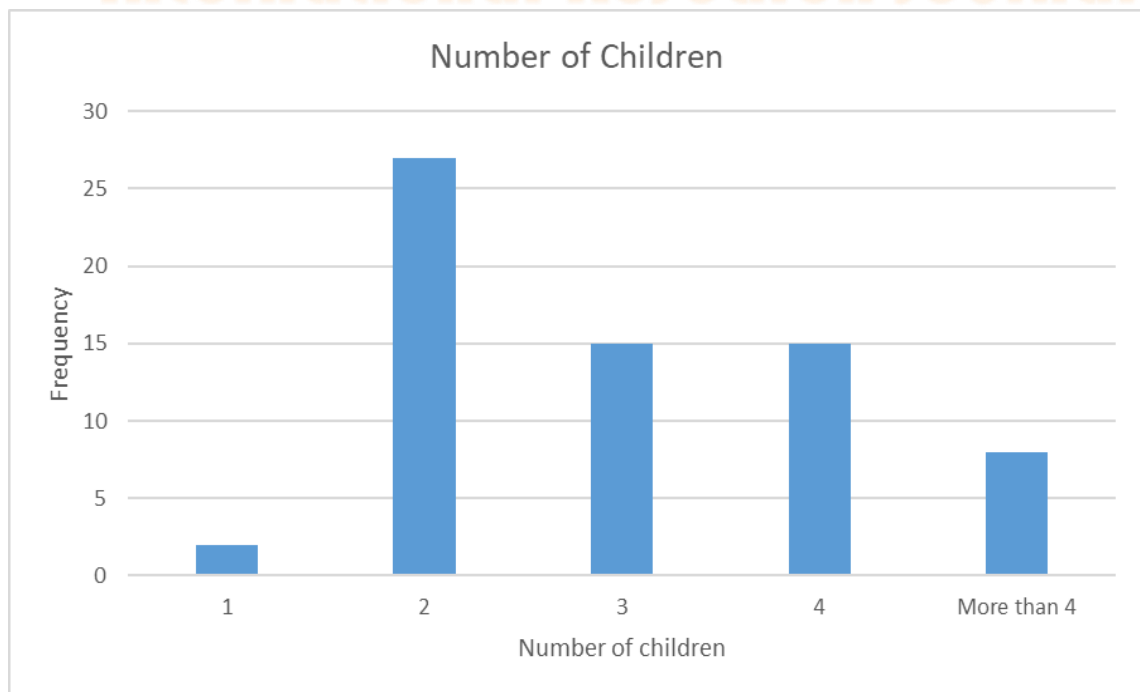


Figure 4: Number of Children of the participants

Figure 5 suggests the number of children of the participants in the study. Most participants, had 2 children, followed by 3 and 4 children and more than 4, very few had one child. India was the first country to launch the family planning policy, 1952, just a few years after independence. Therefore the government had started pushing the idea of 2 children. By the time the current participants might have become parents, the idea was well ingrained, therefore, most participants show such a trend of two children.

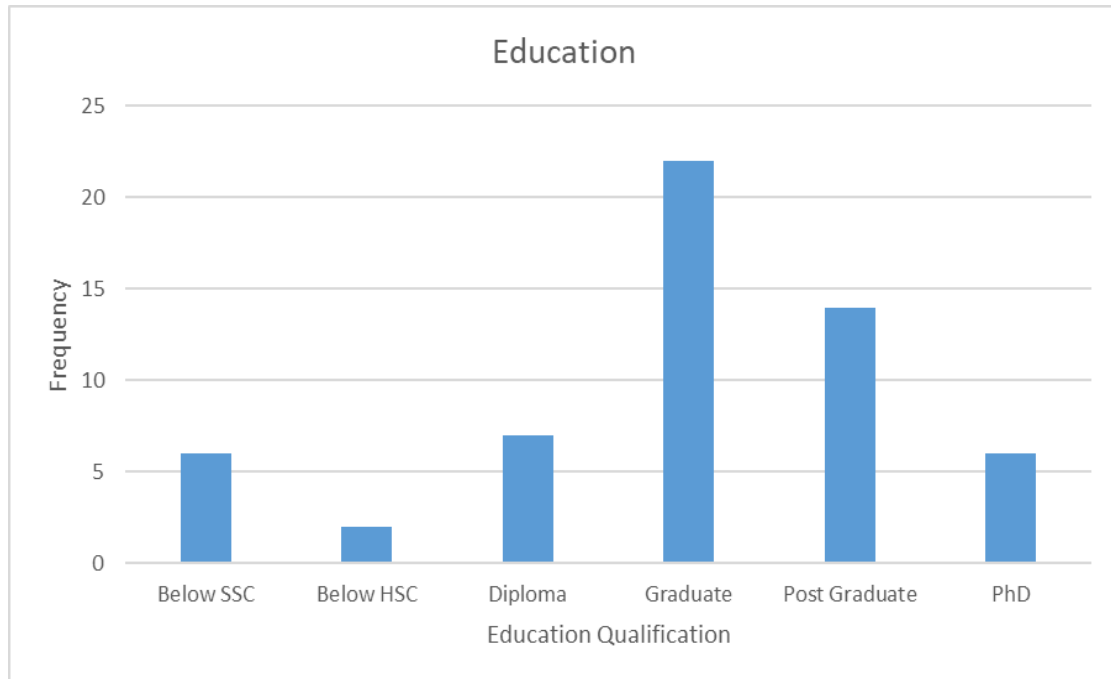
**Figure 5: Education Qualification of the participants**

Figure 6 suggests the education qualification of the participants in the study. Most participants, were graduates, and post graduates. Some had a PhD while other had studied below 12th grade. Bearing in mind that a good number of participants were males, and during the 60's and 70's government started with newer schemes to encourage higher education, we can find a lot of graduates in the study.

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<.000

The above table depicts the mean, SD, F-value & significance of marital status-based differences with respect to the sociability in old age. The F-value was 15.3 which was significant at .000. Therefore, the null hypothesis, i.e., There are no significant marital status -based differences with respect to the sociability in old age, was rejected and the alternate hypothesis, i.e., There are significant marital status -based differences with respect to the sociability in old age was accepted. The mean differences suggest that widows had a higher sociability score, followed by widowers and married adults. Those who have lost their partners, tend to need someone they can call their acquaintance or friend, someone to share their life with, therefore they tend to be more social than married adults.

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<.000

The above table depicts the mean, SD, F-value & significance of marital status-based differences with respect to the loneliness in old age. The F-value was 15.3 which was significant at .000. Therefore, the null hypothesis, i.e., There are no significant marital status -based differences with respect to the loneliness in old age, was rejected and the alternate hypothesis, i.e., There are significant marital status -based differences with respect to the loneliness in old age was accepted. The mean differences suggest that widowers had a higher loneliness score, followed by widows and those who did not disclose their status. Married adults had the lowest score on loneliness. As widows and widowers, end up losing their partners, they do not have that one life partner, they might feel a lot lonelier, than those are married.

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 above table depicts the mean, SD, F-value & significance of marital status-based differences with respect to the depression in old age. The F-value was 5.0 which was significant at .003. Therefore, the null hypothesis, i.e., There are no significant marital status -based differences with respect to the depression in old age, was rejected and the alternate hypothesis, i.e., There are significant marital status -based differences with

respect to the depression in old age was accepted. The mean differences suggest that married adults had the highest depression scores, followed by widows and widowers. Devkota, Mishra, & Shrestha, 2019, found similar results that married people were more depressed than the widowed population.

CONCLUSION

The focus of the study was to find out the effect of marital status on sociability, loneliness and depression. Based on the study's findings, it can be concluded that marital status is a significant factor affecting sociability, loneliness, and depression among older adults. The study indicates that married older adults have higher levels of depression compared to widows and widowers. In contrast, loneliness is lowest among married individuals compared to widows and widowers. This suggests that the impact of marital status on mental health outcomes is complex and varies depending on the specific outcome being measured. Further research is necessary to investigate the potential reasons behind the observed differences in mental health outcomes among different marital statuses of older adults.

LIMITATION

The study was conducted using a purposive sampling technique, which makes the sample less representative. The sample of the study was small, making the results less generalizable.

RECOMMENDATION

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

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