Original Article

Perceived social support, loneliness, and depression among elderly living in old-age homes

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Abstract

Background: Older persons occasionally or permanently relocate from their own houses to institutions or old-age homes as a result of the current socio-demographic changes and circumstances. In this scenario, the current study aimed to assess the perceived social support, loneliness, and depression among the elderly living in old-age homes. **Materials and Methods:** We have conducted a descriptive cross-sectional study among the elders living in old-age homes in Bengaluru urban, who have been staying in old-age homes for at least 6 months or above, and the age group of 60 years or above. Data were obtained from 40 respondents from four old-age homes using a simple random sampling method. Structured interview schedules have been used which included a socio-demographic profile, geriatric depression scale, multidimensional scale of perceived social support, and emotional and social loneliness scale. **Results:** The majority of the respondents (82.5%) belonged to the age category of 60–70 years. More than half of the respondents were females (57.5%); 30% of the respondents were widowed. Nearly two-thirds of them belonged to below poverty line families. The analysis showed a negative correlation between perceived social support and loneliness and depression and a positive correlation between loneliness and depression. There is a significant gender difference among study variables such as perceived social support and depression. The results also show significant differences across the categories of socioeconomic status, duration of physical illness, and a number of organizations changed while comparing perceived social support and depression variables. **Conclusion:** Perceived social support influences older adults' experience of loneliness and depression among inmates of old-age homes. Hence, there is a need to sensitize the staff working in old-age homes on caregiving skills for enabling the elderly to enjoy better-perceived social support and quality of life.

Keywords: Depression, elderly people, loneliness, old-age homes, perceived social support

Introduction

Aging is a normal stage of growth in the lives of every living thing. It has psychological and social consequences for people as well; it is not merely a biological phenomenon. The number of individuals surviving over the age of 60 is constantly rising because of advancements in healthcare and economic position.[1] In India, more than 20% of the population is expected to be elderly by the year 2050. The Indian family has historically been characterized as offering informal social security to elderly, dependent, and unwell family members.[2] According to India's shifting demographic situation and population estimates, the country's older adult population is expected to rise more quickly than in other parts of the world. The number of traditionally caring females entering the workforce in both the organized and unorganized sectors is increasing, while younger workers who may provide second-generation assistance are leaving their hometowns.[1]

Older persons occasionally relocate from their own houses to institutions or old-age homes as a result of socio-demographic

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changes and circumstances.[3] The elderly inhabitants of these facilities find it challenging to adjust to their rigid schedules, their separation from their families, their isolation from the community, their anxiety about adjusting to a new environment, and their close experiences with disease and death inside the institutions.[4] Additionally, older persons are more susceptible to physical issues, especially mental health issues. Numerous prevalence studies revealed that this age group had much more mental health issues than other age groups.[5,6]

Depression was the most common psychiatric illness in old-age homes.[7] Many elderly individuals suffer from depression, either due to living alone or due to their diminished links to their culture of origin and their loss of close family ties, making it difficult for them to engage in community activities.[8] Therefore, the current study aimed to assess the perceived social support, loneliness, and depression among elderly living in old-age homes.

Materials and Methods

This is a descriptive cross-sectional study with the aim to assess the perceived social support, loneliness, and depression among elderly living in old-age homes, and the objectives focused to explore the correlation among these variables. The simple random sampling technique was used to recruit the respondents. The researcher approached 10 homes, and four homes gave permission. The data was collected from 40 respondents residing in four old-age homes located in and around Bengaluru city of Karnataka state. Samples were selected from a total of 160 elderly who were living in these four old-age homes. Each home had a capacity of 30–60 inmates. Consent was sought from both respondent and the old-age home. Inclusion criteria: Elderly above the age group of 60 years male and female, staying in old-age homes for 6 months or more, and speaking Kannada, Telugu, and the English language. Exclusion criteria: Elderly who has severe difficulty in communication and reported a history of mental illness such as Schizophrenia, personality disorder, stroke, epilepsy, Parkinson, and other neurodegenerative diseases were excluded from the study. In the interview method, data were collected using socio-demographic questions, geriatric depression scale (15 items), multidimensional scale of perceived social support (12 items), and emotional and social loneliness scale (6 items). The normality assumption was tested with the Shapiro-Wilk test, and the data was found not normally distributed ($P \leq 0.05$); therefore, the medians with interquartile ranges and percentages were used to summarize the differences between the categories. The non-parametric tests, including the Spearmen correlation, Mann-Whitney *U* test, and Kruskal-Wallis, were used in the current study.

Ethical statement

Ethical approval was obtained from the Institute Ethics Committee. And, the study objectives were explained to all the participants, and written consent was obtained from all the subjects before they were enrolled in the study.

Results

Table 1 depicts the results of the socio-demographic profile of the respondents. The majority of the respondents, 82.5% ($n = 33$), belonged to the age category of 60–70 years. More than half of the respondents were females 57.5% ($n = 23$). The marital status of the respondents reveals that 65% ($n = 26$) were married and 30% ($n = 12$) of the respondents are widowed. Most respondents have not changed their old-age home and 25% ($n = 10$) of the respondents changed one old-age home and the remaining 15% ($n = 6$) have changed more than one old-age home. Nearly two-thirds of them belonged to below poverty line (BPL) families. Similarly, 45% ($n = 18$) of them reported having a physical illness for more than 5 years.

Table 2 compares perceived social support and geriatric depression of elderly people between the categories of background variables such as gender, socioeconomic status, and duration of physical illness. The results showed that the female elders [MD = 26 (31,22)] were reported to have less perceived social support than the male elders [MD = 44 (55,25)], and elders belonging to higher socioeconomic status [MD = 23 (31,21)] were reported to have less perceived social support than the elders belong to BPL [MD = 31 (46,25)]. Similarly, elders with more than 5 years of physical illness [MD = 26 (30,21)] experienced less perceived social support than those with less than 5 years and elders with no physical illness. Female respondents [MD = 9 (10,9)] reported comparatively high levels of depression than the male respondents [MD = 8 (9,5.5)] and respondents who belong to the above poverty level (APL) category reported having high depression levels than the respondents who belonged to the BPL category. Elders who reported having more than 5 years of physical illness had high levels of depression than other categories.

Table 3 illustrates the results of the Spearman correlation coefficient between the study variables. Perceived social

Table 1: Socio-demographic characteristics of the respondents

Variable	Category	*n* (%)
Age range	60–70 years	33 (82.5)
	70–80 years	07 (17.5)
Gender	Male	17 (42.5)
	Female	23 (57.5)
Marital status	Unmarried	02 (5)
	Married	26 (65.0)
	Widow	12 (30)
Number of organizations changed	Not changed	24 (60)
	Changed 1 org	10 (25)
	Changed more than 1 Org	6 (15)
Socioeconomic status	APL	11 (27.5)
	BPL	29 (72.5)
Duration of physical illness	Nil	15 (37.5)
	<5 years	7 (17.5)
	More than 5 years	18 (45)

Table 2: Profile of elderly, social support and depression

Variables		Gender		Socioeconomic status		Duration of physical illness			The number of organizations changed		
		Male	Female	APL	BPL	Nil	<5 years	More than 5 years	Not changed	Changed 1 Org	Changed more than 1
Perceived social support	Median (IQR)	44 (52,25)	26 (31,22)	23 (31,21)	31 (46,25)	31 (48,23)	34 (54,24)	26 (30,21)	31 (39,23.5)	27 (36,21)	23 (40,20.5)
	Test statistics	*U*= −2.863		*U*= −2.487			*H*=6.807			*H*=1.683	
	P	0.004		0.013			0.033			0.431	
Geriatric depression	Median (IQR)	8 (9, 5.5)	9 (10, 9)	9 (10,9)	8 (9,7)	8 (9,6)	8 (9,7)	9 (10,9)	8 (9,6)	10 (11,9)	9 (10,8)
	Test statistics	*U*= −2.233		*U*= −1.963			*H*=6.278			*H*=10.767	
	P	0.026		0.05			0.043			0.005	

Note: IQR = Interquartile range, U = Mann-Whitney U, H = Kruskal-Wallis H

Table 3: Correlation between perceived social support, loneliness, and depression

Variables	Correlation	Depression	Perceived social support	Loneliness
Perceived social support	r_s	−0.513**	1	−0.275*
	Sig.	0.000		0.043
Loneliness	r_s	0.430**	−0.275*	1
	Sig.	0.003	0.043	
Depression	r_s	1	0.513**	0.430**
	Sig.		0.000	0.003

*Means $P \leq 0.05$. **Indicate $P \leq 0.01$. r_s = Spearman rank-order correlation coefficient

support is negatively correlated with depression ($P \leq 0.001$) and loneliness ($P = 0.043$). Loneliness is positively correlated ($P = 0.003$) with depression and negatively correlated with perceived social support ($P = 0.043$). Whereas depression is negatively associated with perceived social support ($P \leq 0.001$) and positively correlated with loneliness ($P = 0.003$). It is concluded from the correlations that elders with low perceived social support are experiencing high loneliness and high depression, and the elderly who experience more loneliness have higher levels of depression.

Discussion

Old age is viewed as a crucial stage in human development. The lack of assistance from family or friends is one of the problems that most older persons encounter. To meet their emotional requirements, elderly people must interact with others and be able to ask for assistance whenever necessary.[9,10] A study in 2016[11] reported that elders who received social support from family members, friends, and significant others had less depression. Another similar study, from Mumbai, found that perceived social support negatively correlated with depression among the elderly living in institutions.[12] In the current study also perceived social support negatively correlated with depression. This indicates that the elderly with less perceived social support are more vulnerable to depression. The findings could have been influenced by the reluctance of family members to visit the elderly at old-age homes at least once a month. A similar study[13] reported that loneliness was positively associated with depression; the association was mediated by social support. Perceived social support negatively correlated with loneliness and depression whereas depression positively correlated with the feeling of loneliness. The negative effects of loneliness on one's health might be severe. It is one of the three basic causes of depression and a significant factor in suicides and attempted suicides. According to two major studies,[14,15] loneliness is associated with inadequate psychological coping, dissatisfaction with family, and lack of satisfaction with social relationships. A study[16] that explored the relationship between loneliness and depression among older adults revealed that loneliness significantly influenced depression. The current study findings are similar to the above results in that loneliness has a statistically significant positive correlation with depression. It is also possible that people with depression are likely to feel lonelier irrespective of the available social support system. Hence, treating depression itself may change the experience of loneliness and not having adequate social support.

In this study, depression was found to be more prevalent in females than in males; another study also revealed similar results.[17] A study conducted in Tamilnadu by Radhakrishnan and Nayeem[18] found that depression was more prevalent among older women than older men. Both sexes were shown to benefit from social interactions with friends, but only females appeared to benefit from taking care of grandchildren and going on outings and excursions. Childless and unfavorable economic conditions were linked to the incidence of depression symptoms in women exclusively,[19] indicating that the support system plays a vital role in depression. Women face more stressful events throughout their lifetime and have a greater sensitivity toward these events which tend to cause depression. In the present study, elders from higher socioeconomic status are reported to have higher depressive symptoms than those of lower socioeconomic status, whereas another study found the results of lower socioeconomic status higher risk for depression among the elderly.[20] An elder who is physically well has a comparatively low chance of developing depression. In fact, poor physical health is a key factor in late-life depression, and the

social limitations that such illnesses impose on an older person's lifestyle led to loneliness and isolation.[21] The current study's findings support the earlier study's results and the amount of depression and less perceived social support observed in elderly people with physical illnesses that have lasted longer than 5 years. Organizing frequent recreational activities and meetings with the family members of the elders would reduce loneliness and enhances the perceived social support among the elderly in the old-age homes. Inmates who are waiting for certain services to address their pain, helplessness, loneliness, and worries related to aging and chronic health conditions would benefit from the improvement of services in old-age homes by receiving professional assistance and training for the staff from mental healthcare professionals.[22]

Limitations of the study

The current study did not explore family dynamics, which can also influence the study variables, and in-depth interviews have not been conducted in the study; this would give a clear understanding of other factors, which affect the study variables. The sample is not adequately representative of the rural population because the study was done in urban old-age homes and was conducted over a short period on a small sample of participants and old-age homes.

Conclusion

The current study explored the significant association between perceived social support, loneliness, and depression among elderly living in old-age homes. Perceived social support has an influence on older adults' experience of loneliness and depression among inmates of old-age homes. Hence, there is a need to sensitize the staff working in old-age homes on caregiving skills to enable the elderly to enjoy better-perceived social support and quality of life. Group-based activities and frequent get-together meetings with family members and friends can be encouraged in old-age homes to reduce the loneliness experienced by the elderly living in such institutions. Psychiatric social workers can train old-age home staff to provide better care.

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Conflicts of interest

There are no conflicts of interest.

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