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LONELINESS AND DISEASES PREVALENCE;
A GERONTOLOGICAL PERSPECTIVE OF ELDER'S DISEASE STATUS

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ABSTRACT… Older age is defined as "the phase of life when someone is socially, economically and culturally dependent on others to pass their life". Loneliness is an important concerns' of researchers especially to study its damaging effects on older persons. Pakistan with 6th largest population of the world facing ageing issues as other nations of rest of the world. **Objectives:** To explore the existence of loneliness and its effects on elder's health as observed by their disease status. **Design:** Cross sectional study. **Period:** Sep 2013 to Dec 2013. **Setting:** TMA Rawal Town, TMA Potohar Town, Rawalpindi City. **Methodology:** Research was conducted in urban areas of Rawalpindi city and to collect the data a structured data collection tool was developed and modified with the help of pre-test observation under similar urban environment. After data collection tool responses were converted into code plan and then data was entered in EpiData and analyzed in SPSS. **Results:** These show the participation of males about 70% and females 30%. Among 384 respondents, 88.3% reported feelings of loneliness and only 11.7% not agreed with the question statement. Cross comparison of loneliness and disease occurrence shows that those OPs who feel loneliness predominantly reported the diseases like Hypertension, Heart problems, Diabetes, Arthritis, Asthma and TB etc. These findings depicts that loneliness played a key role in the promotion of bad health status among OPs of sample area. **Conclusions:** Legislative bodies should consider this issue and do practiced efforts to increase OPs participation within a family and their immediate social networks, it will help to reduce bad effects of loneliness and sustain active ageing.

Key words: Older persons, Loneliness and OPs, Disease among OPs, Gerontological perspective,

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INTRODUCTION

Gerontology is a discipline focused to study the old age and ageing. While everyone has an intuitive sense of what 'old age' and 'ageing' are, explaining a watertight impartial definition is astonishingly difficult and varies from culture to culture. Ageing simply defines as the process of growing older day by day. Old age is also defined as the ultimate fragment of the life cycle and for those who must have a number to attach to this, old age is further explained as the beginning at around 60 years of age. Different gerontologists have different threshold ages for the onset, but 60 is a reasonable compromise figure. In fact, it has been accepted by the mainstream literature for nearly 200 years[1,2].

Ageing is associated with medicalised and pathologised outcome, and ageing is fabricated as a health problem with a resulting focus upon medical research, and medical solutions to the issue of ageing. Importance is held upon recognizing the abnormal rather normal in the experience of ageing as described by Chaudhry et al. (2014)[3]and also stated in the work of Estes & Binney, (1989)[4].

Ageing is differently experienced by both men and women with its different consequences. Aged females inclined to maintain strong social relationship and networks than their male counterpart, and empirical evidences exists that shows mothers are more likely to receive emotional and material support from their children as compared to father[5,6].

Ignorance, loneliness, negligence and social isolation is not the only social issue but also public

health and wellbeing issue, as different researches pointed out the impact of social connectedness and continued relationships on the hazard of death as equivalent to the well-established risks that increase the likelihood of smoking and alcohol with increased consumption[7].

Ageing is an important and well emerging demographic field of research of the 21st century as the elder's population represents the unavoidable outcome of the demographic change observed in most of the countries as highlighted in UN reports. Around the world, reduced fertility and upward graph of life expectancy have jointly contributed in larger numbers and magnitudes of OPs 60 years and above[8].

World Fact Book (2007) presents estimates that "world population in July-2007 estimated that 6,602, 223,175 and among them 7.5% of the population was at least 65 years or more than 65 years old[9]. In the next 50 years the percentile of OPsresided globally is carefully projected to almost triple from current figures (7.5% to 21.8%)"as explained by United Nations (2007)[10]. Developed nations or more modern/industrial countries of the globe, bearing the pressure of most of the ageing populations[11].On the other side, less developed countries or third world nations will be impacted as well by the mentioned ageing issue. "OPs populations of Asia, Latin America and the Caribbean will more than double in size, and the countries of sub-Saharan Africa, will experience a 2.3% increase in older populations"[12].

Disease occurrence ratio in elderly societies is quite high and earlier studies provides some evidences in regards with common diseases faced by OPs but by and large most numbers are observational and not to be proved empirically in many of the existing studies. Population Census Bureau of Pakistan reported on the basis of 1998 census and cites 28% disability rate of people aged 60 years and older. In Pakistani scenario, another study represents that Hypertension, Arthritis and Diabetes as the most common illnesses recorded in elderly population of Pakistan[13].

Loneliness, social isolation, and ignorance are predominantly faced by the society's elders, due to loss of family and friends, socio-cultural mobility or financial and material resources. Feelings of ignorance, loneliness and social isolation also affect every individual but OPs are especially vulnerable after the loss of immediate relationships e.g. family and friends[14].

Previous studies explain that severe feelings of isolation, social ignorance and loneliness can influence seriously on welfare, value of life, and with obvious negative health outcomes. Feelings of loneliness have a noteworthy and life-lasting negative effect on blood pressure especially among OPs. It is also correlated with depression and higher rates of mortality[15-16].

Loneliness, social isolation and negligence have an impact of the health of human beings belongs to every age, but dynamic affects were observed among older persons not only in Pakistan bit also reported by many other countries data sets and researches. Pakistan is at number 6 among those countries having largest population in the world so it is very clear that the problem of loneliness and disease among the population is also very much. In present study the objective was explore the comparative relationship between feelings of loneliness and disease prevalence among OPs of Rawalpindi.

MATERIALS AND METHODS

Present research was focused to explore the relationship of loneliness and disease status among OPs of Rawalpindi city. A sample of 384 respondents was statistically drawn by putting error margin 5%, level of confidence 95%, response distribution 50% and total expected population of Rawalpindi city was 2million. To collect the data from respective sample, structured questionnaire was developed by considering existing literature on topic. Tool covered different dimension of information like sample demographic information, their socio-economic profiles, health status etc. but in this papers we only utilized the related data. Data was entered in EpiData and analyzed in SPSS.

RESULTS

Response	Frequency	Percent
Male	269	70.1
Female	115	29.9
Total	384	100.0

Table-I. Gender Distribution

In this study the participation of both genders was insured with getting the data from male and female elders of sample areas. Number of females was short due to their unwilling behavior to participate in this research, so best possible female respondents were interviewed with their verbal consent. Male participation was 70.0% and females were 29.9% of the total sample.

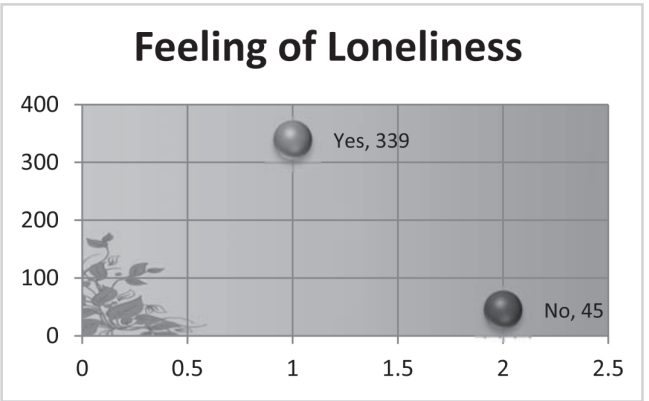

Figure-1. Feelings of loneliness

Figure 1 clearly stats the responses of participants about the feelings of loneliness which shows that 339 (n=384) respondents were of the view that they feels loneliness in their daily lives. This meant that around 89% of the sample studied were suffering from loneliness as compared to the other groups who rejects such type of feelings.

Above figure explain the comparative relationship between OPs feelings of loneliness and their disease status. In 88.3% cases respondents reported the feelings of loneliness and only 11.7% were have no such feelings. Among 88.3% who feels loneliness, 93.5% OPs reported Hypertension, 93.9% were suffering from Heart problem, 91.4% having Diabetes, 92.6% were facing Arthritis, Asthma was reported by 88.9% of study respondents and other diseases like TB, Hepatitis etc. were seen in 87.2% cases. The diseases status in second group with no lonely feeling was reported very low as comparison with who feels.

"The value of correlation (R) = .113, this means that there is positive relationship exists between feelings of loneliness and disease prevalence." We further explain this in this way that if rate of loneliness increased the high ratio of disease will be observed while if loneliness decreases disease

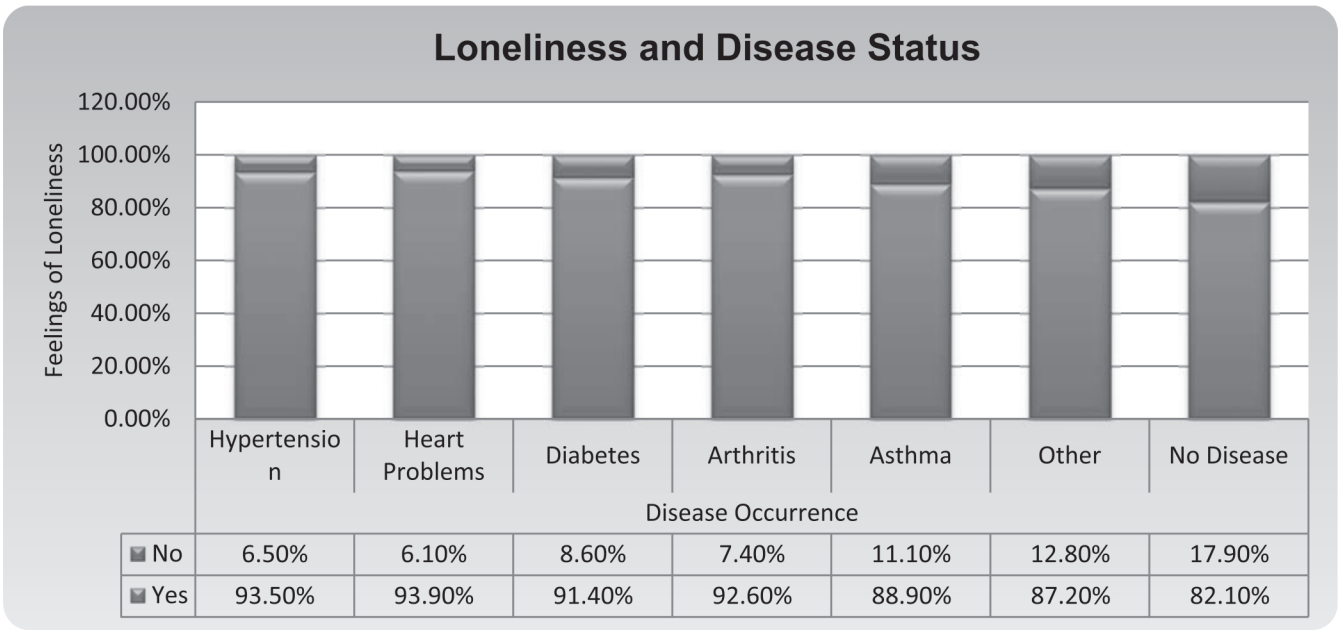

Figure-2. Cross comparison, Feelings of Loneliness and Disease Status

graph also get down.

DISCUSSION

Ageing population is greatest triumphs of the time and also a greatest challenge for present day for better survival of the human population, especially aged ones. At the start of the 21st century, global population of ageing with its continued increase figures puts increased demand on financial and social on all countries. Furthermore, OPs are a valuable and precious, but mostly neglected resource that makes a significant involvement to the fabric of our societies[17].

Results of present study depicts that positive correlation exists among loneliness and disease status of elders of Rawalpindi city, as many of the earlier studies clearly states that loneliness contributes in poor health outcome of OPs. As loneliness expose the feelings of missing intimate relationship or missing of social network, this may establish the feeling of loneliness and ultimately stress and depression occurs followed by other diseases[18]. Literature also depicts the association between loneliness and a wide variety of mental and physical health outcomes, such as depression, nursing home admission, and mortality[19-22].

In the second half of the 20th century; with the scientific study of ageing (now called gerontology) and the emergence of a new field of medicine dedicated to the course of ageing and the medical treatment of the elders. "Our medicine today is largely a medicine of disease, and this has been especially true of the practice of medicine with respect to the Older Person's. Present trends indicate an increasing interest in the preventive medical aspects of ageing and ageing consequences[23].

Benefits of social interaction both for individuals and wider communities are significant and importantly self-evident to reduce the intensity of social isolation and loneliness. One's quality of life will become improved by alleviating the effects of loneliness and social isolation as stated in previous studies[24-25].However, reducing social isolation and feelings of loneliness may affect succeeding well-being, and social and health care service use, reducing dependency on more expensive and exhaustive health services, and contributing to the 'healthy ageing' agenda by squeezing morbidity[26-27].Supporting social networks and social engagements also offers assistances to the wider community. Less feeling of loneliness and social isolation empowers a probable harnessing of expected involvement to the community through, for example volunteering[28-30].

UN Principles for OPs were adopted by General Assembly resolution 46/91 at 16 December 1991. The Articles-10 to 14 of UN Principles absolutely emphasis on the physical and psychological health issues of OPs. The article-11,especiallyplaces its importance on health issues by expressing that "Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness"[31].

CONCLUSIONS

Study findings and results of correlation enables us to conclude this research with these words that shows categorical positive association between feelings of loneliness and disease prevalence status among OPs of Rawalpindi. When feelings of loneliness or f reported loneliness will be increased this positively affects the health status of older' and consequently their health and wellbeing will be affected. If this issue will be considered in nations legislation process and take some practical actions to increase the social participation of OPs, it will help to maintain good health and active ageing status of elders.

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"Success occurs when your dreams get bigger than your excuses."

Unknown

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