

The Impact of Loneliness on the Geriatric Depression of Female in Punjab, Pakistan

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The aim of the present study is to explore the impact of loneliness on the geriatric depression of female in Punjab, Pakistan. In the present research impact of loneliness on the level of depression of females in old age has been investigated. Women are a most important part of our society. In today's world the role of woman is same as males. The sample of the study was consisted of 400 females and the age ranges were from 60 and above. The data was collected from the Punjab, the province of Pakistan. University of California los Angeles. Loneliness scale was used to measure level of loneliness and geriatric depression. Results of the study reveal that level of loneliness has positive impact on the level of depression among elderly women. It is indicative of the fact that that in old age female feel lonelier and they have high level of depression.

Keywords: Loneliness, Geriatric depression, Punjab, Pakistan, Female.

INTRODUCTION

Many studies have indicated that the prevalence of depression symptoms increases with age (Kennedy 1996). Depression is the most common psychiatric disorder among older people and can manifest itself as major depression or as minor depression characterized by a collection of depressive symptoms (Satcher 2000). Whereas major depression affects Only About 1% To 2% Of Community Dwelling Older Persons (Beekman; Deeg; van Tilburg; Smit; Hooijer & van Tilburg, 1995, Beekman; Copeland & Prince, 1999). Clinically Significant Depressive Symptoms are more Common. Often referred to as "Depressed Mood" or simply "depression," clinically significant depressive symptoms affect between 8% and 20% of this Population is 3 out of 10 and are Highly Morbid (Beekman; Deeg; Braam; Smit; Van Tilburg, 1997, Lyness; Heo; Datto; Ten Have; Katz; Drayer; Reynolds; Alexopoulos; Bruce, 2006). The burden of depression, However, is disproportionately higher among older women than men (Kivela; Pahkala & Laippala, 1988, Heikkinen; Kauppinen, 2004). Despite an Expanding Knowledge base about late-life depression (Blazer; 2003).

Depression is found to persist into older age with the prevalence increasing with age. A meta-analysis of studies of individuals older than 75 years revealed the point prevalence of major depression to be 7.2%; rates for women ranged between 4.0% and 10.3% and for men between 2.8% and 6.9% (Aziz & Steffens, 2013). The prevalence of major depression is estimated to be between 10% and 20% in the general elderly population and 5% and 17% in primary care settings (Barua; Ghosh & Kar, 2011, Cole; Bellavance; Mansour, 1999). The Cache County Study estimated the point prevalence rate of major depression in older adults in the community as 4.4% for women and 2.7% for men while the Epidemiologic Catchment Area Survey reported a prevalence rate of 2.5% (Park; Kim & Kim; 2012).

The prevalence of major depression is higher in women than in men (Cyranowski; Frank & Young, 2000, Ford; Erlinger 2010). Its global annual prevalence was 5.5% and 3.2%, respectively, representing a 1.7-fold greater incidence in women (Whiteford;

Degenhardt & Rehm, 2010, Baxter; Scott & Ferrari, 2010). It was determined that depressive symptoms seen in elder age are related to the advancing of age, being a female, living alone, divorcement, low education level, functionality disorder, comorbid physical illness, low level cognitive dysfunction, cigarette and alcohol use (Weyerer; Eifflaender-Gorfer; Köhler; Maier; Haller & Cvetanovska- Pllashiniku, 2008). In this age period, as in younger ages, it was observed that depression is seen more abundantly in females than the males.

The objective of present study is to examine the impact of loneliness on the geriatric depression of females in Punjab Pakistan

RESEARCH METHOD

The present study included data collected from old females of Punjab, Pakistan. The age ranges of females were between 60 to 70 years & above. Population were selected based on the censuses done by Pakistan Statistical Department. Participants are represented in terms of income, marital status, age, family size, children and socioeconomic status. As Punjab is the most populated state of Pakistan, therefore appropriate sample was collected for the present study.

The data were collected from the 8 main Divisions of Punjab is 400 respondents, which have been selected according to the rural and urban population percentage of each division. For this purpose, the biggest state of Pakistan has been selected which is most populated state namely, Bahawalpur, Dera Ghazi Khan, Multan, Faisalabad, Gujranwala, Lahore, Rawalpindi and Sargodha. This research is approached by using probability sampling technique. Probability sampling is the type of sampling whereby everyone in the population has an equal probability to be considered as sample subject (Gujrati, 2009).

The assessment of depression was done by using geriatric depression scale short form. Geriatric depression was measured by using Yesavage, et.al., (1999) Geriatric Depression Scale (GDS). It has been extensively used for measuring depression in older people. Short form of geriatric depression scale (Urdu) was used in the present research. It consists of 15 items, so, it is easy

for older people to answer. Scores for normal condition is 0-4, depending on education, age, and complaints; 5-8 score for mild depression; 9-11 score for moderate depression; and 12-15 score for severe depression. The Cronbach's alpha was 0.83. Cognitive status was assessed with the help of Mini-Mental State Examination. It was developed by Lenore Kurlowicz, and Meredith Wallace (1999). It examines five areas of cognitive function that are location, registration, attention and calculation, recall, and language by using an 11-questions measure.

DATA ANALYSIS

The data analysis has done by using Statistical Package for Social Sciences (SPSS) version 22 was used. Before data analysis begins data, cleaning was done. Descriptive statistics were calculated by using SPSS. To examine the impact of loneliness on geriatric depression of females in Punjab Pakistan multiple regression were used in the study.

A total number of 384 females were involved in this study. The profile of the respondents is given below. There are five demographic variables in this study are age, socioeconomic status, marital status, family size and children. Each demographic variable is divided into different categories that is explained in the Table 1.

Table 1: Profile of the respondents

Demographics	Frequency	Percentages	SD
Age			
60-64	144	38	0.553
65-69	224	58	
70-74	16	4	
Socioeconomic status			
Low(below 14000)	112	29	0.765
Middle class	160	42	
Upper class	112	29	
Marital status			
Married	168	44	0.785
Unmarried	168	44	
Divorced	32	8	
Widow	16	4	
Family size			
1-2 members	16	4	0.972
3-4 members	128	34	
5-6 members	160	42	
7-8 members	48	12	
9 & above	32	8	
Children			
No children	224	58	0.052
Son	80	20	
Daughter	32	9	
Both	48	13	

In the above Table 1, the respondents are divided into three categories based on their age. These age groups are 60 years to 64 years old, 65years to 69 years old and 70 years to 74years old. Most respondents fall in the group 65years to 69 years old which are (224; 58%). On the other hand, the smallest percentages of respondents are in the age group of 70 years to 74 years old which are (16; 4%) respectively. While the second highest age group is 60 years to 64years old which has (144; 38%) correspondingly. The mean age of the respondents was 62 years with standard deviation of 0.553.

Socioeconomic status of the respondents is divided into three classes lower, middle and upper based on the research by (Ansari, 2003, Siddique, 2003, Federal bureau of statistics, 2001). The table shows that most of the respondents (160; 42%) belong to middle class and others (112; 29%) are in the upper

class. The remaining respondents (112; 29%) lie in the lower class. Socioeconomic status of most of the respondents in category two shows that the respondents belong to the middle class which is the most common class in Pakistan.

Marital status of the respondents is divided into four categories married, unmarried, divorced and widow. The table shows that most of the respondents (168; 44%) belong to both categories of married and unmarried. The remaining respondents (32; 8%) and (16; 4%) lie in the divorced and widow categories respectively.

Family size of the respondents is divided into five categories 1-2 members, 3-4 members, 5-6 members, 7-8 members and 9 and above members. The table shows that the highest number of the respondents is in the category of 5-6 members (160; 42%). The second highest respondents belong to the category of 3-4 members (128; 34%). The least respondents (16; 4%) are in the category of 1-2 members. The remaining respondents lie in the category of 9 and above members (32; 8%) respectively.

Number of children of the respondents are divided into four categories. These groups no children, sons, daughters and both. Most respondents fall in the group no children which are (224; 58%). On the other hand, the smallest percentages of respondents are in the age group of daughters only which are (32; 9%) respectively. While the second highest age group is sons only which is (80; 20%) correspondingly. While the remaining respondents lie (48; 13) in the category of both daughters and sons. Whereas, Table 2, represents the profile of the level of depression of the respondents. In general majority of the respondents have mild depression. Which shows that elderly people have a great chance of having depression in their old age.

Table 2: Level of depression of the respondents

Level	Frequency	Percentages
Geriatric depression		
No depression	44	12
Mild depression	150	39
Moderate depression	156	40
Severe depression	34	9

Geriatric depression is divided into four categories, category one (No depression), category two (mild depression) category three (moderate depression) and category four (severe depression). These categories show either respondents have no depression, mild depression, moderate depression and severe depression. Table 2 describes the level of depression of the respondents. It shows that most of the older people fall in the category of moderate depression (156; 39%). On the other hand, the smallest percentage of respondents are in the category of severe depression (34; 9%). While mild depression has respondents (150; 39%) which is higher than the respondents of no depression which is (44;12%). This shows that depression is common in two categories which is mild depression and moderate depression. So, it is obvious with the data that depression is common in older people. From the Table 2 it is evident that moderate depression is common in older people of Pakistan.

While, Table 3, defines the correlation between loneliness and geriatric depression in older people of Pakistan. Which shows that there is a positive relation between loneliness and geriatric depression of females.

Table 3: Correlation Matrix

Variables	Geriatric depression
Geriatric depression	
Loneliness	.000**

**significant at p<0.05

Level of loneliness and geriatric depression are positively correlated. Which shows that as the level of loneliness increases geriatric depression in older people of Pakistan also increases. As in old age the issue of loneliness increases. Old age is a period of transition, children are moving to other places and loss of spouse is also very critical. Lack of social support and feeling lonely is prominent in females that leads them towards depression in their old age. This is the main cause of feeling lonely of females in their old age.

However, Table 4 describes the relationship between loneliness and geriatric depression by using cross tabulation. The main purpose of the cross tabulation was to determine the relationship of independent variable toward the dependent variable i.e. loneliness and geriatric depression. Analysis was described with the help of cross tabulation table.

Table 4: Cross Tabulation of loneliness and Geriatric Depression

Loneliness	Geriatric depression (GDS)				Total
	No depression	Mild depression	Moderate depression	Severe Depression	
Count					
Low	10(3%)	15 (4%)	1 (1%)	0 (0%)	26 (7%)
Mild	27(7%)	70 (18%)	75 (19%)	17 (4%)	189(49%)
Severe	7 (2%)	65 (17%)	80 (20%)	17 (5%)	169(44%)
Total	44 (12%)	150 (39%)	156 (40%)	34 (9%)	384 (100%)

The above Table 4 of cross tabulation depicted the impact of level of loneliness on the geriatric depression of the older females of Punjab, Pakistan. The level of loneliness has been divided into three classes based on their scores of loneliness. While geriatric depression has four levels on the bases of their scores. The lower level of loneliness illustrated that people having low level of loneliness are more prone to have low level of depression as showed that severe depression respondents are only (0; 0%) as compared to other classes of geriatric depression. Similarly, as the level of loneliness increases the level of depression also increases as in the case of mild loneliness there are (70; 18%) and (75; 19%) respondents in mild and moderate depression category correspondingly. Which shows that as the level of loneliness of older females of Pakistan rises their depression also raises. Correspondingly, the people having severe level of loneliness the number of respondents in mild and moderate depression category is (65; 17%) and (80; 20%) respectively. Which showed that as the older females of Pakistan have severe level of loneliness, they have more chances to have depression in their old age. Consequently, as the level of loneliness increases from mild to severe their level of depression also increases from moderate to severe depression as showed in Table 4. Moreover, Table 5 explains the summary of Multiple regression analysis of loneliness and geriatric depression.

Table 5: Summary of Multiple Regression Analysis of loneliness and geriatric depression

Model	Unstandardized Coefficient		Standardized coefficient		
	Beta	Std. Error	Beta	T	Sig
Geriatric depression	1.649	.161		10.288	.000**

loneliness	.345	.066	.259	5.247	.000**
R ² =	.67				
Adjusted R ² =	.65				
Overall Model	F= 27.533**				
Degree of Freedom=	382				

**P< 0.05

The model parameters give the estimates for Beta values that indicates the individual contribution of each predictor to the model as seen in Table 5. The Beta value in the above Table 5 explained the relationship between geriatric depression and each of the predictor variables. The sign of the Beta indicates the direction of the relationship, where a positive parameter indicates a positive relationship between the predictor and the outcome variable, and a negative coefficient represents a negative relationship between the dependent and the independent variable. The Beta value of loneliness is positive as seen in Table 5 with a value of 0.259. This means that, there is a positive relation between the loneliness level of the older females in Pakistan and geriatric depression of old females in Pakistan. Therefore, the higher the level of loneliness of older females the more the geriatric depression of the females in Pakistan. The parameter found is said to be significant since the p- value is less than 5% of the variable. Which means that level of loneliness has a positive relation with geriatric depression. The higher the level of loneliness the higher the level of depression of older females. Similarly, F-statistics value of the model is 27.533with corresponding p-value is 0.000 (p< 0.05). Which means that it is significant at 5%. From this we can interpret that the above model is significantly predicted the outcome variable which is geriatric depression. Correspondingly, going by the R-square result of the Model as seen in Table 5 therefore, the value is 0.67, which means that loneliness accounts for 67% of the variation in geriatric depression. Which shows that the independent variable explained the variation in geriatric depression by 67%. The adjusted R² explained the amount accounted for by dependent variable as well as the number of observations for the model and its generalization. Its values were very close to the value of R². So, the better the adjusted R-square the better the fitness of the model.

The present study tries to improve the pragmatic linkage of loneliness and geriatric depression. Loneliness has been stated to have a positive impact on geriatric depression. In the present research, the associations between loneliness and geriatric depression are studied in a sample of older females in one of the biggest states in Pakistan. Generally, the results determine that loneliness has positive effect on geriatric depression.

The maximum number of the respondents has geriatric depression from mild to moderate (39% and 40%, respectively). Which means that more than 79% of respondents were having mild to moderate depression. This also indicates older females have mild to moderate depression in their old age. It is due to this fact that in old age there are no social support program for older females in Pakistan. One of the important factors is loneliness as the family ties are breaking due to the movement of children from their parents' home to other places for their better future. Another reason is that depression is considered as a normal part

of aging, no one cares about the older females. Government does not provide any facility for older females in society. That's why free social support is very important for the well-being of older females in their old age.

The results of the study show that the majority of the respondents (40%) belongs to mild level of loneliness, as Pakistan is a country where females live a life of second class citizen, thus they do not have enough resources to make their social support group strong. This result shows that social support group is very important for the wellbeing of an individual. As Pakistan is a poor country, and most of its earning depends on males. The females are dependent on males for their living and in their later ages when they have no power to work their social support group reduces and they become dependent on their children for their love and support. When their children leave them alone then they have more chance of having depression in their old age. The government has not planned yet for these older people any benefits in old age. This leads them towards depression in old age. Therefore, it is evident from the discussion that socioeconomic status has a very important role in the life of older people. Our results supported by the previous researches such as (Barry, Allore, Guo, Bruce, & Gill, 2008; Carayanni; Stylianopoulou; Koulierakis; Babatsikou & Koutis, 2012).

CONCLUSION

In concluding, the study revealed that loneliness plays a significant part in well-being of older females. Elderly female with secure social connections were accomplished their psychological health better and with ease. It is suggested that every hospital and clinic have special arrangements for elderly. Furthermore, to rise the generalizability of this research future research is endorsed at the national level.

Limitations

This study also has limitations, the most important limitation of the research was related to the geriatric depression construct and its measurement. The researcher had trouble in finding available research material applicable to the study that focused on depression on old age specially with context to Pakistan. Research studies and measuring instruments of individual wellbeing were found to focus only on certain aspects of depression. Respondents of these studies were also not relevant as they are not old people. Wellbeing research on the older population in general was also lacking in Pakistan. This resulted in a limitation of having to base local research needs on previous studies of western culture influenced individual wellbeing.

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