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RESEARCH

INVESTIGATION OF THE OLD AGE PERCEPTIONS WITH THE LONELINESS AND DEPRESSION LEVELS OF THE ELDERLY LIVING AT HOME

ABSTRACT

Introduction: This study aimed to determine the effect of living arrangements of the elderly (living with their spouses in their own houses, living alone at their homes and living with their children) on their loneliness, depression and old age perception.

Materials and Method: This descriptive study was conducted with 228 elderly individuals who were living in the vicinity of four family health centers located in the provincial center of Gaziantep. A questionnaire consisting of 29 queries, the Loneliness Scale and the Geriatric Depression Scale were used in the study.

Results: The mean scores of both loneliness and depression were found to be highest in the elderly living alone in their own houses (49.04 ± 14.79 and 17.71 ± 7.32 , respectively); the mean score of loneliness was 43.33 ± 11.5 and the mean score of depression was 15.37 ± 6.62 in the elderly living with their children, and the mean scores of both loneliness and depression were the lowest in the elderly living with their spouses in their own houses (39.18 ± 11.73 and 13.92 ± 6.78 , respectively). There was a statistically significant relationship between the life styles of the elderly and their mean scores of both loneliness and depression as well as their perception of old age ($p < 0.05$).

Conclusion: The results show that elderly people who live with spouses and children in their own homes experienced fewer depression and feeling of loneliness.

Key Words: Aged; Loneliness; Depression.



ARAŞTIRMA

EVDE YAŞAYAN YAŞLILARIN YALNIZLIK VE DEPRESYON DÜZEYLERİ İLE YAŞLILIK ALGILARININ İNCELENMESİ

Öz

Giriş: Bu çalışmada, yaşlıların yaşam biçimlerinin (kendi evinde eşyle yaşama, kendi evinde yalnız yaşama ve çocuklarının yanında yaşama) yalnızlık, depresyon düzeyleri ve yaşlılık algılarının etkisinin belirlenmesi amaçlandı.

Gereç ve Yöntem: Tanımlayıcı nitelikte olan bu çalışma Gaziantep il merkezinde bulunan dört aile sağlığı merkezi bölgesinde yaşayan 228 yaşlı birey ile yürütüldü. Çalışmada 29 sorudan oluşan bir anket formu ile yalnızlık ölçeği ve Geriatrik Depresyon Ölçeği kullanıldı.

Bulgular: Kendi evinde yalnız yaşayan yaşlıların hem yalnızlık hem de depresyon puan ortalamalarının en yüksek olduğu (sırasıyla 49.04 ± 14.79 , 17.71 ± 7.32), çocuklarının yanında yaşayan yaşlıların yalnızlık puan ortalamalarının 43.33 ± 11.5 ve depresyon puan ortalamalarının 15.37 ± 6.62 olduğu, kendi evinde eşyle birlikte yaşayan yaşlıların ise hem yalnızlık hem de depresyon puan ortalamalarının en düşük olduğu (sırasıyla 39.18 ± 11.73 , 13.92 ± 6.78) saptandı. Yaşlıların yaşam biçimleri ile hem yalnızlık puan ortalamaları, hem depresyon puan ortalamaları hem de yaşlılık algıları arasında istatistiksel olarak anlamlı bir fark olduğu belirlendi ($p < 0.05$).

Sonuç: Bu bulgular evde eşyle ve çocuklarıyla birlikte yaşayan yaşlıların daha az yalnızlık duygusu ve depresyon yaşadığını göstermektedir.

Anahtar Sözcükler: Yaşlılık; Yalnızlık; Depresyon.

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INTRODUCTION

There is a huge and constant increase in the size of the elderly population in both developed and developing countries due to recent medical and technological advancements (1). Turkey, defined as a young nation, is also affected by this change. As the number of adults increases in Turkey, the proportion of the elderly in the general population is expected to reach 7.7% in 2020 and 9.3% in 2025 (2,3).

Although there is a high tendency in Turkey that elderly people traditionally live with their families and children, the recent change towards a nucleus family structure isolates the elderly from their families and the elderly are, in a sense, forced to solitude (3). With advancing age, an elderly individual experiences a decline in physical and mental capabilities, dependency on retirement savings and pensions, change in social position, weakening of interpersonal support due to loss of the spouse, family members or friends, need for others' help to sustain daily life, and health problems and losses specific to old age. Such losses experienced in social life reduce the person's self-esteem, lead to less satisfaction from life, and may eventually cause the elderly to experience loneliness and depression (2,4,5). Perceptions of aging influence societal behaviors and expectations towards older people (6). Elderly people's perception of old age and their life styles can also have an impact on their loneliness and depression (7,8).

Of the current elderly in Turkey, 99% are being looked after either in their own houses or by their children. A study conducted in our country found that 89.7% of the elderly individuals who took part in the study were living at home with one of their relatives (2). In our country the elderly live with their children especially in patriarchal families in rural areas. Most studies conducted with this population are comparisons of the loneliness and depression levels of the elderly with their socio-demographic data (2,3,7,9,10). However, considering that the environment in which the elderly live and/or persons with whom they live can also affect their loneliness and depression, this study, unlike others, aimed at comparing loneliness and depression experienced by the elderly and their old age perceptions in those living with their spouses at their own home, those living alone at their own home and those living with their children.

MATERIALS AND METHOD

Study Design

This is a descriptive study that was conducted between January and June 2012 with elderly individuals of 65 years of age

and older in the vicinities of four family health centers located in the provincial center of Gaziantep. The study involved a random sample of elderly individuals who were registered in the region of these family health centers and who were either living alone at their own home, living with their spouses at their own home, or living with their children. The elderly individuals included in the study were those who could verbally communicate, who did not have dementia, did not have a disorder at a psychotic level or an organic disorder, or did not have a secondary disorder such as substance abuse and who agreed to participate in the trial. The study sample included 228 elderly individuals in total, 46 of whom lived in their home alone, 108 of whom lived in their home with their spouses and 74 of whom lived with their children.

Ethical Consideration

Written permissions were obtained from the Gaziantep Provincial Health Directorate, family health centers in the province where the study was made and the Gaziantep University Ethics Committee (10.11.2009, No:23).

Tests Used for the Study

Questionnaire for Sociodemographic Characteristics: Sociodemographic information including age, gender, marital status, education, number of children and social security status; information on their relationships with their children; their health conditions; their satisfaction from life; and social relations; as well as information on the elderly individuals' perception of old age were obtained from the questionnaire.

The UCLA (University of California, Los Angeles) Loneliness Scale (UCLA-LS): This is a 4-point Likert type scale (1=I never feel this way, 2=I rarely feel this way, 3=I sometimes feel this way, 4=I often feel this way) consisting of 20 items, 10 scored straight and 10 reversed, which was developed by Russell, Peplau and Ferguson to determine the general loneliness level of an individual (11). The highest score that can be obtained from the scale is 80 and the lowest is 20. As the score increases, the level of loneliness also increases. The validity and reliability of the scale in Turkey were assessed by Demir. The Cronbach's alpha coefficient calculated for the internal consistency of the scale was found to be 0.96 (12).

The Geriatric Depression Scale (GDS): This self-report assessment scale was developed and tested for validity and reliability in 1983 by Yesavage and associates for the purpose of



measuring depression, particularly in the elderly population (13). The validity and reliability of the scale in Turkey was assessed by Ertan and associates (14). The scale consists of 30 questions. The scores that can be obtained from the scale are between 0 and 30. The total possible score is 30, a score from 0 to 11 indicates no depression, 11 to 14 is possible depression and 14 and above indicates clear depression (a score of 11 and above was considered to be positive for the depression diagnosis) (13). The scale has demonstrated a high level of internal consistency (0.92) and a high level of validity (14).

Statistical Analyses

To evaluate the data, statistical analyses were carried out using the SPSS. Chi-square analysis, One Way ANOVA and Pearson correlation were used to analyze the data. The results were considered significant when the p value was less than 0.05.

RESULTS

Approximately 47.4% of the elderly included in the study were living in their own houses with their spouses, 32.5% of them with their children and 20.2% alone in their own houses, 57.5% were married and 59.2% had 4-7 children (Table 1). Comparison of the sociodemographic characteristics and old age perception of the elderly people according to their living arrangements seen in Table 2. Sex and educational level found significantly different between groups. 76.3%

Table 1— Socio-demographic Characteristics of Elderly People (n=228).

	Frequency	Percentage
Who Lived		
Alone in their house	46	20.2
With children	74	32.5
With spouses in their house	108	47.4
Marital Status		
Married	131	57.5
Single	2	0.9
Widowed/Divorced	95	41.7
Number of Children		
No child	4	1.8
1-3 children	54	23.7
4-7 children	135	59.2
8 children and over	35	15.4

of the elderly had a chronic disease and 85.5% did not have any condition that would hinder performance of their daily life activities, 32.5% defined old age as a “poor condition” and 60.5% of them perceived themselves as old.

In the statistical analysis carried out, most of the elderly (52.6%) stated that they rarely had any visitors. The elderly living with their spouses were more “satisfied” with their lives (52.8%) (p=0.003). Those living with their spouses and children considered their health condition to be “moderately healthy” (63.0% and 67.6%, respectively) and those living alone considered it to be “poor” (45.7%) (p<0.001). The elderly living with their spouses did not consider themselves to

Table 2— Comparison of Socio-demographic Characteristics and Old Age Perception of the Elderly People According to their Living Arrangements.

	Alone in their House (n=46)	With Children (n=74)	With Spouses In their House (n=108)	p-value
	n (%)	n (%)	n (%)	
Sex				
Female	37 (26.6)	52 (37.4)	52 (37.4)	<0.001
Male	9 (10.1)	22 (24.7)	22 (24.7)	
Age (mean±sd)	72.93±5.49	73.63±6.33	73.63±6.33	0.051
Educational level				
Illiterate	32 (22.9)	56 (40.0)	56 (40.0)	0.001
Literate	8 (17.0)	12 (25.5)	12 (25.5)	
Primary education (5 year)	3 (8.8)	5 (14.7)	5 (14.7)	
Secondary/high school (>5 year)	3 (42.9)	1 (14.3)	1 (14.3)	
Social security				
Yes	38 (18.3)	70 (33.7)	70 (33.7)	0.062
No	8 (40.0)	4 (20.0)	4 (20.0)	

**Table 3**— Comparison of Some Characteristics and Old Age Perception of the Elderly People According to Their Living Arrangements.

	Alone in their House (n=46)	With Children (n=74)	With Spouses In Their House (n=108)	p value
	n (%)	n (%)	n (%)	
Willingness for social activity				
Yes	1 (2.2)	3 (4.1)	10 (9.3)	0.417
No	39 (84.8)	61 (82.4)	82 (75.9)	
Sometimes	6 (13.0)	10 (13.5)	16 (14.8)	
Having visitors				
I often have visitors	13 (28.3)	26 (35.1)	40 (37.0)	0.002
I rarely have visitors	19 (41.3)	43 (58.1)	58 (53.7)	
I never have visitors	14 (30.4)	5 (6.8)	10 (9.3)	
Satisfaction with life				
Satisfied	15 (32.6)	26 (35.1)	57 (52.8)	0.003
Partially satisfied	13 (28.2)	33 (44.6)	35 (32.4)	
Not satisfied	18 (39.1)	15 (20.3)	16 (14.8)	
Assessment of health condition				
Good	7 (15.2)	13 (17.6)	23 (21.3)	<0.001
Moderate	18 (39.1)	50 (67.6)	68 (63.0)	
Poor	21 (45.7)	11 (14.9)	17 (15.7)	
Definition of old age				
I don't consider myself old	11 (23.9)	17 (23.0)	43 (39.8)	0.018
A poor condition	23 (50.0)	25 (33.8)	29 (26.9)	
A useless condition	5 (10.9)	19 (25.7)	15 (13.9)	
Disorder/illness	7 (15.2)	13 (17.6)	21 (19.4)	
How old do you perceive yourself				
Very old	11 (23.9)	18 (24.3)	9 (8.3)	0.012
Old	26 (56.5)	46 (62.2)	66 (61.1)	
Middle aged	9 (19.6)	10 (13.5)	30 (27.8)	
Young	-	-	3 (2.8)	

be old (39.8%) and those living with their children or alone defined old age as being a “poor condition” (33.8% and 50.0%, respectively) ($p=0.018$). Most of the elderly in all three groups perceived themselves as “old” (Table 3).

Comparison of the loneliness and depression scores of the elderly according to their living arrangements seen in Table 4. It was found that mean scores for loneliness were highest in the elderly living alone in their own houses (49.04 ± 14.79), which was followed by those living with their children (43.33 ± 11.5) and those living with their spouses in their own houses (39.18 ± 11.73) ($p<0.001$). The mean depression score was again the highest in the elderly living alone in their own houses (17.7 ± 7.32), which was followed by those living with their children (15.37 ± 6.62) and those living with their spouses in their own houses (13.92 ± 6.78) ($p<0.007$).

When the loneliness and depression scores were correlated, a significant relationship was found between loneliness

and depression in the positive direction ($r=0.598$, $p<0.001$) (Table 5).

DISCUSSION

It was found in our research that close to half of the elderly (47.4%) were living with their spouses, 32.5% of them with their children and 20.2% of them were living alone in their own houses. Similar results have been obtained in other studies conducted in Turkey (2,7,9). The common tendency in the Turkish nation, where family ties are strong, is to accommodate the elderly within the family (7). Although there is modernization and a transition to the nuclear family in Turkey, a large portion of adults and elderly people still stay with their children or visit all of their children one by one (2). It was found in similar studies performed abroad that most of the elderly were living with their spouses, children and/or friends (15,16).



Table 5— Comparison of the Loneliness and Depression Scores of the Elderly According to Their Living Arrangements.

	UCLA Score			GDS Score		
	mean±sd	F	p value	mean±sd	F	p value
Who lived						
Alone in their house	49.04±14.79			17.71±7.32		
With children	43.33±11.5	10.772	<0.001	15.37±6.62	5.004	0.007
With spouse in their house	39.18±11.73			13.92±6.78		

Table 5— Relationship between Depression and Loneliness Scores of the Elderly.

	mean±sd	r	p value
UCLA score	42.52±12.71	0.598	<0.001
GDS score	15.16±6.96		

It was found in this study that most of the elderly living with their spouses were “satisfied” with their lives, those living with their children were “partially satisfied” and those living alone in their own houses were “not satisfied” with their lives. It was reported that the support received by an elderly person from his/her spouse had a positive impact on the physical and psychological health of that person, contributing to the feeling of satisfaction with life (17). Although the effects of loneliness on the health of elderly people have not been evidenced with certainty, it is reported that lonely individuals may perceive their health more poorly (18). Many studies report that social support for the elderly is important for their health and wellbeing (19,20). Research on the older adult population has suggested that elders who live alone, compared to those who live with others, perceive their health more negatively (21). It was also found in this study that the elderly living with their spouses and children considered their health conditions as being “moderately healthy,” whereas those living alone at home considered them as being “poor”.

Our study also revealed that the elderly living with their spouses did not consider themselves to be old, but those living with their children or alone at home defined old age as a “poor condition”. This situation can be explained by the fact that elderly people living alone at home do not have anyone to help them at home and experience functional inability and a lack of social support, and elderly people living with their children feel dependent on others and experience a feeling of being a burden on their children. Old age is a period which is difficult to admit. However, while some individuals feel the

difficulties of this period more and earlier for various reasons, and perceive themselves as being very old, some others may not have such feelings and perceive themselves as being quite young (22). It was found in our study that most of the elderly in all three groups perceived themselves as being “old”. Having difficulties in living with children due to the circumstances brought forth by a technological type of living, having to live alone as an elderly person or in negative living conditions that trigger depression may have an important role in causing a person to feel older than she/he is. It was found in our study that the individuals living alone in their homes had higher levels of depression. This is an anticipated situation, because it has been reported that the elderly living with their families could be experiencing less depression due to the convenience of sharing their problems with their spouses and relatives at first hand when they face a problem, and the feeling of security arising from not being alone (2). In their study with individuals aged 60 and over, Husaini et al. found that when individuals had a problem, they shared this first with their spouses or close relatives, then with their close friends (20). It was also found in similar studies that the elderly living alone had a higher level of stress than those living with their spouses and/or children or their friends (6,23). Bahar et al. (8) reported that the elderly coming together with their close associates frequently had lower depression scores, and Taqui et al. (24) reported that the depression rate was 15.6% in married elderly people and 32.4% in widowed/divorced elderly people. Studies related to the elderly demonstrate that there is a relationship between depression and social support, and social support received from the family reduces the possibility of having depression (19).

In our study, the mean score for loneliness was lowest in the elderly living with their spouses in their own houses, whereas the mean score for loneliness was highest in the elderly living alone in their own houses. This result is not surprising, because decreased social communication and support can cau-



se the elderly to feel lonely. In fact, the elderly living alone in their own houses in our study stated more frequently that “they had no visitors” than the elderly living with their children and those living with their spouses. The elderly living alone in their houses, in particular, may feel lonelier as they are unwilling to take part in social activities because they rarely have any visitors and the elderly have a limited socio-cultural life in Turkey. It is a well-known truth that regular visits to the elderly have positive effects on their loneliness and play an important role in meeting their need for social support. A study by Dişçigil et al. in our country found that elderly people who lived alone but were visited frequently had a low level of depression (25). Adams et al. reported that being visited by both their children and friends was emotionally supportive to the elderly (6). Prince et al. reported that elderly people living alone had a higher feeling of loneliness (23).

Recent studies have shown that there is a strong relationship between loneliness and depression, and that depressive symptoms increase in elderly people who are lonely (4,9,10). Prince et al. found that the likelihood of having depression increased by 12.4% in the presence of loneliness (23). This study found that there was a significant relationship between loneliness and depression levels in the elderly: those who felt lonely had a higher level of depression and as loneliness increased, depression levels were also elevated.

According to these results, individuals and families should be informed about issues such as old age, symptoms of depression and ways to cope with it before old age so that the mental health of the elderly can be protected. To this end, we recommend programs to increase awareness relating to the importance of loneliness and depression problems in health professionals, and to have them play an effective role in planning and implementation of healthy aging programs.

Not to use The Mini Mental State Examination (MMSE) is the limitation of the study. It is recommended that using MMSE in such studies will be better to determinate the effect of cognitive function.

REFERENCES

1. Hickey A, Barker M, McGee H, O'Boyle C. Measuring health-related quality of life in older patient populations: a review of current approaches. *Pharmacoeconomics* 2005;23(10):971-93. (PMID:16235972).
2. Çınar İÖ, Kartal A. Signs of depression in the elderly relationship between depression and sociodemographic characteristics. *TAF Prev Med Bull* 2008;7(5):399-404.
3. Situation of Elderly People in Turkey and National Action Plan on Ageing. General Directorate of Social Sectors and Coordination. The Republic of Turkey, 2007. Internet Available from: http://www.eyh.gov.tr/upload/Node/8638/files/Yaslanma_Ulusal_Eylem_Plani.pdf. Accessed: 10.2.2014. (in Turkish).
4. Tiikainen P, Heillinen RL. Association between loneliness, depressive symptoms and perceived togetherness in older people. *Aging Ment Health* 2005;9(6):526-34. (PMID:16214700).
5. Adams KB, Sanders S, Auth EA. Loneliness and depression in independent living retirement communities: Risk and resilience factors. *Aging Ment Health* 2004;8(6):475-85. (PMID:15724829).
6. Löckenhoff CE, Fruyt FD, Terracciano A, et al. Perceptions of aging across 26 cultures and their culture-level associates. *Psychol Aging* 2009;24(4):941-54. (PMID:20025408).
7. Aksüllü N, Doğan S. Relationship between depression and perceived social support factors among elders living at nursing home and house. *Anatolian Journal of Psychiatry* 2004;5(2):76-84.
8. Bahar A, Tutkun H, Sertbaş G. The determination of the level of anxiety and depression of old people who live in the nursing home. *Anatolian Journal of Psychiatry* 2005;6(4):227-39.
9. Aylaz R, Aktürk Ü, Erci B, Öztürk H, Aslan H. Relationship between depression and loneliness in elderly and examination of influential factors. *Arch Gerontol Geriatr* 2012;55(3):548-54. (PMID:22487148).
10. Patten SB. Descriptive epidemiology of a depressive syndrome in a Western Canadian community population. *Can J Public Health*. 2001;92 (5):392-5.
11. Russel D, Peplau LA, Ferguson ML. Developing a measure of loneliness. *J Pers Assess* 1978;42(3):290-4. (PMID:660402).
12. Demir A. Validity and reliability of the UCLA Loneliness Scale's. *Psikoloj Dergisi* 1989;7(23):14-8.
13. Yesavage JA, Brink TL, Rose TL, et al. Development and validation of Geriatric Depression Screening Scale: A preliminary report. *J Psychiatr Res* 1982-1983;17(1):37-49. (PMID:7183759).
14. Ertan T, Eker E. Reliability, validity and factor structure of The Geriatric Depression Scale in Turkish elderly: Are there different factor structures for different cultures? *Int Psychogeriatr* 2000;12(2):163-72. (PMID:10937537).
15. Wang JJ, Synder M, Kaas M. Stress, loneliness, and depression in Taiwanese rural community-dwelling elders. *Int J Nurs Stud* 2001;38(3):339-47. (PMID:11245870).
16. Sıdık SM, Mohd Zulkefli NA, Shah SA. Factors associated with depression among elderly patients in a primary health care clinic in Malaysia. *Asia Pac Fam Med* 2003;2(3):148-52.
17. Kara B, Yıldırım Y, Genç A, Ekizler S. Assessment of home environment and life satisfaction in geriatric and relation to fear of falling. *Physiotherapy Rehabilitation* 2009;20(3):190-200.
18. Luanaigh CO, Lawlor BA. Loneliness and the health of older people. *Int J Geriatr Psychiatry* 2008;23(12):1213-21. (PMID:18537197).



19. Husaini BA, Castor RS, Linn JG, Moore ST, Warren HA, Stovall RW. Social support and depression among the black and white elderly. *J Community Psychol* 1990;18(1):12-8.
20. Husaini BA, Moore ST, Cain VA. Psychiatric symptoms and help seeking behaviour among the elderly: An analysis of racial and gender differences. *J Gerontol Soc Work* 1994;21(3-4):177-95.
21. Chou KL, Chi I. (2000). Comparison between elderly Chinese living alone and those living with others. *J Gerontol Soc Work* 2000; 33(4):51-66.
22. Bingöl G, Demir A, Karabek R, Kepenek B, Yıldırım N, Kayraz EG. Analysing the depression levels of the individuals more than 65 in terms of some variables. *Göztepe Tıp Dergisi* 2010;25(4):169-76.
23. Prince MJ, Harwood RH, Blizard RA, Thomas A, Mann AH. Social support deficits, loneliness and life events as risk factors for depression in old age. The Gospel Oak Project VI. *Psychol Med* 1997;27(2):323-32. (PMID:9089825).
24. Taqui AM, Itrat A, Quidwai W, Quadri Z. Depression in the elderly: Does family system play a role? A cross-sectional study. *BMC Psychiatry* 2007;7(57):1-12. (PMID:17961255).
25. Dişçigil G, Gemalmaz A, Başak O, Gürel FS, Tekin N. Depression in geriatric age group in a primary care setting. *Turkish Journal of Geriatrics* 2005;8(3):129-33.