



Association Of Loneliness And Depression Among Retired Population In Malaysia

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ABSTRACT

The loneliness after retirement has been found to be main reason for mental health issues such as depression while physical health is expected not be influenced by loneliness. Generally, the objective of the study was to identify whether loneliness and depression among retired population is associated. One hundred eight (n=108) retiree aged 60 and above participated in this study through convenience sampling. Participants were asked to complete a set of self-reported questionnaires via online and manually. The data were analysed by using descriptive analysis and inferential analysis (Spearman correlation test). Mean score obtained for loneliness level among retired population is 3.4, mean score for depression level among retired population 6.5 and the correlation test between loneliness and depression level among retired population showed significant positive association ($p < 0.05$). Retired population in Malaysia is lonely and experiencing mild depression. Therefore, we can suggest that there is an association between the loneliness level and depression level experienced by them.

Keywords: depression, loneliness, association, retired population,

INTRODUCTION

Loneliness has been described as a pervasive, depressing, debilitating condition that may adversely affect one's quality of life. A common meaning of loneliness is "A state of solitude or being alone" (Tiwari, 2013). The emotions of being lonely be triumphant amongst all ages, however the maximum inclined appears to be youth and the aged (Isaac, 2016). Determination of loneliness most of the aged has been tested in line with demographic factors, training socio-monetary reputation or health. A 0.33% of all aged go through loneliness at the least sometimes.

The population of elderly people over 60 years old in 2000 was 6.3% and estimated to rise from 7.4% in 2003 to 9.9% in 2020 (Jee Yeong, 2012). Retirement is defined as a stage in a person's life who ends his or her paid employment or no longer eligible to work in particular position due to increase in age (Denton et al, 2009). The loneliness after retirement has been found to be main reason for mental health issues such as anxiety and depression while physical health is expected not be influenced by loneliness (Bekhet & Zauszniewski, 2012). There are plenty of studies about the depression and loneliness faced by retired population, but there is a lack of studies or evidence that actually study the interrelation of these two factors. It is a common assumption that lonely retirees are often depressed but to what extend we can be sure whether is there any association between loneliness and depression faced by retired population. Many studies highlighted about the physical or financial issue after retirement but the studies that examine psychological effects of retirement is still lacking in Malaysia. Therefore, the objective that was focused in this study was to identify whether loneliness and

depression among retired population is associated. This study significantly expected to create awareness among the retired population about the psychological effects of retirement and be able to understand whether loneliness contribute to depression. This study would benefit therapists, physiologist, medical officers and other healthcare professional that involved in elderly care so that they will understand the importance of mental wellbeing as well as physical wellbeing.

RESEARCH METHODOLOGY

Study design

This study is designed as quantitative research. This study is a cross-sectional descriptive study which investigated the association between loneliness and depression among retired population.

Study location

Study was conducted in few elderly club around Tampin district and questionnaire was passed through email to most of the elderly club around Malaysia.

Sampling method

Convenience sampling was used in this study. Here the samples are selected based on the availability whereby who is convenient in responding to the research question were chosen.

Sample Size

Total 400 sample size are chosen randomly from the population. The sample size chosen was based on the Rao soft application recommendation.

Inclusion and exclusion criteria

Inclusion criteria

The inclusion criteria as follow:

- 1) Malaysian retirees,
- 2) Male and female
- 3) Age 60 to 80 years old
- 4) Currently residing in Malaysia.
- 5) The sample population is not restricted to any ethnic group.

Exclusion criteria

The exclusion criteria are as follows:

1. Less than 1 year post retirement
2. Elderly with known cognitive impairment who is unable to read and understand Bahasa Melayu or English.

Instruments

The questionnaire used in this study was adapted mainly from two assessments. The questionnaire consists of 3 main sections; demographic data, loneliness level and depression level respectively.

Demographic data

Demographic information includes questions about participant's gender, age, level of education, and year of retirement, and activity after retirement (NGO involvement, leisure).

DeJong Gierveld loneliness scale

For loneliness, the DeJong Gierveld loneliness scale was used. This is a 6-item scale, where three statements are related to 'emotional loneliness' and the remaining three statements are on social loneliness. The scores range from least lonely to most lonely. The researcher's preference of choosing short form is by considering attention and endurance level of elderly. This version of the 6-item DJGLS is a reliable and valid loneliness measure for use among older adults in Malaysia (Hasif, et al, 2021).

Geriatric Depression Scale (GDS-SF),

Level of depression were assessed through the short form Geriatric Depression Scale (GDS-SF), a scale that is commonly used to detect depression among the elderly. It consists of 15 items. The Short Form is more easily used by physically ill and mildly to moderately demented patients who have short attention spans and/or feel easily fatigued. It takes about 5 to 7 minutes to complete. (Sherry, 2017). When evaluated against diagnostic criteria, it was found that GDS had a sensitivity of 92% and a specificity of 89% (Sherry, 2017).

Period of data collection

The study was initiated in April 2020 by sending proposal. Data collection was carried out for about 8 weeks after IRB approval on 9 October 2020.

Method of data collection

Data was collected mainly using social media such as WhatsApp, Facebook or google form and also by distributing the questionnaire manually in the elderly club of Tampin as the researcher is one of the administrators.

Data analysis

The analysis focused on a) descriptive analysis - for evaluating the variables of the study and one way ANOVA for identifying the differences between categorical variables and continuous variables. Meanwhile, the inferential analysis was used to test the third hypothesis of this study. The non-parametric test was used in inferential analysis after the outcomes were shown smaller than 0.05 after normality test was done (Kolmogrov-Smirnov test).

Ethical clearance and consent

Online consent was provided to each participant before starting the questionnaires to ensure the participant understood the nature of research, be informed of the purpose, risk and benefits and alternative therapies. It is also to keep the researcher from committing misconduct while seeking knowledge and truth and respecting and protecting the right of the participants. The research proposal was sent to an Institutional Review Board (IRB) for review to protect rights and safeguard the welfare of human subjects.

RESULT

Demographic data

Total data estimated was 400, but only 108 of the elderly responded. Data was collected through google form, manual distribution and via interview around Malaysia. The socio-demographic data of the responded participants are as below.

Table 1: Summaries of demographic data

Variables	Frequency (n)	Percentage (%)
Gender		
Male	21	19.4
Female	87	80.6
Age		
60-65	64	59.3
66-70	26	24.1
71-75	15	13.9
76 and above	3	2.8
Level of education		
Primary	4	3.7
Secondary	20	18.5
Certificate	3	2.8
Diploma	41	38.0
Degree	32	29.6
Ethnicity		
Malay	79	73.1
Indian	20	18.5
Chinese	9	8.3
Year of retirement		
1999-2012	31	28.7
2015-2021	72	66.7
Missing value	5	4.6
Involvement in NGO, Leisure		
Yes	37	34.3
Veteran clubs/ Society skill classes	35	82
	2	18
No	71	65.7

According to Table 1, among total number of 108 participants, 105 answered the questionnaire correctly, while another 3 of the participants has some missing values in their demographic data. Form the total participants (N=108), most of them were female that is 80.6% which marks 87 people from the total participants while the rest 19.4% are male which is 21 of them.

Level of loneliness

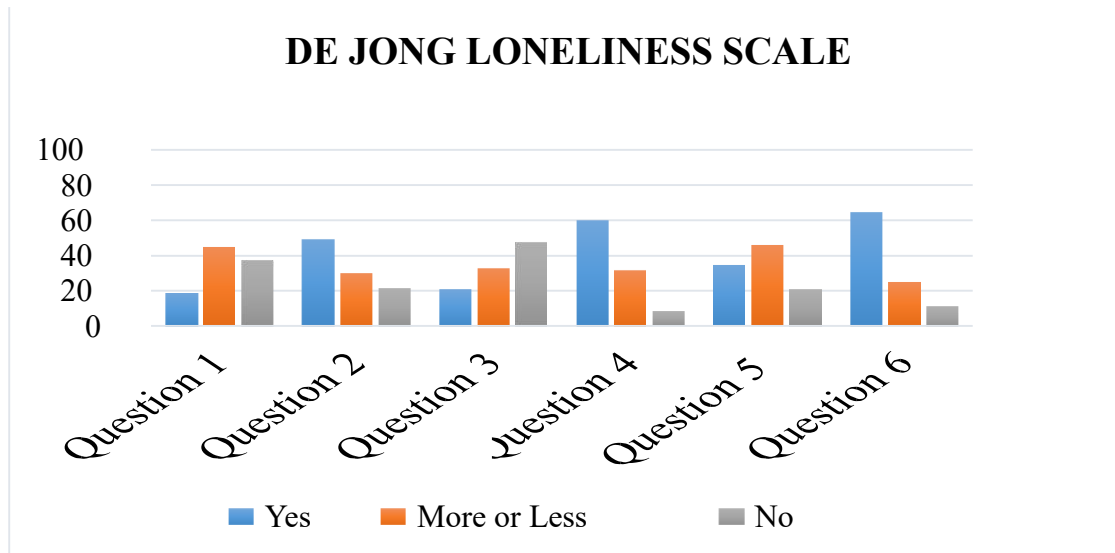


Figure 1: De Jong Loneliness Scale

Figure 1 shows the response of retired population towards the De Jong loneliness scale (n=108). To obtain the result reverse scoring was done on the data collected. Therefore, on questions 1-3, score Yes=1, More or less=1, and No=0. On the positively worded items, the neutral and negative answers are scored as “1”. Therefore, on questions 4-6, score Yes=0, More or less=1, and No=1.

Table 2: Test of normality for loneliness level

	N	Kurtosis	S.E. Kurt	Skewness
Total DJLS	108	-0.96	0.46	-0.16
Valid N	108			
Missing N	0			

Based on the Table 2, we can accept the data is normally distributed.

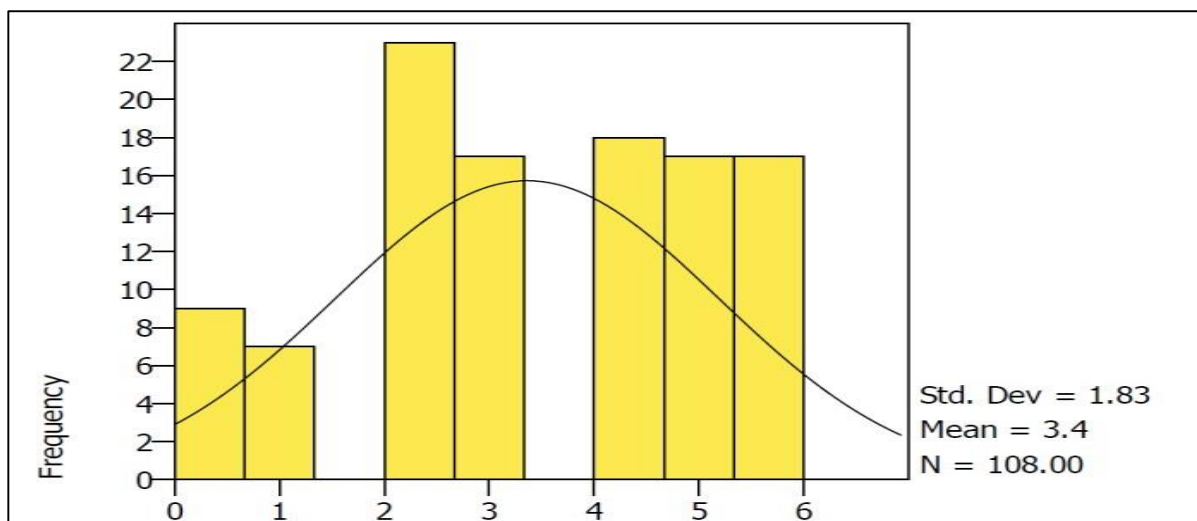


Figure 2: Level of loneliness among retired population.

The questionnaire score ranges from 0 (Least lonely) to 6 (Most lonely). The participants mean score were 3.4+-1.83 (Figure 4.2). Therefore, 63.8% of the total respondents scored above 3 which indicates loneliness.

Level of depression among retired population

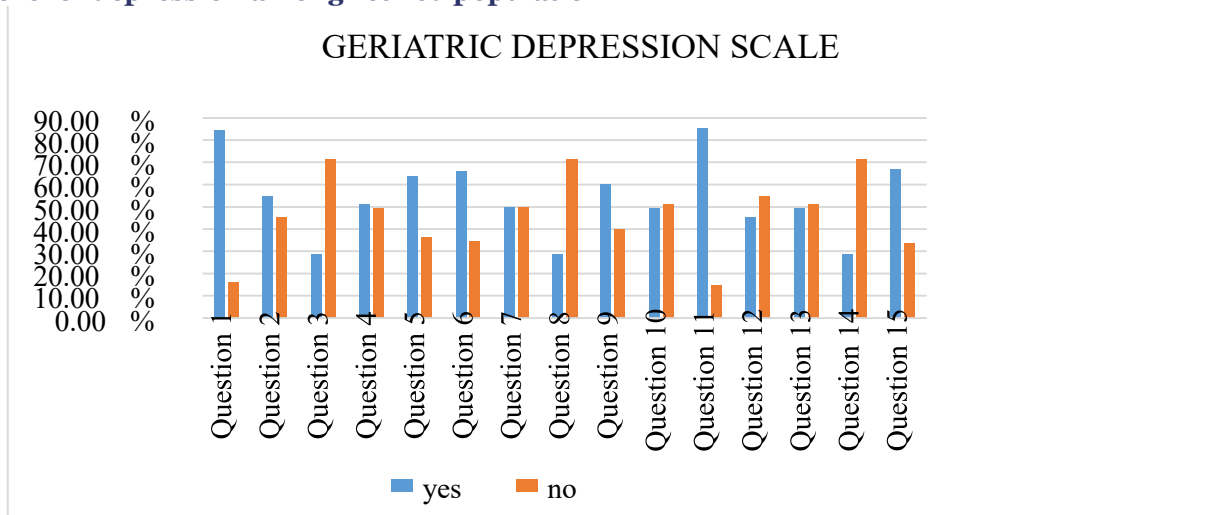


Figure 3: Short Geriatric Depression Scale

Figure 3 portraying the response of the total respondents (N=108) towards short geriatric depression scale. There was no missing data found this section. From the questionnaire, 1,5,7,11,13 are positively constructed questions. Here, in question 3, 5 and 11 majority of respondents said yes. Highest percentage that said yes is for question 11 when 85.2% that is about 92 respondents agreed that it's wonderful. However, for question 7, respondents gave equal response that is 50% said 'yes' and another 50% said no.

As for negatively structured questions, such as question number 2,3,4,6,8,9,10,12,14,15 mixed response was obtained. For question 2, 6, 9 and 15 majority of the respondents said yes. Highest 'yes' response was obtained for question 15 that is 65.7%. For question number 3,8,10 and 14 majority of respondent answered 'no'. Highest percentage of no response that is 71.3% recorded on question 3, 8 and 14. To obtain the result reverse scoring done on the data collected. Therefore, on positively structured questions 1, 5,7,11 and 13 score Yes=0, and No=1. On the negatively structured items, negative answers are scored as "1". Therefore, on questions 2,3,4,6,8,9,10,12,14, and 15, score Yes=1, and No=0.

Table 3: Test of normality for depression level

	Kurtosis	S.E. Kurt	Skewness
Total GDS	-.85	.46	.21
Valid N	0		
Missing N			

Based on the Table 3, it can be concluded that the sample data is normally distributed.

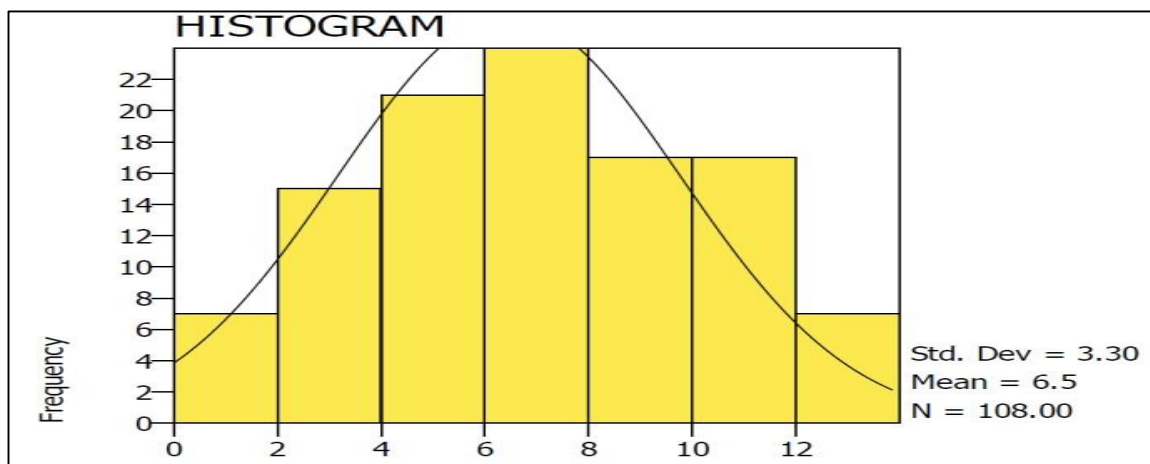


Figure 4: Geriatric Depression Scale among the respondents

According to Figure 4, the mean score for Short Geriatric Depression Scale among the respondents was 6.5+-3.30. Based on the scoring method, score of > 5 suggests depression. Therefore, based on the data obtained in Figure 4, the majority (64.8%) of the respondents were depressed, among them, 34.2% are in mild depression, 24.1% in moderate depression and 5.6% in severe depression.

Association between loneliness and depression level

Table 4: Test of normality for association of depression and loneliness.

Skewness	0.23	0.23
Kurtosis	-0.74	0.46

Based on the values obtained in table 4.4 we can accept the data is normally distributed.

Table 5: Pearson correlation test with loneliness and depression level

		Total DJLS	Total GDS
Total DJLS	Pearson Correlation	1.000	0.466^a
	Sig. (2-tailed)		.000
	N	108	108
Total GDS	Pearson Correlation	0.466^a	1.000
	Sig. (2-tailed)	.000	
	N	108	108

^aSignificance at .05 level

The Pearson correlation test in Table 5 suggest that there is a positive correlation between loneliness and association between the retired populations in Malaysia.

DISCUSSION

Level of loneliness among retired population.

Based on the result that we obtain from the DeJong Loneliness Scale among the retired population, 63.9% of the participants were lonely. This is also supported in study by Lavric and friends in 2020, where age of participant is directionally proportional to their loneliness level, (Lavrič, et al., 2020)

The result obtained also may have some relation with the demographic data that we obtained (Refer Table 1), more than half of the participant that is 67% is at least has diploma, and this might also influence the result that we obtained. Educated elderly may have more coping skill on how to combat loneliness, they also might have more awareness that they are experiencing loneliness. This point of view was also supported by Bishop and Martin in their study, previous educational level to directly reduce neuroticism and vulnerability to stress. One possible reason for the low figures of reported loneliness is the reluctance of older people to admit they feel lonely. Loneliness may carry a stigma that affects the behaviour of people who feel lonely, but also the attitude of others. This statement was also supported by data that we obtained in Table 1, 66.7% of the participants retired from 2015-2021 which means that they are on their early retirement stage. Which in detail we can assume that they are yet to feel the social and emotional loneliness stage. This is also what Pikarhova et al. discovered in their study, the study used data from the Longitudinal Study on aging in the UK.

Level of depression among retired population

According to the scoring method for Short Geriatric Depression Scale, scores of 0-4 are considered normal; 5-8 indicate mild depression; 9-11 indicate moderate depression; and 12-15 indicate severe depression (Sherry, 2017). Based on the data obtained in Figure 3, the majority (64.8%) of the respondents were depressed, among them, 34.2% are in mild depression, 24.1% in moderate depression and 5.6% in severe depression.

Many studies have stated there is a clear influence of gender and rate of depression, for example study that conducted by Abdul Rahman and his friends found that the prevalence of depression among female is higher than male. This might be due to the more sensitivity to interpersonal relationships, as well as hormonal change (Abdul Rahman et al, 2019).

Other than that, mild depression experienced by our elderly may also be caused by lack of involvement in NGO or leisure activity. This is because one can keep themselves occupied and broaden their social contacts through such activity, lack of social interaction may directly affect mental wellbeing. This view as well supported by Musick and Wilson in their study that volunteers are known to be more socially active than non-volunteers and to have more social contacts with people in their community. (Marc & John, 2013).

Association of loneliness and depression among retired population

The Pearson correlation test in Table 5 suggest that there is a positive correlation between loneliness and depression level, which also suggest that there is association between the retired populations in Malaysia.

This finding is also supported by many previous studies. For example, Lixia and friends found in their study found that depressive symptom is more obvious amongst socially remoted participants (Lixia et al, 2017). Other than that, in agreement with preceding studies that discovered loneliness become via way of means of a long way a more potent contributor to mental health and functioning. The study also shows that contributed to poorer mental well-being, it become mostly attributed to loneliness. However, lonely aged individuals confirmed better range of depressive signs and symptoms (Lena & Ee-Heok, 2011).

There are also some Malaysian studies that support our findings that signify the association of loneliness and depression among Malaysian elderly. This study showed a relatively moderate relationship between loneliness and depression among the elderly in a FELDA settlement in Malaysia (Wan, et al., 2013). Therefore, the third null hypothesis is accepted that there is association between loneliness and depression among retired population.

CONCLUSION

Social network proven to have more positive effect on combating depression which is associated with loneliness after retirement. With the current pandemic situation where whole nation imposed lock down and those working away from family is restricted to meet their elderly parents at hometown to prevent infection, loneliness among retired elderly is made worse. Innovative measures such as secure services such as usage of electronic devices are important to provide psychological support, not forgetting also emphasize the importance of continuation of mental wellbeing services via tele psychiatry.

LIMITATION

The study had limited number of respondents, initially the proposed number of respondents were 400 but the participant of the study was only 108. This is due to the SOP that is imposed due to Covid 19 pandemic where all the gathering of the risky population (elderly) were prohibited and made the process of collecting data a bit difficult. Due to sampling method, the result found from convenience sampling isn't suitable to generalize to the full population.

RECOMMENDATION

Recommendation for future researcher to conduct qualitative study. This is because previous study used standardised scale to observe about depression and loneliness which is objective. It will be helpful to understand better on how they feel, what their point of view are and how severe is the issue if the research was conducted in qualitative method. Other than that, future researcher should conduct with larger population with more exploration on the influence of social support and social media in combating the risk of depression that posed by retired elderly.

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