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Loneliness In The Elderly During The COVID-19 Pandemic in Terms of Gender

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Abstract

Since December 2019, people have been in a difficult situation, namely the COVID-19 pandemic. The condition of the COVID-19 pandemic that has been going on for a long time, and there is no certainty when it will end, makes the situation of the elderly difficult. They are limited in social interaction and cannot enjoy time with family, leading to feelings of loss and loneliness, which can worsen the parents' emotions. Loneliness is an unpleasant emotional experience with age. Loneliness is also linked to physical and psychological health. Factors causing loneliness are gender, age, marital status, level of Education, Health, place of residence, and family support. The purpose of this study was to determine loneliness in the elderly during the COVID-19 pandemic regarding gender. This research method uses quantitative description. Samples in this study were taken by incidental sampling technique, as many as 135 elderly in Pekauman Health Center, Banjarmasin, aged 60 to >70 years. Data analysis used is descriptive analysis techniques. The results showed that older women are more prone to loneliness than older men. The elderly are expected to understand what is happening during the COVID-19 pandemic, where the elderly can increase worship, do light activities, and channel their hobbies to fill their spare time to reduce loneliness.

Keywords: Elderly, Loneliness, COVID-19 Pandemic

Introduction

Since the end of December 2019, the world has been shocked by the emergence of a new type of disease, the coronavirus, which first appeared in Wuhan, Hubei, China (Minois et al., 2020). The World Health Organization (WHO) has announced that coronavirus disease 2019 (COVID-19) is a pandemic disease that has spread to all corners of the world in an uncontrolled manner, causing a sustained increase in COVID-19 cases. The World Health Organization (WHO) states that the elderly are the most vulnerable age group exposed to COVID-19 due to weak immune function and degenerative diseases such as heart disease, hypertension, and diabetes (LIPI, 2020). The COVID-19 pandemic is one of the challenges that the elderly must face.

As of September 17, 2021, the total confirmed cases of COVID-19 in the world are 226,844,344 cases, with 4,666,334 deaths (*Case Fatality Rate/*CFR 2.1%) in 204 infected countries and 151 Community Transmission countries. Meanwhile, in Indonesia, until September 17, 2021, the Government of the Republic of Indonesia reported that 4,185,144 people confirmed positive for COVID-19. There are 140,138 deaths (*Case Fatality Rate/*CFR 3.4 %) related to COVID-19, as well as 3,976,064 patients who have recovered from the disease (Ministry of the health of the Republic of Indonesia, 2021).

The rise of cases made the government issue a program to suppress cases spreading COVID-19. One of them is imposing restrictions on community activities (PPKM). This Program can control the rate of COVID-19 and reduce the spread of cases, but on the other hand, it can also make people feel isolated from the social world, including parents. This makes it more difficult for them to socialize. Older people often feel

lonely, depressed, anxious, and afraid (Ilpaj & Nunung, 2020). Most fear getting infected, becoming a source of infection, and dying from COVID-19. In addition, the amount of information about COVID-19 circulating on social networks and in daily conversations adds to the burden on their minds so it can be a factor in loneliness and depression (Banerjee & Rai, 2020).

The existence of this government program in social restrictions makes the elderly feel isolated from their social environment, and it is challenging to build a close relationship with their environment as before the COVID-19 pandemic. Social restrictions increase the potential causes of chronic loneliness and boredom, which, if they last long enough, will affect physical and mental well-being (Banerjee & Rai, 2020). The condition of the COVID-19 pandemic that lasts for a long time and there is no certainty when it will end makes the situation of the elderly difficult, where they are limited in social interaction and cannot enjoy time with their families, which will cause feelings of loss in them, loneliness and loneliness so that the emotions of the elderly worsen (Puspensos, 2020).

According to WHO and act No. 10, the year 1998, Article 1 Paragraph 2 about the age of old age or so-called Elderly (elderly) is someone over 60 years (None et al., 2016). WHO has divided into four age groups for the elderly, namely: (a) middle Age (Middle Age): 45 – 59 years, (b) Elderly (Elderly): 60 – 74 years, (c) elderly (Old): 75 – 90 years, (d) very Old age (Very Old): above 90 years (Hartati, 2017).

Based on life expectancy, the life expectancy of the Indonesian population is 71.7 years, so the number of older people will increase yearly. The increase in the number of older people has a positive impact, namely an increase in life expectancy, and is one of the indicators of the success of Health Improvement. However, on the other hand, due to the increase in life expectancy, several complex problems will arise, including physical, psychological, social, and economic health problems in the elderly (Rizki, 2020).

The elderly period, just like any other period of development, will be characterized by the presence of accompanying characteristic conditions. Typical con-ditions that cause changes in the elderly include gray hair growth, wrinkled skin, weight loss, and tooth loss that make eating difficult. In addition, there are also changes related to the psychological life of the elderly, such as feeling excluded, no longer needed, inability to accept new realities, such as illness that does not heal, or the death of a partner (Munandar, in Sari & Sartini, 2002).

Feelings of exclusion, alienation, not being noticed, and not having friends to confide in can cause psychological problems in the elderly (Sampao, 2005). One of the many psychological problems experienced by the elderly is loneliness (Yusuf et al., 2018). Loneliness is an unpleasant and unwanted state by someone who is shown by a feeling of emptiness and loneliness (Rahma, 2019). According to Peplau and Perlman (1984), loneliness results from individuals' inability to have social relationships, subjective experiences, unpleasantness, and depression. Loneliness occurs due to a mismatch of expectations with reality in a person's life (Marpaung & Sherly, 2017).

According to Santrock (2012), loneliness experienced by the elderly is when the elderly feel alone, feel isolated, feel that no one can share with them when needed, and lack time to relate to their social environment, both in the family environment and the environment where they live. Loneliness makes the elderly unhappy, making their mood not cheerful, limiting communication and sharing expe-riences with others, and can affect the spirit of life and appetite (Indirana, 2012). According to Gottlieb (in Itriyah, 2015), the factors that cause loneliness are trust, personality, and situations such as the current COVID-19 pandemic.

Loneliness is an unpleasant emotional experience that increases with age. Loneliness is also linked to physical and psychological health, such as low self-esteem, depression, and decreased cognitive function. Factors that cause loneliness include gender, age, socioeconomic status, marital status, level of Education, Health, place of residence, and family support. Loneliness can also affect the quality of life of the elderly (Kimm, Peng & Thong, 2014).

Peters (in Juniarti, 2008) states that loneliness can be seen based on the sex of the elderly. Gender background should be added as one of the essential categories in social organization because of the significantly different socialization processes between the sexes that can affect loneliness for both men and women (Nicolaisen & Thirsen, 2014). Fitra Rizki's research (2020) states that there is a significant difference in loneliness levels between male and female seniors, with an average value obtained by the male sample group of 79.08, while in the female elderly group, it is 82.71 with t-test values= -2.939 and p = 0.004.

Research by Mahargyaningrum (in Sari & Listyandini, 2015) about loneliness between men and women showed a significant relationship. Men feel less lonely compared to women because men are easier to realize themselves in the environment. Therefore, the purpose of this study is to provide a picture of loneliness in the elderly during the COVID-19 pandemic in terms of gender.

Method

This study is quantitative descriptive research. In this study, only one variable or single is loneliness. Loneliness is an unpleasant emotional experience that a person feels when they are not satisfied with their social life, causing a feeling of isolation, exclusion, and feeling that no one can understand them well. Loneliness also occurs due to the subjective feelings of isolated individuals because their social relation-ships are unsatisfactory and not of their will.

The measuring instrument used is the Loneliness Scale which has 35 statement items that have been valid and reliable. The Loneliness Scale is prepared based on aspects of loneliness from Rusell (1980), which consists of 3 aspects, namely (1) *trait loneliness*, (2) *social desirability loneliness*, and (3) *depression loneliness*. The scale used in this study uses the Likert scale, which has a choice of answers very often (SS), often (S), sometimes (KK), rarely (J), and never (TP). The scores given to each answer on the scale, namely very often (SS) on the answer favorable given a score of 4 and unfavorable given a score of 0, often (S) on the answer favorable given a score of 3 and unfavorable given a score of 1, sometimes (KK) on the answer favorable given a score of 2 and unfavorable given a score of 2, rarely (J) on the answer favorable given a score of 1 and unfavorable given a score of 3, Never (TP) on the answer favorable given a score of 0 and unfavorable given a score of 4 (Periantalo, 2015).

The population in this study was the elderly who were registered at the Pekauman Health Center in Banjarmasin city as of December 2021, which amounted to 222 older people. Samples in this study were taken using *the incidental sampling technique.* In this study the number of samples determined by the researchers in this study is 135 samples by samples taken based on the table developed by Isaac and Michael with an error rate of 5%. The data collection tool used is Loneliness Scale with Cronbach's Alpha = 0.958. The reliability test in this study was conducted using the help of computerized SPSS (*Statistical Product and Service Solution*) *version* 25.0 *for Windows.*

In this study, the analysis technique used is the descriptive analysis technique that is done using descriptive statistics, namely by describing or describing the data that has been collected as it is without intending to make conclusions that apply to the general or generalization. Presentation of data in this research method includes tables, graphs, pie charts, pictograms, mode calculation, median, mean (*central tendency measurement*), decile calculation, percentile, calculation of the spread of data through the calculation of the average and standard deviation, and percentage calculation.

Furthermore, the results of all items are summed and categorized into 3 groups, namely low, medium, and high. On The Loneliness Scale, a score of less than 47 is categorized as low, a score of 47–93 is categorized as a medium, and more than 93 is categorized as high. The participants in this study were the elderly registered at the Pekauman Health Center in Banjarmasin as of December 2021, aged 60->70 years, the elderly who were willing to provide information openly about research needs, and the

elderly who were able to communicate well. The data collection process in this study was carried out directly/face to face by distributing scales to research subjects using questionnaire sheets. The researcher read out and explained the statement items directly to the subject so that the subject could easily understand and quickly fill out the questionnaire sheet.

Results and Discussion

One hundred thirty-five older people registered at the Pekauman Health Center of Banjarmasin city as of December 2021 have completed an offline survey. Descriptive data analysis of research using hypothetical data, as well as categorizing into three categories.

Table 1. Description of Research Data

Variable	Hypothetical Data			
	Min	Max	Mean	SD
Lonely	0	140	70	23.33

The scale value in Table 1 above is then categorized into three categories: low, medium, and high. Doing this category aims to place individuals into different groups based on their values. The scale categorization can be seen in the following diagram 1:
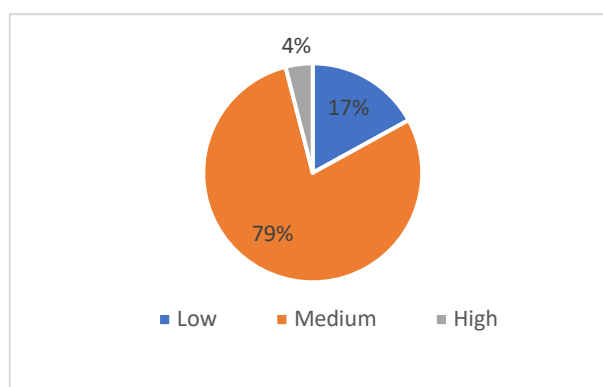

Diagram 1. Frequency Diagram Distribution of The Lonely Scale

Based on diagram 1 above, it can be seen that most of the subjects had a level of loneliness in the medium category of 79% or 107 people, subjects who had a low level of loneliness of 17% or 23 people, and subjects who had a level of loneliness in the high category of 4% or 5 people.
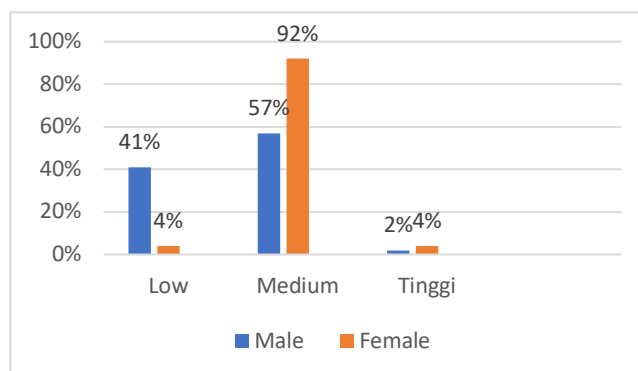

Diagram 2 Description of loneliness in terms of gender

Based on diagram 2, it can be concluded that older adults registered at the Pekauman Health Center in Banjarmasin tend to have a level of loneliness with a medium category of 57%, a low category of 41%, and a high category of 2%. Meanwhile, older adults registered at the Pekauman Health Center in Banjarmasin tend to have a loneliness rate with a medium category of 92%, a low category of 4%, and a high category of 4%. Then it can be seen that the female sex is in the high category with a percentage of 4%. The Data in the study also showed additional analysis to find differences in loneliness between the sexes of the elderly.

Table 2. Description of The Results of The Study T-Test Results Of Gender

Gender	N	Mean	SD
Male	46	44	16
Female	89	60	18

In Table 2, it can be seen that there are different average values between male and female elderly, namely, the average value of male elderly is 44, and female elderly is 60.

Based on Table 3, the results of the test obtained a significant level value of 0.000 ($p < 0.05$). So, it can be said that there are differences between the male sex and the female sex.

Table 3. Independent Sample Test T-Test

T-Test	P
-5.061	0.000

Many things have happened as a result of this pandemic. Social shifts are included (Harahap, 2020). Where the government issued a policy to suppress cases of the spread of COVID-19 by implementing restrictions on community activities (PPKM), prohibitions on traveling out of town, and restrictions on access to social interaction that can cause separation of the elderly from their families, which can cause feelings of loneliness. The application of social or physical distancing triggers a new problem, namely alienation in the elderly during a pandemic (Setiyawan et al., 2021).

This study aims to determine loneliness in the elderly during the COVID-19 pandemic regarding gender. Based on the results of the loneliness level that has been obtained from 135 older people registered at the Pekauman Health Center in Banjarmasin as of December 2021, it is divided into three; namely, there are 79% or 107 people experiencing a medium category loneliness level, a low category loneliness level of 17% or 23 people, and a high category loneliness level of 4% or 5 people. This shows that most of the elderly registered at the Pekauman Health Center in Banjarmasin as of December 2021 experience loneliness in the medium category.

Loneliness experienced by the elderly is the subjective feelings of the elderly in the form of a state of mind and emotions characterized by a little alienated but still being able to have meaningful relationships with others (Bruno, 2000). The loneliness experienced by the elderly also occurs because the individual still has someone who can understand him well. The elderly also do not feel the feeling of isolation that is too meaningful and still have someone to rely on when he is under pressure (Santrock, 2012). In addition, the moderate loneliness experienced by the elderly during the COVID-19 pandemic was caused by a situation where the data was taken when there was a relaxation of rules from the government during the COVID-19 pandemic. At this time, the COVID-19 pandemic has decreased the

number of cases. This is what causes the elderly who are registered at the Pekauman Health Center as of December 2021 to experience loneliness in the medium category.

From the results of the level of loneliness in terms of gender, there is a significant difference in loneliness during the COVID-19 pandemic in older men and older women registered at the Pekauman Health Center in Banjarmasin city. The average value obtained by the group of male elderly subjects amounted to 44 while the group of female subjects amounted to 60 with the value of t-test results of -5,061 with a p of 0,000. The results showed that the elderly sampled in this study were women who experienced more loneliness. This is in line with research by Hoeksema and Rusting (2000), which states that women are more willing to explore, acknowledge, and report their feelings and loneliness.

On the contrary, Derlega and Margulis (1993, in Rahmi, 2015) said that men generally do not like to open up, especially in matters of a personal nature, because for men opening up means he reveals weaknesses and lowers their masculinity. Men are more difficult to express loneliness unequivocally compared to women (Khairani, 2012). This is supported by the opinion of Wulandari et al. (2020). They said that both the elderly male and female gender could experience feelings of loneliness. Still, in exploring their loneliness, women can express their loneliness to others to find better solutions to overcome the loneliness they experience.

The difference in loneliness in older men and older women seen based on statistical calculations that have been done can be seen in the value of the significance level of 0.000 (p < 0.05). This is in line with research by Juniarti et al. (2008, in Khairani, 2012), which states that feelings of emotional loneliness experienced by many older women are caused by feelings of women who have experienced dependence in carrying out daily activities, so rarely chat and chat with other elderly. Older women more often experience loneliness due to a lack of interaction with friends, neighbors, and the surrounding environment,

especially during this COVID-19 pandemic, where some elderly are afraid of contracting the virus, and all activities are limited by the government, which makes activities limited. This is in line with the results of research conducted by Cacioppo, Fowler, and Christakis (2009), which states that women experience loneliness more often than men because women spend less time interacting with the environment than men.

Conclusion

Based on the analysis of research data in this study through statistical testing, it can be concluded that of 135 older people registered at the Pekauman Health Center of Banjarmasin city as of December 2021, there are 79% or 107 people experiencing a moderate level of loneliness, a level of loneliness with a low category there are 17% or 23 people. At a high level of loneliness, there are 4% or 5 people. The results showed a significant difference in loneliness between older men and women. The results showed that the average value of male seniors was lower (44) than the average of female seniors (60). The results were reinforced by the results of the T-Test, which showed a t value of -5.061 with a significance level value of 0.000 (p < 0.05) so that it can be concluded that there is a significant difference in loneliness in older men and older women.

Acknowledgment

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