LONELINESS AMONG OLDER MALAYSIANS

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EXTENDED ABSTRACT

INTRODUCTION

Loneliness is a prevalent issue among older persons and it is an important indicator of their subjective well-being [1-3]. Loneliness is a perception where “people can live rather solitary lives and not feel lonely, or they can have many social relationships and nevertheless feel lonely” [4]. According to Karnick [5] “feeling lonely is a phenomenon that is a universal lived experience that is significant to health and quality of life”. Persistent loneliness or extreme cases of loneliness may lead to higher risks of psychological disorder, mental health problems, depression or suicide [2, 3, 6-12].

Family support is of great importance in determining the quality of life and well-being of older persons [13, 14]. Adult children’s more frequent contact, care and affection have been found to lessen the experience of loneliness among older persons [15-17]. Nevertheless, higher levels of support for older persons may not always lead to less loneliness. A comparison of social networks of elders between Mediterranean and Non-Mediterranean countries, found that the former have larger families, more children in the household and more exchange of assistance within the household. Despite that, Mediterranean elders indicated a greater sense of loneliness than their non-Mediterranean counterparts [14].

The objective of this study is to examine factors influencing the feeling of loneliness among older Malaysians. We hypothesize that loneliness among older persons varies according to their socio-demographic characteristics, and is affected by their health and physical condition, and community participation, as well as the various forms of family support.
Family support is defined as support provided by adult children to older parents. Co-residence is an important and common form of support for older parents [18, 19]. Besides co-residence with adult children, family support includes the four common types of support within households: giving money, paying bills, providing food and other necessities, and doing housework.

**MATERIALS AND METHODS (METHODOLOGY)**

Data for this study are taken from the 2004 Malaysian Population and Family Survey (MPFS-4). The survey consists of three separate senior samples (Peninsular Malaysia, Sabah and Sarawak) of older Malaysians aged 50 and above. These samples were merged into one main data file, then filtered to include only Malaysian citizens of Malay, Chinese, Indian and other Indigenous groups aged 60 and above. As one of the main objectives of this study is to examine the effect of family support on loneliness, we confined our analysis to older Malaysians who had children.

Loneliness was recoded into an ordered variable (1 = never lonely, 2 = sometimes lonely, 3 = always lonely). The background and demographic variables included respondent’s age, sex, ethnicity, marital status, place of residence, educational level, work status and number of sources of income. Variables on illnesses, physical limitations, and community participation in religious and leisure activities were also included. The different types of family support including co-residence were also added into the model.

We began our analysis by examining bivariate associations between the levels of loneliness with socio-demographic characteristics, health and physical condition, community participation, and family support. This was followed by ordinal logistic regression using the proportional odds model to assess the relationship between levels of loneliness and factors of socio-demographic, health and physical condition, community participation, and family support. The data were weighted according to the ethnic distribution of the population based on the 2010 population census [20]. The IBM SPSS statistical software version 17.0 was utilized in analyses.
RESULTS AND DISCUSSION

From the total of 1791 respondents, majority reported never feeling lonely (47%). Around 33% reported sometimes feeling lonely, whereas 21% reported always feeling lonely. Females had the higher percentage in always feeling lonely, whereas the males had the higher percentage in never feeling lonely. Among ethnic groups, the Indigenous groups had higher percentages in always feeling lonely, whereas the Chinese had the highest percentage in never feeling lonely.

From the test of parallel lines, the significance of the Chi-square statistics was larger than 0.05 ($\chi^2_{24} = 33.01, p = 0.104$). Therefore, the proportional odds assumption is held, and the ordinal logit model is suitable. The socio-demographic variables, health, community participation and family care for the older persons affect the feeling of loneliness in older persons. The odds of feeling greater loneliness were 70% higher among the oldest old (OR = 1.70, 95% CI: 1.14 - 2.54), 49% lower among married respondents (OR = 0.51, 95% CI: 0.41 - 0.64), and 29% to 43% lower among those with multiple sources of income (OR = 0.71, 95% CI: 0.56-0.89 and OR = 0.57, 95% CI: 0.43–0.77). Compared to Malay respondents, the odds of feeling greater loneliness were 64% lower among Chinese (OR = 0.36, 95% CI: 0.28 - 0.46) and 48% lower among Indian respondents (OR = 0.52, 95% CI: 0.34 - 0.77). The odds of feeling greater loneliness were 47% to 65% higher among those suffering from chronic illnesses (OR = 1.47, 95%CI: 1.15-1.87 and OR = 1.65, 95%CI: 1.30-2.10) and 23% lower among those who engaged in religious activities (OR = 0.77, 95% CI: 0.62 - 0.96). In terms of family support, the odds were 21% lower among respondents who received monthly monetary support (OR = 0.79, 95% CI: 0.64 - 0.98) and 33% lower among respondents who were co-residing with children (OR = 0.67, 95% CI: 0.53 - 0.84).

Good health, participation in religious activities, sufficient finances (either through one’s own resources or monetary support from children) and co-residence with children are important in alleviating loneliness among older Malaysians. Among the different types of family support, co-residence has the highest significance. This form of support provides companionship for elders, and
provides a platform for the continuation of support from adult children. Thus, there is a need for more policies which will endear adult children to co-reside with parents or to live near-by.

REFERENCES
