

American Journal of Humanities and Social Sciences Research (AJHSSR)

e-ISSN :2378-703X

Volume-07, Issue-01, pp-205-208

www.ajhssr.com

Research Paper

Open Access

Loneliness among the Adults at Berbice, East Bank, East Coast Demerara in Guyana

Fr. Bobby Joseph Thadathil, S.J. Ph.D.

ABSTRACT: The study is done among the adults of Christian community in Berbice, East Bank, East coast Demerara in Guyana. The aim of the study is to know the prevalence of feelings of loneliness, the reasons cited for it and measures employed to deal with the same. The study also attempts to find out how deeply it affects daily activities and whether they address the problem by seeking outside help. The study was conducted in the urban Christian communities at new Amsterdam, Port Morant, East bank, and East Coast Demerara from April 2022 to July 2022. A total of 186 attendees, men, and women were interviewed with prepared questionnaire in official language of the country after obtaining their verbal consent. The participants included were men (78) and female (94) participants. 14 participants did not indicate their gender. The participants age ranges from 18 to 78 years. (82.79%) of participants recorded feeling lonely. Loneliness affected daily activities in 55.91% of respondents. 52.69% did not seek any help from anyone regarding loneliness and 22.58% received help. There was no significant difference between the rates of loneliness among the different age groups or gender. The study highlights the widespread prevalence of loneliness among adults in Guyana and how this can affect the wellbeing of adult citizens and consequently their productivity and explain the prevalence of many social evils and unhealthy habits.

Keywords: Awareness, Christian Community, Guyana, Loneliness

I. INTRODUCTION

Loneliness is a common occurrence across the globe due to many factors including old age, illness leading to lack of mobility, broken families/ relationships, and death of a spouse. [1] There is scant published literature on prevalence of loneliness among adults in Guyana.

Guyana is one of the poorest countries in south America. The total population of the country is 790.33 thousands of 2021. The most important economic activities are Agriculture and mining. Guyana is geographically divided into three regions, the coastal plain, the white sand belt and the interior highlands. [2] The country is divided into ten regions. The study is done in the East coast Demerara, Berbice and East bank area in Region Number four and six. The study is done in the Christian communities of those areas.

II. OBJECTIVES OF THIS STUDY

The objective of the study is to find out the information concerning prevalence of loneliness experienced by adults in East coast Demerara, Berbice and East bank. The researcher aims to find out how often the people feel loneliness, duration and which event, if any triggered such a feeling. The study helps to know how they deal with loneliness and how it affects their daily life and how they address the problem.

III. MATERIAL AND METHODS

The study was conducted among the adults in different Christian communities in East coast, Berbice and East bank in Guyana from April 2022. A total of 186 attendees were interviewed in official language of the country after obtaining their verbal consent and ensuring confidentiality. The questions were prepared, and each participant was interviewed personally. The researcher collected the demographic details and information regarding level of loneliness, frequency of loneliness, the causes of problem and method of handling the

situation. The participants were given choices and could mark more than one choice for each question. The findings are compared with published literature from Guyana and from other areas in other developing countries.

IV. STUDY DESIGN

Study Design: A random sample of 186 participants were taken from 8 different church-based communities in Guyana. The places were chosen based on convenience and judgment.

V. SAMPLING

A random sample of 186 men and women from various Christian churches from Region Number 5 and Region Number 4 in Guyana. The participants were from New Amsterdam, Hopetown, Port Mourant, Mara, Plaisance, Betterverwagting, Diamond Grove and Georgetown.

VI. RESEARCH INSTRUMENT

The research instrument used in this study was a structured questionnaire. The questionnaire was in the official dialect of the national language of the country. The prepared questionnaire was simple, easy to follow and was to find out the personal information, attitude, and information regarding loneliness among adults. The questions were asked personally and confidentially. There were questions about demographic and general information and ten closed- ended questions regarding loneliness they face for which multiple choices were given and the participants had to choose the most appropriate response.

VII. DATA COLLECTION

The data was collected in the month of August, September and October 2022 using the advanced prepared questionnaire mentioned above. Each individual was personally instructed and made understand the questions before filling up the sheet. The respondent's answers were anonymised, codified and tabulated and entered in the Microsoft excel sheet. The data obtained was analyzed. The findings were presented and described.

VIII. LITERATURE REVIEW

There is hardly any published research on loneliness among the adults in Guyana. In a study by Gao Q et al, most participants reported an increase in feelings of loneliness also indicated an increase in drinking (58%), drug use (56%), anxiety (76%), and depression (78%), and a decrease in feelings of connectedness (58%). [1] In a study by Taylor HO et al, 45.2% of residents in senior housing communities were moderately lonely and 26.6% were severely lonely. [3] The standardized prevalence of loneliness varied between 25.3 and 32.4% in Latin American countries. The highest standardized prevalence of loneliness in Latin America was 32.4% in Mexico, followed by Puerto Rico 32.2%. [1]

The health risk of loneliness and social isolation are comparable to health hazards, such as physical inactivity, obesity, unsafe sexual activity, injury and violence, substance use, immunization deficiencies, and lack of access to healthcare. [4] This finding exemplifies the tremendous impact loneliness can have on mental and physical health. Individuals who are lonely experience more pain and fatigue and report overall poorer health compared with less lonely adults. Loneliness is associated with decreased functional status and contributes to an exacerbated decline in function over time. [4] Forty percent of the elderly population has experienced some form of loneliness according to data from Europe and the United States. [5] Weeks et al further suggested that although this percentage has been relatively stable over the last 25 years, it may be worse than it appears. [5]

IX. FINDINGS

Demographic findings: A total of 186 respondents were interviewed of which 84 were males and 102 were females. There were 60 respondents between 21 to 30 years of age and 44 respondents between 31 to 50 years of age and 72 participants above 51 years of age. 10 participants did not document their age. There are 36 (19.35%) single, 96 (51.61%) with family, 12 (6.45%) separated, 4 (2.15%) empty nesters, 20 (10.75%) in an extended family and 18 (9.68%) who did not give an answer to this question.

Frequency of loneliness: 154 (82.79%) of 186 adults recorded feeling lonely and 32 (17.20%) did not feel loneliness. 32 (17.20%) participants never felt loneliness and 28 (15.05%) felt it very often and 94 (50.54%) felt sometimes, 14 (7.53%) feel lonely always and 18 (9.68%) did not give an answer to the frequency of feeling loneliness.

30 (16.13%) participants started feeling lonely in the last three months, 24 (12.90%) respondents felt loneliness for less than one year, 22 (11.83%) felt it for less than 2 years, 8 (4.30%) respondents for less than 5 years and 22 (11.83%) for more than 5 years. 80 (43.01) did not respond to the question.

Etiology: 12 (6.45%) said that loneliness was triggered by COVID-19 pandemic, 34 (18.29%) participants reported that death of someone caused loneliness, 10 (5.38%) pointed to a broken relationship, 8 (4.30%) due to loss of Job, 8 (4.30%) due to financial crises, 10 (5.38%) due to conflicts, 24 (12.90%) due to some other reasons like migration, 62 (33.33%) did not give any answer. 10 (5.38%) due to Covid-19 and death of someone close to them. 4 (2.15%) are affected by death of a dear one and a broken relationship and 4 (2.15%) due to death of a dear one and loss of job.

104 (55.91%) said that loneliness did not affect their daily activities and 50 (26.88%) said it affected their daily activities. 32 (17.20%) did not give an answer. 90 (48.39%) tried to address their loneliness and 56 (30.11%) did not address their loneliness and 40 (21.50%) did not give any answer. 42 (22.58%) participants sought help from others and 98 (52.69%) did not seek any help from others. 46 (24.73%) did not give an answer.

Those who felt loneliness handled their problem in different ways. 16 (8.60%) participants dealt with loneliness spending time on social media like WhatsApp, 14 (7.53%) tried watching YouTube, 18 (9.68%) watched Television, 4 (2.15%) by going outdoors, 10 (5.38%) by sleeping, 56 (30.11%) by praying, 12 (6.45%) by meeting friends, 16 (8.60%) by religious activities and 34 (18.28%) used hobbies like cooking, gardening, and shopping.

Age group: There was no significant difference in the different age groups. The percentage of participants who recorded loneliness in the different age groups were 89.19% (n=66) in the age group of 18 to 40, and 82.76% (n=48) in the age group 41 to 60 and 78.04% (n=32) in the age group between 61 to 82 felt loneliness.

Gender: 81.63% (n=80) of females and 85% (n=68) of male participants recorded the feeling of loneliness.

Effect on Daily Activities: The loneliness affected the daily activities of 60% men and 53.06% women, whereas 12.50% men and 18.37% women did not respond to the question. It shows that consequences of loneliness were slightly more in the males than females.

Seeking help: The research shows that 55.10% females do not seek any help when they go through loneliness. 24.49% seek help when they have the problem and 20.41% did not respond to the question. In the case of males, 52.50% do not get help and 22.50% seek help and 25% did not give an answer.

X. DISCUSSION

Loneliness among adult in East coast Demeraras seen in a significant proportion and it has affected the daily life of the people. There is hardly any published literature on loneliness among the adults at East coast, Berbice and west bank in Guyana. However, there are some studies published on loneliness among the adults in south American countries by various authors. According to a global survey, about 33 percent of adults experienced feelings of loneliness worldwide. Brazil had the highest percentage of people experiencing this, with 50 percent of respondents declaring that they felt lonely either often, always, or sometimes. [1,6]

A report from the national academies of science, engineering, and medicine (NASEM) points out that more than one-third of adults aged 45 and older feel lonely, and nearly one-fourth of adults aged 65 and older are considered to be socially isolated.[4] Older adults are at increased risk for loneliness and social isolation because they are more likely to face factors such as living alone, the loss of family or friends, chronic illness, and hearing loss.[7]

Gao Q et al. recently reported a standardized prevalence of loneliness of between 25.3 and 32.4% in Latin America, 18.3% in India, and 3.8% in China. [1]

In the current study, loneliness was seen in 82.79% of the participants. In 55.91% it affected daily activities. There was no significant difference in frequency of loneliness among the different age groups and gender.

In a study by Horigian VE et al on loneliness among young adults during the covid-19 pandemic, 49% had high loneliness scores and it was associated with higher levels of mental health symptoms.[8] The current study reveals the rates of prevalence of loneliness is similar to that among the older age group.

Pearson T et al, recommends interventions to alleviate the problem of loneliness including developing social connections via telephones, participation in hobby groups, mindfulness training and cognitive behavioral therapy.[9] Community nurse practitioners and social workers can help to assess loneliness and its health hazards and improve public awareness about loneliness in aging population. The family support is also helpful to reduce loneliness among the adults.[9]

XI. CONCLUSION

The aim of the study was to assess the frequency of loneliness among the adults in East bank, Berbice and East coast area of Guyana. The current study found that feeling loneliness is very high among the adult in East coast area of Guyana with 82.79%. 15.05% of respondents suffered from loneliness very often (everyday). A high number (52.69%) of participants did not seek help from anyone else. It is found that 30.11% of those who gave the information, were able to deal with loneliness with prayer. The study also documented that there was no significant difference in the frequency of loneliness in different age groups or gender. However, a higher proportion of males said that their daily lives were affected by loneliness (60% versus 53.06%). The limitation of the study is that this a small sample and wider population-based studies are indicated.

This study indicates the magnitude of the problem of loneliness and the serious need to look for appropriate solutions and professional help.

XII. ACKNOWLEDGEMENT

The author has acknowledged the support of Christian Community at Berbice (RameshS.J, Mr. Leon Butchey and Ms. Camille Chana), East Coast (Amar S.J), East Bank (Ms.AngieSukai) in Guyana

REFERENCES

- [1] Q. Gao, A.M. Prina, M. Prince, D.Acosta, A.LuisaSisa, M. Guerra, et al. Loneliness among older adults in Latin America, China, and India: prevalence, correlates and association with mortality. *Int J Public health* (2021 Mar31), Article 604449
- [2] MacDonald, Scott B. (1993). "Guyana: Geography". In Merrill, Tim (ed.). *Guyana and Belize: country studies* (2nd ed.). Washington, D.C.: Federal research division, Library of Congress. pp. 31–35.
- [3] Taylor HO, Wang Y, Morrow-Howell N. Loneliness in senior housing communities. *J Gerontol Soc Work.*;61(6):623-639.
- [4] National academics, Engineering, and Medicine. 2020, *Social Isolation and Loneliness in Older Adults: Opportunities for the Health care System*, Washington, DC: The National Academics Press.
- [5] Weeks, D. J. (1994). A review of loneliness concepts, with particular reference to old age. *International Journal of Geriatric Psychiatry*, 9(5), 345–355
- [6] Statista Research Department (2022), *Feeling of loneliness among adults 2021, by country*.
- [7] N. Savikko, P. Routasalo, R.S. Tilvis, T.E. Strandberg, K.H. Pitkälä Predictors and subjective causes of loneliness in an aged population *Arch GerontolGeriatr.*; 41 (3), pp. 223-233
- [8] Horigian VE, Schmidt RD, Feaster DJ. Loneliness, Mental Health, and Substance Use among US Young Adults during COVID-19. *J Psychoactive Drugs*;53(1):1-9.
- [9] Pearson T. Loneliness in adults: Evidence-based research and interventions for NPs. *Nurse Pract*;44(9):26-34