



RESEARCH PAPER

Loneliness and Social Isolation among Older Women: Coping Interventions a Way Forward

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ABSTRACT

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Loneliness and social isolation among older adults is a growing public concerns now a days due to swelling population of older adults and scare financial resources. Older adults are more vulnerable to loneliness and social isolation. It affects their quality of life and a root cause of their bad mental and physical health specifically women in developing countries. This review based paper focused that the quantitative outcome studies to date have been focused only which are failing to account for the other forms of evidence based practices. Therefore, the concerns are growing about the failure of quantitative review regarding the in depth explanations of the diverse perspective on research activity and phenomenology. This paper explored that the reflection of these concerns can be evaluated through the recent research calls for greater qualitative integrated work for better understanding of the intervention designs, implementation process of these interventions and development of results. Thus, this paper discussed that there have been a multiple reviews in this domain which indicated that there is immense need of augment research which may explore coping interventions that really work for tackling the loneliness and social isolation among older women.

Introduction

Loneliness and social isolation is a worldwide recognized phenomena. It affects the individual's quality of life and results in bad mental and physical health. The terms, *loneliness* and *isolation* integrated through this phenomena, are usually coined alternatively but have distinct meanings. Loneliness is a complex state of mind, leads individuals to feel empty, alone and unwanted (Bandana, 2015). However, many experts believe that loneliness is not a state of being alone actually, instead its perceived feeling of being alone (Bruggencate et al., 2018) or there is no equilibrium between the contacts someone wants and actual contacts someone has. There may be multiple causes for this feeling of loneliness, like, connection with genetics, mobility, divorce, death of spouse, depression and low self-esteem etc. (Hao, 2008).

While social isolation means lack of social support networks or absence of interaction between individual and social connections. Significantly, both have negative impact on physical and mental health of the individuals. Some researchers opined that people may be socially isolated due to their physical and mental health issues, physical disabilities, economic problems and family violence (Bates et al., 2019). Social isolation may cause cognitive problem, depression, heart diseases and decline in the immune system (Chow & Chen, 2008; Diener, 2000). People can be socially isolated without feeling lonely because loneliness is a subjective negative feeling, while social isolation is an objective state (Florczak & Lockie, 2019).

Older adults are more vulnerable to loneliness and social isolation. It affects their quality of life and a root cause of their bad mental and physical health. Due to it many health problems have been faced by older adults including cardiovascular disease, blood pressure, depression, cognitive function, anxiety and mortality. Recent analysis found that survival rate is 50% more in older adults having strong social relationships as compare to those who suffer from loneliness or having weak or no social relationships. Researchers argued that person with weak social relationships are more prone towards the risk factors like, smoking and alcohol consumption and consequently will lead towards higher health issues (Bhat & Dhruvarajan, 2001). In addition, the older adults suffering from loneliness and social isolation are admitted to nursing homes early as compare to others.

Therefore, it is increasing public concerns, almost 50% of the elders are at risk of loneliness and one third may experience social isolation later in their lives. Older women are more exposed to situation as compared to older men. Women are more vulnerable segment of the society due to strong masculine expressions of patriarchal society. The systematic structural oppression increases the vulnerability of older women due to weak socialization, economic dependencies, early age marriages with older counterparts, widowhood, lack of inheritance rights, less decision power etc. These factors lead them towards exclusion and consequently they face loneliness and social isolation in their early late ages in contrast of men. Hence, more coping interventions are required to prevent older women from loneliness and social isolation.

Material and Methods

This paper focused the scope and range of coping interventions. The interventions which are used to solve the issue of loneliness and social isolation solution among older women will be included to investigate its effectiveness and to determine their success. The scoping review of the coping interventions for loneliness and social isolation carried out. The scoping review method is an approach when the information on a topic has not been comprehensively reviewed or is complex and diverse (Munn *et al.*, 2018). The inclusion criteria would be the electronic databases. The reviewed article reporting the effective coping interventions to mitigate the loneliness and social isolation were focused for the solution of loneliness and isolation of older women in Pakistan.

Results Extracted from Review

Though loneliness is more subjective feeling, whereas social isolation is objective in nature, however, these two terms may be interdependent. Sometimes loneliness leads to social isolation, but isolation may turn into the feeling of being

lonely as well. Whatsoever the cause is, both feelings are unwanted and distressful. There are number of age groups who are facing these two feelings as a problem like, people with mental health problems and older people especially older women. These older women have specific vulnerabilities like, loss of income, loss of friends and loss of mobility resulting in a strong feeling of depression which consequently makes their social connections poor. The prolonged and unceasing feeling of loneliness and social isolation can have a very chronic and serious effect on the mental health and overall well-being of the people, which may increase the ratio of mortality (Asher & Paquette, 2003).

Loneliness and social isolation among older adults affect the quality of life and results in bad mental and physical health. It is the root cause of many health problems such as cardiovascular disease, blood pressure, depression, cognitive function, anxiety and mortality. Recent analysis found that survival rate is much more in persons having strong social relationships as compare to those who suffer from loneliness or having weak or no social relationships. Researchers argued that people with weak social relationships are more prone towards the risk factors like, smoking and alcohol consumption and consequently will lead towards higher health issues. In addition, the people suffering from loneliness and social isolation are admitted to nursing homes early as compare to others.

In developed countries, various organizations are working at national and local level to reduce social isolation in the later life. In UK (2011), a campaign of public health priority started to alleviate the loneliness and social isolation through coping interventions. Local, regional and national institutions worked together to acknowledge it as health priority. They produce various tool kits that are aimed at providing guidance to identify local prevalence of loneliness. Moreover, these organizations give a briefing which focus on the wide range of research and importance of interventions to ensure its effectiveness.

Although several researches have been conducted on the causes of loneliness and social isolation for last decade, however, there is dearth of knowledge about coping interventions. These researches did not provide proper evidences of suitable and successful interventions and results were insufficient. For example, in 2005, it was reported that best methods of intervention are group activities and less effective method is one-to-one activities, but later the statement was totally reversed in 2015. These information is solely based on the quantitative studies which were not sufficient to explain the reasons and in-depth study of subjective experiences. Albeit, number of interventions have been used, however, it is difficult to understand that which intervention will be helpful or more effective.

Loneliness and social isolation are growing health related public concerns, affecting people globally. The magnitude of the issue is predicting an increase in "epidemic" ratio in the future (Gerst-Emerson & Jayawardhana, 2015). The third goal of UNSGD 2030 is promising for the health and well-being of all groups of the population, especially for the women, thus, the loneliness and social isolation issues are central to be addressed in this agenda. Explaining the concept of loneliness and social isolation, these can be considered as the unpleasant feelings or state within which an individual feels vulnerable. Furthermore, these feelings accompany the assumption that people social needs are not being fulfilled properly and the quality of the relationship is also not ensured (Hawkey & Cacioppo, 2010).

Loneliness and social isolation among older adults is increasing public concerns now a day due to increasing population of older adults and scarce financial resources. Many countries like, Australia, China, Japan, Russia, UK, USA has been reported loneliness among older adults. People who suffer from persistent loneliness are approximately 15-30%. Those who are in age of 60s are 20% of the total population, which is expected to rise up to 23% in 2030 (US Census Bureau, 2020). In the upcoming 20 years, 16% of the people in their 60's whereas, older adults above 80 years will be tripled and those above 90 years, their numbers will be doubled (Lee et al., 2019). According to a report, in Pakistan, seven percent (15 million) of the total population are over 60s and twelve percent (40 million) rise expected in 2050 (Help Age International, London, 2019). However, some researches indicate that these figures may increase then expected numbers.

In Pakistan, older women are more exposed to situation as compared to older men (Abbas, Ashiq & Haq, 2020). Women are more vulnerable segment of the society due to strong masculine expressions of patriarchal society. The systematic structural oppression increases the vulnerability of older women due to weak socialization, economic dependencies, early age marriages with older counterparts, widowhood, lack of inheritance rights, and less decision power (Choudhry, Mutalib & Ismail, 2019). These factors lead them towards exclusion and consequently they face loneliness and social isolation in their early late ages in contrast of men. Hence, more coping interventions are required to prevent older women from loneliness and social isolation.

Aging is considered as a serious problem of this century due to nuclear family system (Ashiq & Asad, 2017) and older women are fully exposed to loneliness and social isolation as vulnerable members of the society (Abbas *et al.*, 2020). Older women are mostly dependent on the male members of their families for their social and economic needs, in addition, they don't have property rights as a result they are considered as a burden to their families. Moreover, women in Asia countries marry with the men more aged than them, and thus by reaching in their 60's, mostly women become widowed (because life expectancy is 67 years in Pakistan¹) and in result, their dependencies increase. Difficult situations faced by them continuously lead them toward poor mental and social well-being because of their loneliness (Ashiq & Abbas 2020).

The Universal declaration of human rights article 25 focuses on quality of living standard and wellbeing of women. However, without addressing the issue of loneliness and social isolation of older women overall wellbeing is not possible. Welfare policies are mainly focusing the alleviation of loneliness and social isolation, although there is a dearth of knowledge about the effectiveness of coping interventions, scope of interventions and the elements support their success (Fakoya et al. 2020). In recent years a number of quantitative reviews have been carried out to reveal the effectiveness of the loneliness and social isolation interventions for the older people (Cohen & Perach 2015). However, to date, conclusive evidence is yet not be presented and findings are mostly contradictory. For example, a systematic review in 2005 showed the group activities were most effective interventions and also found individual social support as less effective interventions. Conversely, other researches

depicted that group activities are not being evaluated as an effective interventions compared to individual interventions (Mayne, 2012).

Further typology of interventions helpful in reducing isolation and loneliness involves the group based interventions, one-to-one interventions and technology based interventions. Various reviewed interventions have described achievements in lessening the magnitude of social isolation and loneliness, (Markzek, 2019). Basing on heterogeneity, researches reveal that group based interventions might be more advantageous than the other ones. However the effectiveness may be dependent upon types of groups of older people and the circumstances under which interventions are offered. In addition to this, policies on ageing do not address any kind of coping interventions in Pakistan.

It is essential to notice that the quantitative outcome studies to date have been focused only which are failing to account for the other forms of evidence. Therefore, the concerns are growing about the failure of quantitative review regarding the in depth explanations of the diverse perspective on research activity and phenomenology (Jones et al., 2019). The reflection of these concerns can be evaluated through the recent research calls for greater qualitative integrated work for better understanding of the intervention designs, implementation process of these interventions and development of results finally, although there have been a multiple reviews in this domain, there is immense need of recognition for more research which may explore coping interventions that really work for tackling the loneliness and social isolation among older women.

Conclusion

Coping interventions are supposed to be the best solution of the rising problem of loneliness and social isolation. The coping interventions play a vital role, however, how far such interventions used by the practitioners are effective, is significant to study. Thus, the present paper aimed to explore the effectiveness of coping interventions to reduce this issue among older women in Pakistan.

Exploration of effective interventions will obviously have an effect on the social workers and welfare organizations ventures to address the issue in a more comprehensive way. Academic institutions in Pakistan will get advantage from better faculty performance and satisfaction, enhanced reputation due to the prestige associated with this award, and will potentially increase international collaborations.

Loneliness and isolation are multifaceted issues and may not be simply resolved by tackling one aspect alone as major problem for older women. Hence, future studies to explore the scope and range of coping interventions that focus loneliness and social isolation among older women may serve to develop deep insight that why and how the effective coping interventions work successfully. It will determine the effectiveness of these interventions which will widely present a solution to address the issue. Such researches will be helpful in the campaign to end loneliness and isolation and further may be helpful to produce a toolkit of coping interventions to support General practitioners, Health and Wellbeing support organizations. Furthermore, reliable and authentic data for the effective coping interventions may be available to propose the effective coping interventions in the Pakistan.

The worldwide strive for cost-cutting measure for the overall well-being of the older adult particularly women, the most vulnerable group of population has influenced the coping interventions. Coping interventions transformed the curative measures for health care system into the preventive measures. To beat the conventional interventions this study recommend the evidence based new advanced more effective coping interventions with high remedial adequacy to treat the loneliness and isolation. The utilization of the tailored coping interventions might be a milestone in achieving an efficient treatment plan for the target population group specifically and overall population facing the same issue generally. Hence, the comparative investigation of coping interventions in the Pakistan may be helpful to produce the treatment plans by the practitioners and social workers. These comparative analyses may be helpful to introduce tailor made interventions for one to one or group based practices and assessment that which sort of intervention may connect lonely and isolated older women with one another. Resultantly, the goal of emotional and social needs of older women will be fulfilled to improve their overall well-being.

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