



Social Integration and Isolation: Examining the Impact of Elderly Attitudes on Community Engagement and Well-Being

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Abstract: The general well-being of the elderly might be negatively impacted by feelings of loneliness and social isolation. This study looks at the mediating roles of gender, marital status, and education level in the relationship between social isolation and loneliness and the psychological well-being of older adults living in different old-age homes in India. The sample size is 320 people, all of whom are 60 years old or older. Ryff and Keyes's shorter version of the psychological well-being scale, the UCLA Loneliness Scale, and the Lubben Social Network Scale-6 were among the standardised measures used for data collection (1995). In order to comprehend the relationships between psychological health and social isolation or loneliness, researchers used multivariate and mediation analysis. Both social isolation ($F = 3.836$, $p < .01$) and loneliness ($F = 3.782$, $p < .01$) were shown to have a statistically significant MANOVA impact. Individuals' psychological health was strongly related to their gender and level of education when considered as independent variables. Older persons' mental health was unaffected by social isolation and loneliness regardless of their gender or level of education. In addition, the correlation between social isolation, loneliness, and mental health was somewhat moderated by marital status. Methods developed to help the elderly cope with loneliness and social isolation may make use of the study's conclusions. The results may also inform the development of intervention programmes for the elderly, with the goals of rehabilitating their mental health and decreasing their rates of social isolation and loneliness.

Keywords: Social, isolation, Loneliness, Mental, well-being, Ageing, COVID-19, older, adults, community

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INTRODUCTION

Both mental and physical health improve when people are socially well-off. From the point of view of quality of life, it is equally vital, especially for those residing in long-term care (LTC) facilities. Nevertheless, due to the unique qualities of long-term care homes and the individuals residing there, approaches to addressing social isolation and loneliness may vary among this demographic in comparison to the general population. This scoping review aims to summarise the existing literature on social integration and loneliness among long-term care home residents, including studies that have focused on particular groups, the level of study on these topics overall, and how these ideas have been used in practice.

Research by Baranowska-Rataj & Abramowska-Kmon (2019), Cornwell & Waite (2009), Smith & Victor (2019), and Wojszel & Politynska (2021) has shown that people's health and happiness are closely related to their social ties. According to Ren et al. (2022) and Wilson et al. (2019), older individuals are seeking emotional assistance more than material and instrumental help due to changes in familial expectations brought about by urbanisation and increased living standards. Concerns about social isolation and

loneliness, as well as an increase in the risk of developing health problems, are raised by the current demographic developments of smaller families and higher divorce rates. This leads to lower familism, which is defined as an individual's commitment to his or her family (De Jong Gierveld & Dykstra, 2008; Sor-kin et al., 2002). Loss of social ties owing to retirement, children leaving home or family migration, or both, reduced mobility, worsening health, or a combination of these factors may lead to social isolation among the elderly (Wilson et al., 2019). Older adults are already at a higher risk of social isolation (SI) and mental health issues because of the previous COVID-19 pandemic's social distancing tactics. Understanding the links between mental health, social isolation, and loneliness can help shape policies that promote mental health among the ageing population in the European Union (EU28) (European Commission. Statistical Office of the European Union, 2020), which is crucial because the predicted avoidable costs of mental health problems are already quite high, even before accounting for the COVID-19 pandemic. Budgets for mental health may be drastically cut with as little as a 10% reduction in loneliness, according to estimates. Low social interaction, inadequate support provision, and inaccessibility to products and services all have an impact on health behaviour and may induce physical and psychological reactions like depression, suggesting that SI may affect health and well-being. Even after controlling for variables like social support, loneliness still increases the risk of developing depression and contributes to biological ageing. Although studies have shown a correlation between SI and poor MWB, and loneliness is defined as the subjective bad feeling of SI, the underlying mechanism connecting these three factors has received less attention. Older people's MWB drops when their social networks become less extensive (i.e., when they have fewer close relatives and friends and less contact with them) and when their social networks evolve over time from close-family to other types of networks (i.e., when they have fewer friends and acquaintances). We are interested in positive MWB, and the effect of living alone on this form of MWB is still a young field of research. The results are unclear, however. Because of their limited social connections, MWB are more likely to experience the unpleasant effects of loneliness.

The prevalence of loneliness among the world's elderly population is alarming. J de Jong-Gierveld saw loneliness as a negative emotional state brought on by the impression of being socially isolated or having little touch with other people; his perspective placed more emphasis on subjective sensations. Loneliness, according to Peplau et al., is best understood as a kind of subjective social isolation, that awful feeling that people get when their ideal social connections don't match up with their actual ones. Among the elderly, 78.1% reported moderate to severe loneliness, according to research out of Anhui, China. Researchers in Finland found that over 40% of the elderly reported experiencing feelings of loneliness. Some research has shown that smoking, lack of physical activity, social support, sociodemographic factors, and social involvement are all factors that contribute to older individuals' feelings of loneliness. Half of the older women in Indonesia report feeling lonely at all times. Swedish older women were more likely to experience loneliness if they were widowed, depressed, had mobility issues, or had their mobility reduced. Loneliness was more often experienced by elderly women than men, according to many researches. Female migrant older adults in China have a disproportionately high rate of loneliness, despite the abundance of research on this topic.

An important component of health, social integration is described as engaging in a variety of social contacts; it is thought to be associated with reduced rates of loneliness among the elderly. Migrant seniors

who were more integrated into Korean society reported less loneliness, according to Korean research.

THE EFFECT OF THE PSYCHOLOGICAL SENSE OF COMMUNITY ON THE PSYCHOLOGICAL WELL-BEING IN OLDER

Volunteerism is one sort of community participation that has been the subject of extensive research in the fields of psychology and sociology. Researchers have looked at the factors that influence its prevalence and the outcomes that show how beneficial it is to individuals and society as a whole. Helping out total strangers in an organised context is the essence of volunteerism, a kind of long-term, purposeful prosocial action. In general, people are said to be volunteers if they: [often] seek out opportunities to help others; [often] think long and hard about whether to volunteer, how involved they want to be, and how well certain activities fit their own needs; and [often] commit to a long-term helping relationship, which may require a lot of their own time, energy, and opportunities. Many studies have tried to generalize about volunteering as something that happens to people of all ages. A shared paradigm describing this kind of civic engagement across a person's life span has been sought for by researchers in the tradition of volunteering studies. Various studies have lately focused on the impact of being involved in one's community of belonging at various stages of life. Among different age groups, volunteering has favourable consequences on an individual level: The health of the elderly is one area where it excels. Considering that the Research Directorate-General of the Commission of the European Communities notes that people in Europe are becoming older, this is quite significant. From 21% in 2008 to 33% in 2035, the percentage of Western Europeans over 60 will increase. In Eastern Europe, you may expect a comparable rise: Rising from 19% in 2008 to 32% in 2035. "Old age represents a new frontier" (p. 617), according to Antonucci, Okorodudu, and Akiyama (2002). Because of declining birth rates and decreasing death rates, the scientific community is compelled to pay special attention to this period of life due to the increasing numbers of older individuals.

LITERATURE REVIEW

Vasile, Marian & Aartsen, Marja & Precupetu, Iuliana & Tufa, Laura & Dumitrescu, Diana & Radogna, Rosa Maria. (2023). Here, we explore the hypothesis that loneliness mediates the relationship between three forms of social isolation (SI) and mental health (MWB). Participants in the 2016 European Quality of Life Survey (EQLS) who were 65 years of age or older make up our pooled sample (N = 8,525). The World Health Organization Well-Being Index (WHO-5) is used to measure MWB, and those who live alone, have little or no interaction with family members, or have few or no friends and neighbours are considered to have SI. We compare a partial mediation model that controls for age, gender, urbanity, and subjective income with a complete mediation model that includes loneliness as a mediator between each kind of SI and MWB. According to the whole mediation model estimates, MWB is adversely correlated with increased loneliness, which is itself correlated with each kind of SI. Furthermore, MWB is negatively impacted by all SI types, with the biggest negative correlation being between living alone and MWB. Statistical significance is lost when the impact of family contact on MWB is combined with the direct effects of each SI in the partial mediating model. All three aspects of SI have substantial and detrimental indirect impacts on MWB. According to these results, various parts of SI are related to MWB in different ways, and being away from loved ones affects MWB only if it triggers feelings of isolation.

Garnett, A. & Prentice, Kristin & Booth, R. & Donelle, L. & Orange, J. & Webster, Fiona. (2023). There was growing worry for the health and safety of older persons due to the increasing social isolation caused by the COVID-19 epidemic. A qualitative descriptive study was carried out to better understand the effects of COVID-19-related social isolation on older adults living in the community. The study aimed to do two things: (1) investigate the factors that these individuals reported as helping them to remain resilient during this time, and (2) shed light on the intended and unintended consequences of the health measures that the government had mandated. Nineteen seniors living in the locality were chosen for the sample. Keeping a positive outlook, remembering past experiences of resilience, and seeking out ways to interact with community were factors that boosted older persons' resilience throughout COVID-19. On the other hand, sacrifices like time, independence, opportunity, participation, and initiative were necessary for the sake of communal safety. The results give light on what makes older persons resilient in the face of social isolation and the importance of community-based strategies for fostering resilience in different settings.

Sharma, Abira. (2023). Isolation and loneliness are among the most prevalent mental health issues globally, particularly among the elderly. Finding out how common feelings of loneliness and isolation are among the elderly and how they impact interpersonal connections is the primary goal of this research. For this study, researchers used in-depth, semi-structured interviews with open-ended questions to gather data from a sample of 10 participants aged 65 and higher. In addition, the data was subjected to thematic analysis using the framework proposed by Braun and Clarke (2006) and Attired-Stirling (2001). The results showed the presence of eight overarching themes, eight subthemes, and forty-nine fundamental themes. In many respects, their way of life was fundamentally different from one another. While the findings showed that most geriatrics had similar answers, they also showed that people's views on socialization, childhood memories, and trying new things varied. Relationship views and notions are influenced by personal beliefs, as well as society and cultural expectations. The perspectives of the older Indian population may have been better represented and the results more generally applicable if the sample had been larger. This research takes a look at the elderly people of India to see how they deal with emotions of isolation and loneliness. Additionally, it tries to evaluate the impact of loneliness and isolation on their relationships and how it molds their reality across time.

Ruperti-Lucero, Erika & López-Granero, Caridad & Barrasa, Angel. (2023). With health and wellbeing recognised as a goal of sustainable development in the UN's agenda for 2023, educational institutions play an important role in promoting a healthy lifestyle via their interventions that aim to enhance all aspects of human functioning. Many research have been carried out in Latin American and European nations to track the mental health of this age group. People who participate in group dynamics programmes have their mental health tracked three times in this research. The ages of the 668 people who took part in the study varied from 65 to 80. Group 1's study took group dynamics into account, whereas group 2's analysis did not. Both groups were further split according to age and gender. Both groups were given the Spanish version of Ryff's (2006) Psychological Well-being measure, which had a reliability and validity coefficient of 0.87. The six components of psychological well-being that make up the scale are as follows: self-acceptance, good relationships, autonomy, environmental mastery, life purpose, and personal progress. Group 1 had significantly higher levels of psychological well-being and distinct patterns in the areas of good connections and personal progress, according to the statistical analyses. Furthermore, logistic

regression analysis was used to assess the ability of group dynamics to predict psychological well-being, and significant findings were obtained across many dimensions. Based on the findings, it is reasonable to assume that social dynamics play a significant role in helping the aged achieve higher levels of psychological well-being over time. The importance of group dynamics in promoting healthy ageing should be the focus of future research.

Tilvis, Reijo & Routasalo, P. & Karppinen, Helena & Strandberg, T. & Kautiainen, H. & Pitkala, K.. (2012). It is well-established that one's social network is a strong predictor of mortality. Nevertheless, there is a lack of understanding about the interplay and autonomy of its conceptual components, namely social isolation, social engagement, and felt loneliness. Our goal is to learn more about the correlation between social isolation, lack of social engagement, and loneliness and the likelihood of surviving into old life. Approach: A total of 3,858 randomly selected adults aged 75 and over filled out a postal questionnaire that inquired about their social networks, leisure activities, and feelings of isolation. We tracked the vitals for seven years. Conclusions: Nearly half of the population was socially isolated (46.1%), nearly 40% was socially inactive, and 37.0% was lonely, with a further 23.0% falling into some other category. There was only a little overlap between these categories, and 8.7 percent of the population was lonely, socially isolated, and inactive all at once. People who were not lonely nor socially isolated nor inactive had a death rate of 29.9%, but those who were all three had a risk of 52.9%. Social isolation was not a risk factor for death, although social inactivity and self-reported loneliness were. Eventually, the survival curves for men and women changed because of the cumulative effects of social inactivity and self-reported loneliness. Overall, social isolation is not a danger factor for the elderly, but social inactivity, self-reported loneliness, and the combination of the two are.

Vozikaki, Maria & Papadaki, Angeliki & Linardakis, Manolis & Philalithis, Anastas. (2018). THE AIM The goals of this study are (1) to determine if social isolation is connected with well-being outcomes among European older individuals and (2) to analyse the distribution of various aspects of social isolation according to background variables at both the individual and national levels. The method used in this study was a secondary data analysis including 5,129 individuals who were 65 years old or older and were part of the first wave of the SHARE survey, which was conducted in 2004 and 2005. Cluster analysis of six variables of well-being was conducted. These indicators were quality of life, life satisfaction, self-rated health, depressive symptomatology, chronic illnesses, and body mass index (BMI). We used seven distinct characteristics of the housing environment of the elderly to identify those who were socially isolated. THE END GOAL One social or productive participation ($p=0.001$) and regular parent-child interaction ($p=0.028$) were associated with a substantially higher mean score of well-being among adults, according to analysis of covariance. The results of the multiple logistic regression analysis showed that the elderly, retirees, and socially disengaged had a far lower chance of showing four or more well-being outcomes, but the most educated respondents and those with few or no social support exchanges had a larger chance. Northern Europeans reported lower levels of social isolation and higher levels of well-being outcomes compared to their southern counterparts. Final Thoughts The social structure of social isolation and its possibly negative influence on various well-being outcomes in old age are supported empirically by these cross-sectional studies. The possible negative effects of social isolation on the health of older people in Europe may be better addressed by public health and social policy initiatives.

RESEARCH METHODOLOGY

Participants

The research used a purposeful selection technique to enrol older persons from different nursing facilities. People who live in nursing facilities are different from those who age in place at home in many ways. The elderly residing in nursing homes are reportedly unhappy with the food served and claim they are unable to participate in recreational activities, according to studies. There is a correlation between the independence, quality of relationships, and degree of social engagement of older persons living at home with their families and those of those residing in nursing homes [31]. Physical and mental health issues, a lack of social and emotional support from loved ones, and financial worries were among the reasons given by the participants for moving into nursing facilities. There were 385 people originally chosen to take part in the research. We eliminated older participants with clinical disorders such as depression, anxiety, schizophrenia, or dementia from the research after reviewing their medical records. People who were deemed to have intellectual difficulties were also not included in the research. Additionally, the research did not include elderly persons who were nearing the end of their lives due to illnesses such as cancer, coronary heart disease, Parkinson's, etc. As a result, 320 people who were sixty years old or older were surveyed for the research.

Gender, education level, and marital status were among the socio-demographic factors used to classify the participants. There were 169 females and 151 men in the sample. Further categorization of the individuals was done according to their degree of education. "Educated" participants were defined as those who had finished elementary school or higher, while "uneducated" participants were defined as those who had not. They were also classified according to their marital status, which included "presently married," "widowed," "divorced/separated/deserted," and "never married." After getting their informed permission, we interviewed each participant after giving them a quick rundown of the research.

Measures

Social isolation

One measure of social isolation among the elderly was the Lubben Social Network Scale-6 (LSNS-6). The questions measure the social contacts that people have with their friends and family, including the frequency of hearing from them and the number of people they consider close enough to confide in. From 1 (none) to 6 (nine or more), there are six things to be assessed on a six-point Likert Scale. Isolation is considered a risk factor when the score is more than 12.

Loneliness

Subjective experiences of loneliness were measured using the Revised UCLA Loneliness Scale. There is a total of twenty elements on the scale; eleven of them are positive and nine are negative. On a four-point Likert scale, from 1 (Never) to 4 (Often), the frequency is assessed. Scores might be anywhere from twenty to eighty. Lonely people are those whose scores are 40 or above.

Psychological well-being

To evaluate psychological well-being, the 42-item Psychological Well-Being Scale, developed by Ryff and

Keyes (1995), was used. The exam assesses psychological health along six dimensions: independence, control over one's surroundings, personal development, good relationships, life purpose, and self-acceptance. Each item has a Likert scale rating from 1 (strongly disagree) to 6 (strongly agree), with 1 being the most strongly disagreed with and 6 the most strongly agreed with. Better health is reflected in higher scores.

RESULTS

Group means and standard deviations served as descriptive statistics. To examine the impact of social isolation and loneliness on psychological well-being in general and on its component parts, multivariate analysis was used. In addition, mediation analysis was used to investigate how gender, education level, and marital status, among other significant socio-demographic factors, influenced the effect of social isolation and loneliness on the mental health of the elderly.

Gender, level of education, and marital status are some of the socio-demographic factors used to classify the participants (Table 1). While women make up 52.81% of the sample, men make up 47.19% of the total. Moreover, whereas 53.75 percent of the participants do not possess any formal education, over 46.25 percent ($n = 148$) do. Participants were classified as "currently married" (31.88%), "widowed" (52.19%), "divorced/separated/deserted" (5.94%), or "never married" (10.00%) according to their marital status. In addition, according to the results of the loneliness and social isolation measures, 84.38 percent of the participants ($n = 270$) are lonely and 86.88 percent ($n = 278$) are socially isolated (Table 2).

Table 1 Frequency Table for Participants' Socio-Demographic Variables

Variables	n (%)	
Gender		
Males	151 (47.19)	
Females	169 (52.81)	
Education		
Educated	148(46.25)	
Uneducated	172(53.75)	
Marital Status		
Currently Married	102(31.88)	
Widowed	167(52.19)	
Divorced/ Separated/ Deserted	19 (5.94)	
Never Married	32(10.00)	

Table 2 Descriptive Statistics of Categorical Variables

Variables	n (%)	Mean (SD)
Social Isolation		1.15(0.363)
High Social Isolation	270(84.38)	
Low Social Isolation	50(15.63)	
Loneliness		1.13(0.338)
High Loneliness	278(86.88)	
Low Loneliness	42(13.13)	

On the dimension of psychological well-being and its constituent components, Table 3 displays the means and standard deviations of the different participant groups. Scores on all aspects of psychological well-being were lowest among older persons who reported significant degrees of loneliness and social isolation

($M = 109.21$, $SD = 24.97$). On the other hand, those who reported feeling less lonely and isolated had the highest levels of psychological well-being overall ($M = 144.57$, $SD = 28.14$). In comparison to their socially isolated and lonely peers, they also showed improved performance in individual components of psychological well-being.

Table 3 Descriptive Statistics of Group of Participants on Dimension of Components of Psychological Well-being

Group		Mean(SD)							
Social Isolation	Loneliness	n	Psychological Well-Being	Autonomy	Environmental Mastery	Personal Growth	Positive Relations	Purpose in Life	Self-Acceptance
High Social Isolation	High Loneliness	242	109.21(24.97)	16.69(6.24)	17.93(3.82)	19.27(4.86)	16.87(6.87)	23.07(3.32)	15.38(5.46)
	Low Loneliness	28	129.18(22.30)	19.18(5.49)	20.43(3.69)	22.18(4.33)	25.00(6.60)	24.50(3.49)	17.89(4.88)
Low Social Isolation	High Loneliness	36	128.67(37.16)	18.94(6.49)	20.08(4.44)	22.08(6.90)	24.44(10.96)	24.86(4.07)	18.25(7.32)
	Low Loneliness	14	144.57(28.14)	23.93(7.39)	20.79(4.93)	23.93(5.59)	27.29(7.21)	26.64(4.36)	22.00(8.09)

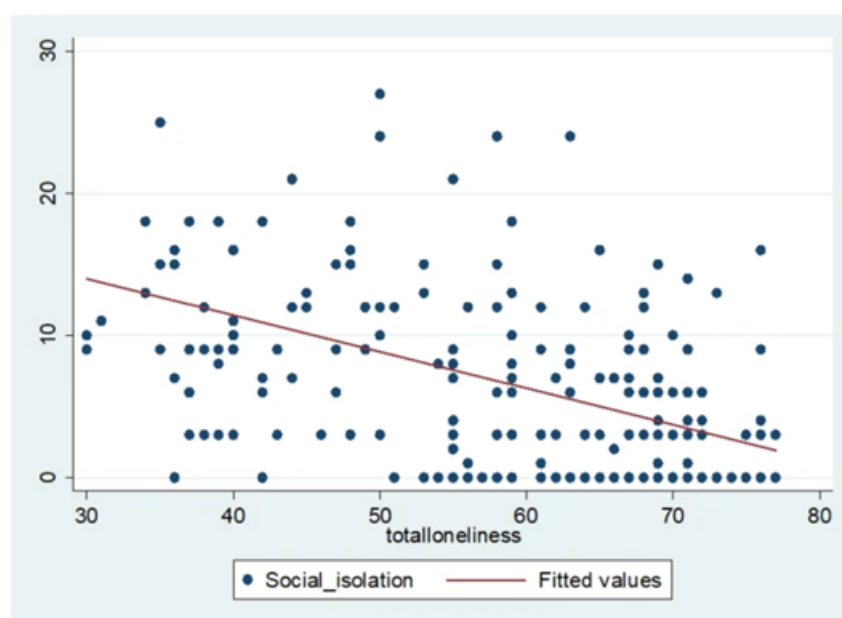


Figure 1: Relationship between Loneliness and Social Isolation

Moreover, there was a strong negative correlation ($r = -.505^{**}$) between the independent variables of social isolation and loneliness (Fig. 1), indicating that loneliness tends to rise when social isolation scores decrease, indicating heightened degrees of social isolation. Therefore, we used linear regression analysis (Table 4) to learn more about how loneliness and social isolation coexist. With an R^2 of 0.256, a statistically significant regression equation was found ($F = (1,318) = 109.231$, $p < .01$). Consequently, with an explanation for 25.6% of the total variation, social isolation was a strong predictor of loneliness.

Table 4: Association Between Social Isolation and Loneliness

Model	R^2	B	β	t-value	F
Loneliness	0.256	-0.995	-0.506**	-10.451	109.23

Note: ** represent 1% level of significance

Discussion

Research into what makes a difference to the quality of life of the elderly is crucial in light of the growing population of people 65 and above living in nursing homes. One of the many factors that determines whether or not one has a satisfying life as they age is their mental health. The purpose of this research is to determine how loneliness and social isolation affect the mental health of elderly people living in different elderly homes in India. This research sheds light on the frequency of loneliness and social isolation among Indian nursing care inmates. It also seeks to comprehend if loneliness and social isolation impact various aspects of psychological health in distinct ways. In addition, the research examines how gender, marital status, and education mediate the relationship between social isolation and loneliness and the mental health of the elderly.

The study's dismal results show that about 84.38 percent of the elderly residing in nursing homes are socially isolated. Plus, a whopping 86.18% of the elderly population said they're feeling more lonely than before. When considering other Indian retirement communities, this view remains valid. Compared to their peers living at home with their families, elderly people in nursing homes have much higher rates of loneliness. Taylor et al. (2018) found that over 70% of the elderly living in senior housing communities or old-age homes reported feeling moderate to severe loneliness, which is consistent with our findings. The results show that loneliness is strongly predicted by social isolation, indicating that the two often occur together. Older persons residing in nursing homes may experience increased degrees of social isolation and loneliness due to a lack of social support from both staff and family members, as well as less chances to participate in activities and events. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, passed by the Ministry of Social Justice and Empowerment, Govt. of India, grants the right to receive sufficient maintenance in the form of food, housing, clothing, and medical facilities to older adults in order to meet their needs and to guarantee family support. Furthermore, it mandates that heirs to an estate must look for the elderly person's well-being; failure to do so carries a penalty of three years in jail or a fine of five thousand Indian rupees. Less social isolation and loneliness among the elderly may be the outcome of these regulations' proper execution.

CONCLUSION

This research examines the effects of loneliness and social isolation on the mental health of elderly people living in Indian nursing homes. The study's results may be used to comprehend the gaps caused by the growing prevalence of social isolation and loneliness among the elderly residing in nursing facilities. The conclusions will help shed light on how to help people feel less lonely and isolated and improve their mental health via intervention. Feelings of social isolation and loneliness may be alleviated by increasing their use of social networks and engaging them in varied leisure activities. Another way to improve the mental health of the elderly is to provide them with the tools they need to pursue their passions, which may boost their sense of control and independence, lessen their despair, and increase their happiness. By integrating the results, policies may be formulated to guarantee the elderly can operate optimally. The study's results may inform policy decisions on how to best support the mental health of the elderly. The mental health and social isolation of the elderly may be improved by the implementation of programmed that provide them with digital tools. Teaching in orphanages is only one example of how giving seniors' chances to connect with other social groups and share what they know may improve their quality of life.

There are a few caveats to the research, despite the fact that it is the first of its kind in the Indian setting and has societal importance due to the fast-growing number of retirement communities. Participants' physical and financial wellbeing, which may influence their mental health, have not been taken into account in the research. In order to better understand how different socio-cultural factors, influence mental health in India, it could be useful to compile data from different states. To better understand the long-term effects of loneliness and social isolation on the mental health of the elderly, future research should think about doing longitudinal analyses of the aforementioned elements.

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