

# SOCIAL ISOLATION AND FEELINGS OF LONELINESS AMONG OLDER PEOPLE DURING PANDEMIC COVID-19: A CONCEPTUAL REVIEW

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**Abstract:** *Several studies have found an increase in social isolation and feelings of loneliness since the outbreak of the COVID-19 pandemic, particularly among the elderly. Although old-age loneliness is important public health that has been a primary concern issue long before the outbreak, the government's social distancing and stay-at-home measures put in place worldwide to combat the spread of the disease have become a challenge that has intensified the feelings of loneliness. Social isolation and loneliness have dangerous consequences on mental health in older adults, especially for the group of the already vulnerable elderly. Understanding what causes social isolation and loneliness during a pandemic could help plan for future pandemic management since safety measures appear to have a negative impact on loneliness.*

**Keywords:** *Social Isolation, Loneliness, Older People, COVID-19 pandemic*

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## Introduction

COVID-19 was first reported in December 2019 and has been declared a pandemic by the World Health Organisation (WHO) in March 2020. Since then, governments implemented various containment strategies, including social restrictions such as quarantines, self-isolation, lockdowns, travel bans, closure of public services, and social or physical distancing rules (Stuart et al.). Restrictions on social interaction were put in place in an effort to stop the spread of the

virus, but these restrictions have imposed concerns about the health and well-being impacts of isolation and feelings of loneliness, especially among older people (Dahlberg, 2021). People over the age of 60 are particularly vulnerable to the current pandemic, owing to both their weakened immune systems and the prevalence of coexisting medical conditions.

Old-age loneliness is important public health has been a primary concern issue long before the outbreak. Older people are particularly vulnerable to loneliness and social isolation as a result of a variety of life transitions, such as retirement, the death of a spouse or other close companion, a change in economic status, deteriorating health, widowhood, living alone and physical limitations (Pazim, 2019). Restrictions on social interaction imposed by the pandemic have been shown to further increase feelings of loneliness among older people (Atzendorf & Gruber, 2021; Heidinger & Richter, 2020). A recent US study reported that 30.9% of older adults surveyed felt lonelier after COVID-19- related physical distancing was implemented (Savage et al., 2021). Social isolation can have serious health consequences involving physical and mental health, quality of life, and longevity. Social isolation and feeling of loneliness lead to a growing number of cases including depression, cognitive dysfunction, disability, cardiovascular disease, and an increased risk of death (Fakoya et al., 2020).

Social isolation and loneliness are distinct but related concepts (World Health Organization, 2021). Social isolation refers to a person's objective state of having a limited social circle and engaging in few or no social interactions. One's lack of involvement in social groups or activities is a sign of social isolation (Schrempft et al., 2019). However, people who are socially isolated are not necessarily lonely, and vice versa. Some people are happy with very little social contact, while others feel lonely despite having a lot of social interaction. Loneliness is a subjective negative feeling associated with a perceived lack of a wider social network (social loneliness) or having fewer-than-desired social relationships (Dahlberg, 2021). As a result of the pandemic's rapid social norm shifts, people felt more isolated than they had in the past, leading to feelings of loneliness. Loneliness during a pandemic may result from an inability to actively participate in community activities. Furthermore, the abrupt changes have an impact on the care and assistance that older people receive, their ability to maintain social connections, and their outlook on the future. Social isolation and loneliness are becoming increasingly recognised as a major public health issue and policy issue for older people.

### **Methodology**

In this paper, no form of experiment is conducted or empirical data is used. However, a research strategy known as conceptual analysis was adopted, which entails examining and critiquing the literature on an occurring phenomenon through the lens of previous studies and relevant literatures from books, journal articles, theses and government publications. A conceptual research systematically explains the actions required in the course of the research study based on knowledge obtained from other ongoing studies and other researchers' perspectives on the subject matter, with the goal of closing the knowledge gap and making more relevant and correct information available (Gilson & Goldberg, 2015). Specifically, this paper provides a review of the causes and effects of the pandemic on social participation that contribute to the prevalence of social isolation and loneliness among the elderly, and suggests directions for future study to address these issues.

### **Factors influencing loneliness among older people.**

Many studies have shown that older women are more vulnerable to social isolation and loneliness as a result of such life transitions as widowhood and relocation, and this may explain

the gender differences in loneliness (Wilson-Genderson et al., 2021). Women are more likely than men to live alone in old age due to their longer life expectancy (Le et al., 2019; Yahaya et al., 2010). At the same time, living alone can lead to higher levels of loneliness in the elderly, compared to those who live in a household with other people. Older people living alone reported the greatest increase in loneliness (Wilson-Genderson et al., 2021). Loneliness was more prevalent in those with functional limitations and in those who did not participate in rewarding activities (Czaja et al., 2021). Loneliness has been linked to an increased reliance on others to perform daily tasks such as bathing, dressing, and eating. Consequently, people with disabilities experienced lower levels of well-being and were more likely than the general population to be isolated and suffer from mental illness during the pandemic (Steptoe & Di Gessa, 2021). Movement restrictions were in place during the pandemic and may have made it more difficult for people to get the social support, physiotherapy, and other treatments they needed (Schrempft et al., 2019). Elderly people with more resources are expected to be better able to cope with the pandemic's restrictions and less likely to suffer from loneliness. (Dahlberg, 2021). Many studies have shown that low levels of education and being unmarried or widowed, poor health, unemployment and low income are the most common causes of loneliness in the elderly (Arslantaş et al., 2015). Even in normal times, older adults are already financially vulnerable and struggle to meet their basic needs because of a lack of social security and pension services, frailty, and a lack of employment. In the wake of the pandemic and associated economic conditions older adults may become more financially vulnerable as they have less control over their immediate financial circumstances (Frimpong et al., 2022). Older adults are more likely to experience hunger, which can exacerbate their health problems (Frimpong et al., 2022). Understanding the factors that contribute to elderly people's social isolation and loneliness develop strategies to combat loneliness in the ageing population.

### **Reduced family network and social participation during pandemic**

The pandemic could also alter the types and frequency of support that older people receive and provide in terms of intergenerational exchanges of assistance (McDarby et al., 2021). This support can take the form of financial assistance, instrumental assistance, such as help with household chores or child care, or emotional assistance, such as companionship, listening and the feeling of closeness towards each other (Pazim et al., 2021).

Due to COVID-19's financial and economic impacts, older adults, especially in Asian countries, may receive fewer supports from family members or community services. This could lead to decreased intergenerational exchanges and employment opportunities for older people, who may struggle to meet their basic needs during unprecedented health crises (Frimpong et al., 2022). During the COVID-19 pandemic, insufficient financial support prevents older people from purchasing essential services such as medicines and food, leaving them depressed.

Since the movement control order (MCO) restricts adult children's visits to see their elderly parents, older parents have become more isolated and lonelier. Furthermore, people who have lost loved ones due to COVID-19 are more likely to become lonely as they get older. Family members, caregivers, and friends have been unable to maintain their usual and daily interactions as a result of social distancing directives (Philpot et al., 2021). Despite the importance of limiting face-to-face contact for reducing the risk of COVID-19 infection in elderly family members, it may be difficult for those who enjoy spending time with loved ones (Pazim et al., 2021). In the foreseeable future, social isolation will continue to be a problem due to the growing number of adults in older cohorts and other demographic trends, such as the geographical dispersion of families and changes in family structures (Czaja et al., 2021). As a

result, in the event of a pandemic, the poor and vulnerable older population will require family support to gain access to essential services, emotional assistance and prevent their health from deteriorating further.

The term "social participation" refers to any involvement in social, recreational, or community activities outside of one's home, as well as one's involvement in one's work (Goll et al., 2015). Social participation is found to be a coping strategy among older people in reducing the loneliness. Connection with the community fosters a sense of belonging; participation in society provides opportunities to contribute and engage with ideas (Czaja et al., 2021). Movement restrictions, on the other hand, have had a negative impact on older people's social participation during the pandemic, making it more difficult for them to participate in social activities and interact with others. For instance, a significant reduction in social interaction with a decreased sense of friendship were observed (Philpot et al., 2021). Low levels of social participation and a limited social network can endanger the physical and mental health of older adults. Findings by Noguchi et al. (2021) suggest that pandemic-related restrictions on community activities and reduced social participation opportunities may result in the development of depressive symptoms among older adults.

Mass religious gatherings are common in most religion (Min et al., 2021). According to a recent study, elderly people who are living alone often find comfort and companionship through attending worship places (Aziz et al., 2019). In Malaysia especially, religious mass gatherings are common due to the country's religious and cultural diversity, and the recent COVID-19 outbreak in the country are one of the country's public health problems. As mosques remained closed during the lockdown, public Friday prayer was suspended, allowing only a few small groups to attend. Older people visit religious places for more than just spiritual reasons; they're more likely to participate in volunteer or social activities there as well (Min et al., 2021). The religious place is usually visited by many families during special religious occasions or events. For the elderly, this can be a way to connect with the community and to practise their faith.

Alternatively, as a way to stay in touch with loved ones, friends, and members of the community during the lockdown, the internet and other digital technologies have become a lifeline for many. Numerous approaches taken by older adults to maintain social relations with others involving phone calls, the use of social media and personal meetings (Löfgren et al., 2021). Many older people, on the other hand, are unable to take full advantage of digital technologies because they lack the necessary skills and resources (United Nations, 2020).

## **Conclusion**

Older people's isolation and feelings of loneliness became more pronounced during the pandemic of COVID19. COVID-19 pandemic has a tendency to isolate older people from their social and family networks. In this regard, it is recommended that one value family care and relationship because it enhances the elderly's resilience and reduces loneliness. During a pandemic, distanced connectivity via telephonic and virtual service delivery and interactions is critical. A lack of technological literacy and negative attitudes about the ease of use and security concerns of technology should be addressed so that older people can maintain social ties via distanced connectivity even when they are physically separated from each other during a pandemic. Being part of a community required adaptability because of changing conditions. Efforts like these were found to be effective in reducing loneliness and isolation. Policies aimed at combating the COVID-19 pandemic should take cultural and societal norms into account, so that the general public, particularly the elderly, can accept and use the policies that are imposed.

The article also stresses the importance of establishing social and physical activity resources in advance of and during future lockdown measures. This study contributes to a growing body of knowledge about the prevalence of social isolation and feeling of loneliness in Malaysian older adults during the COVID-19 pandemic. These findings also raise new questions for future research on loneliness that emphasise the need for targeted intervention to address social isolation and feeling of loneliness among older populations.

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