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The Relationship between Social Isolation and Loneliness among Older Adults Residing in Old Age Homes in Pakistan

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Abstract: *The study investigated the relationship between social isolation and loneliness among older adults residing in old age homes. The present study employed a quantitative, cross-sectional correlational research design to examine the relationships among the study variables. A sample of 100 older adults residing in old age homes of Islamabad, Pakistan was selected using a purposive sampling technique. Data was collected through measures including Social Isolation Scale, and UCLA Loneliness Scale. It was assumed that social isolation positively predicts loneliness which assessed through correlation and regression analysis, which indicated social isolation significant positively predicts loneliness Findings highlight implications for mental health interventions and institutional policies to reduce loneliness, and emphasizing improved institutional support systems.*

Keywords: Social Isolation, Loneliness

Introduction

The number of older adults in the world is increasing rapidly and will continue to do so for decades to come. This will create even greater demand for residential care facilities and long term care facilities nursing homes (United Nations, 2020; World Health Organization [WHO], 2021). Due to a rapid growth in the aged population in Pakistan, it has been predicted that by 2050, 12% of the total populace will be comprised of people aged 60 or over (Ali & Kiani, 2023). Historically in collectivist cultures such as that of Pakistan, older people would depend upon family support for emotional, social and financial assistance. Family support has been weakened due to increased urbanization, migration, financial strain and an evolution of family structures, which consequently has resulted in a rise in the institutionalization of the elderly (Rahman, Iqbal & Ahmad, 2020). As a result, old age homes that were once culturally viewed unfavorably, have now become an increasingly accepted means of providing elder care in Pakistani society. The results of this study ultimately offer empirical evidence for the

psychosocial programs, policy initiatives, and development of resident centered care practices intended to enhance the life quality and emotional health of older adults residing in institutionalized settings

Social Isolation

Researchers have been looking at how relationships and health are impacted by socioeconomic circumstances for a long time (Cudjoe et al., 2022). According to Taylor et al. (2023), social isolation is a conditions that frequently manifest as having detrimental effects on health. Lack of interaction with others and disengagement from social groups and activities are characteristics of social isolation, a measurable and objective state (Berkman et al., 2000). According to studies, 50% of those over 60 are susceptible to social isolation (Fakoya et al., 2020). Addressing the various problems that an aging world population faces, such as older individuals' social isolation, is part of the United Nations' Decade of Healthy Aging (United Nations, 2020) broad agenda.

Material disadvantage, limited access to governmental and community resources, and limited social integration are some of the factors that might lead to social isolation (Jehoel-Gijsbers & Vrooman, 2007). Ageism, handicap, unemployment, living alone, and being cut off from family and friends are some life situations that might raise a person's material deprivation risk, lack of access to community and government resources, and limited social integration (Nicholson, 2012). Physical, physiological, and psychological health outcomes can be significantly impacted by social isolation.

According to Smith et al. (2019), social isolation can have bodily implications that are comparable to those of smoking fifteen cigarettes a day or being obese. A 33% higher risk of stroke and a 29% more risk of heart disease have been linked to a lack of social ties (Centers for Disease Control and Prevention, 2020). Additionally, social isolation is linked to a higher likelihood of developing osteoarthritis, migraines, excessive alcohol consumption, and a higher risk of melancholy and long term mental disease (Hawkley, 2015).

Loneliness

In Western nations, loneliness is regarded as a serious public health issue. Although loneliness can occur at any stage of life and in all cultures and societies, it is typically linked to aging (Gierveld and Havens, 2004). Majority of older persons do not report feeling lonely, despite the fact that loneliness is a common occurrence for many people at various stages of life. It has been proposed that loneliness in later life has been "anthologized" (Victor et al., 2009). Loneliness is a personal and subjective experience. Loneliness can be defined in a number of ways. Loneliness is described as "distress resulting from a discrepancy between desired and perceived social relationships" by Cacioppo & Cacioppo (2018). According to Peplau & Perlman (1982), loneliness arises when a person's social contacts fall short of their demands.

The high prevalence of loneliness within older people (particularly those who are in long term care facilities) is well documented. According to a study conducted in Pakistan, an estimated 29.3% of seniors have experienced significant levels of loneliness, with the rate of loneliness

higher among people living in aged care facilities than among other seniors; due to less frequent contact with their families and reduced emotional support from others (Khan et al., 2023).

Although age does not directly determine loneliness in older adults, many factors influence it like demographic and social characteristics, psychological traits, and timing of life events. One of the most researched predictors of loneliness is widowhood; after losing a spouse, people may experience emotional distress, decreased companionship, and disruptions in routine (Victor et al., 2009; Nicolaisen & Thorsen, 2014). Additionally, being married, divorced, or never married can lead to loneliness because of limited intimate social support (Pinquart & Sörensen, 2001). It is challenging to establish causal relationships and mechanisms that explain how loneliness may impact health (Courtin and Knapp, 2015). Three primary pathways behavioral, psychological, and physiological have been proposed, each of which reflects the various academic backgrounds of those who study loneliness.

Literature Review

Although social isolation (the lack of social contacts) and loneliness (the feeling of not having enough social support) are both types of "social disconnection," they refer to two very different things. According to Hawkley and Cacioppo (2010), whereas loneliness is about how you feel about your social connections, social isolation is about how many social connections you have. While not everyone who is socially isolated is lonely, there are many studies showing that as people become more integrated into their communities and have more social contacts, they will be less likely to be lonely especially for older people.

The COVID-19 pandemic was linked with increased level of psychological distress in older adults who preferred to be alone and were being isolated for longer periods of time. In an analysis conducted by Svaljug et al. (2025) of a representative sample of older adults across the United States during the pandemic, self-efficacy emerged as the strongest predictor of psychological distress caused by prolonged isolation, emphasizing the importance of individual perceptions of isolation on emotional adjustment.

Ryu and Chen (2025) studied the social isolation impact on emotionally distressed seniors. Based on results of the 2021 China General Social Survey, examining 5,058 community dwelling older adult subjects. The study found that seniors with higher levels of social isolation had lower self reported levels of well being and significantly more concern over aging than their counterparts who were less isolated.

Pica, Grullon, and Wong studied loneliness in older adults in a nationally representative sample, who were 65 years of age or older, during the COVID-19 pandemic, and found that loneliness was related to many other characteristics beyond a mere number of social contacts. These researchers found that women, individuals with a higher educational level, and those experiencing depressive symptoms, anxiety, and functional limitations had increased self-reported loneliness (Pic et al., 2024).

Kılıç & Akbayram conducted a separate analysis of elderly participants to investigate the relationship among loneliness, depression, as well as various socio demographic attributes like internet usage during COVID-19. Using statistical methods, they found that the level of

depression was significantly related to the level of loneliness experienced by individuals, and that some socio demographic characteristics such as gender, age, and usage of digital communication platforms moderated the relationship between these two constructs. Furthermore, these findings suggest that usage of the internet may have an impact on emotional outcomes in older adults (Kılıç & Akbayram, 2025).

In 2025, Ahmed and Al-Suwaidi conducted an international multi-site study of a total of older adults living in the community across the United Arab Emirates and investigated the connection between feelings of loneliness, and their quality of sleep and their levels of physical activity. The authors reported findings that indicate that feeling lonelier predicted poorer sleep quality and reduced physical activity levels for the participants, when controlling for age, sex, or chronic health conditions.

Research Question

To examine the relationship between social isolation and loneliness among older adults residing in old age homes in Pakistan.

Methodology

The current research used a quantitative, cross-sectional correlational research design to evaluate the connections among social isolation, loneliness among older adults living in old age homes.

Sample

The data used in this study was sourced from the old age homes in Islamabad, Pakistan. The study includes 100 older adults living in old age homes in Islamabad. Men and women were included as participants. Participants were selected based on whether or not they met the study's inclusion and exclusion criteria. The sample was selected using a purposive sampling method to determine participants for the study.

Instruments

Social isolation was measured using the 7 item **Social Isolation Scale** developed by Bass et al., (1996). The response format of this scale is 4-point Likert type ranging from 3 = strongly agree to 0 = strongly disagree. Cronbach's alpha coefficient of scale was *a* .85. Loneliness was assessed using the **UCLA Loneliness Scale (Version 3)** developed by Russell (1996). This 10-item scale measures emotional and social loneliness using a 4-point Likert format ranging from 1 = never to 4 = always. Cronbach's alpha coefficient of scale was *a* = .82.

Results

Linear Regression Predicting Loneliness (N = 100)

	Loneliness	
		95% *CI*
Predictors	*B*	*LL, UL*
Constant	18.41***	(15.68, 21.23)
Social Isolation	.67***	(.39, .95)
R^2	.19	
F	22.50***	

***$p < .001$.

Note: LL = Lower Limit, *UL* = Upper Limit, *CI* = Confidence Interval, *B* = Unstandardized Coefficient.

Loneliness among older adults (N = 100) were assessed through linear regression analysis as shown in the table. The regression results showed that social isolation was a statistically significant, positive predictor of loneliness ($B = 0.67$, $p < .001$) among older adults. This means that higher levels of social isolation were linked with higher levels of reported loneliness. Overall, the model accounted for 19% of the variance associated with loneliness among older adults ($R^2 = 0.19$), and was statistically significant ($F = 22.50$, $p < .001$). This finding suggests that social isolation is an important positive predictor of loneliness among older adults residing in old age home.

Discussion

The aim of this study was to examine how social isolation relates to loneliness. The current research indicates that social isolation is an important factor predicting increased levels of loneliness in older adults. Based on findings from this research, individuals with social isolation higher level will report feelings of less loneliness. This conclusion fits well with many previous studies that support the view that social isolation plays a large role in feelings of loneliness among older adults (Cacioppo & Cacioppo, 2018; Holt-Lunstad et al., 2015). Prior studies have also shown definitively that having fewer opportunities for social interaction, or having fewer or less meaningful social relationships, leads to older adults higher levels of loneliness (Holt-Lunstad et al., 2015). From a cultural and contextual perspective, these findings are particularly significant within the Pakistani setting, where strong family systems and interdependence play a central role in the lives of older adults. In collectivistic cultures, older individuals rely heavily on family members for emotional support, companionship, and identity (Qadir et al., 2013). Moving to an old age home will disrupt traditional support systems that are culturally embedded and will result in emotional shortages that cannot be fully replaced by institutional care alone.

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