

## **Loneliness and Social Support of Ageing People of Jharkhand (India)**

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### **Abstract**

The present study was designed to explore loneliness and social support of ageing people of Jharkhand. A total sample of 640 aged persons, consisting of 320 males and 320 females with an overall mean age of 65 to 75 years, participated in this study. The aged people were selected from Ranchi, Jamshedpur and Dhanbad cities of Jharkhand State (India). Primary field survey was done for the case study through structured questionnaire and the random sampling method was adopted. In this study two instruments - UCLA Loneliness Scale version-3; developed by David Resell (1996) and Social Support Scale (SSS), constructed and standardized by Asthana and Verma (2005) were used for the purpose of data collection. The findings of this study show that there is difference between the means of two genders, two income level of aged person, and place of residence on UCLA Loneliness Scale and significant at 0.01 level. It is also found that aged males or females having age range (70+ to 75) living with family or without family feel high loneliness with respect to males or females of age range (65 to 70). The finding also shows that the difference of overall social support between two genders is not significant but difference of Income level and place of residence are significantly difference on Social Support Scale.

**Key words:** Loneliness, Social support, Ageing people

## 1. Introduction

Ageing is generally described as the process of growing old and is an integral part of the life-cycle. Chronological age of sixty and above is considered the beginning of old age. It is a well-known fact that the Ageing faces problems of physical fitness, health, finance, psychological and problems of lack of interaction in a social familiar setting. In the modern industrialized and materialistic society, old age has become a social problem. India is a country where most of the people live in joint family structure and the aged population in India is currently the second largest in the world. The real issue starts when the Ageing is viewed as a burden on the family and more so when they cease to be functional. The other related problems are psychosocial and environmental which include the sense of negligence, loneliness and feeling of being unwanted in the family, that is, loss of importance in the family as well as in the society. The older persons in the society do face a number of problems due to ageing and absence of assured and sufficient income to support themselves for their healthcare and other social securities like loss of a social role recognition, and non-availability of opportunities for creative and effective use of time. In Indian context, many older have property / money but they cannot possibly use the money or take financial decisions on their own. Indian social traditions don't allow them to use their ancestral property / money for their own welfare. They always have to act according to others' directives. Since they are habitual of sacrificing their own interests for the good of family members throughout their life, in old age they don't want to ask for their share. Not only that, due to negligence, lack of awareness, financial support and religious mindset of older often have to face acute health problems. Generally, most of the older people confine themselves within the four walls and hardly come out to the public places and hence mostly their health issues fail to attract attention of family members. Usually, older people living alone could not share their pain, as there is no one to give time to listen their problem. Above all, many times, due to lack of health awareness older themselves ignore symptoms of diseases. In India studies indicate (Rao 1995, Siva Raju, 2002) that women in particular complain of misbehavior in terms of physical assault and verbal abuse. The pattern of abuses on older include mainly psychological abuse in terms of verbal insult, fear and threats of making them isolation, physical violence and financial exploitation. A large section of victims of elder abuse are less educated and have no income of their own. If the present trend continues, there will likely be a decrease in elder care by adult children, which will create more demand for old-age homes. The trend clearly reveals that ageing will emerge as a social challenge and huge resource will be required to support, care, provide service and treatment to the elderly persons. A contemporary society in India is required to work out an extensive plan for the care and well-being of the elderly.

### 1.1 Loneliness

People can become socially isolated or feel loneliness for a variety of reasons, such as getting older or weaker, no longer being with their family, leaving the workplace, the deaths of spouses and friends, or through disability or illness. The elderly people are sensitive to social isolation and loneliness that causes a serious effect on health. Loneliness is a common feeling among older people. There are two main factors of loneliness, the first factor is the external factors, which are absent in the social network, as the root of the loneliness; while the second factor refers to the internal factors, such as personality and psychological impact. Loneliness is an emotional and cognitive reaction which decreases the degree of satisfactory relationships with family members and others as well. It is the inability to maintain the extent of affiliation as desires. Loneliness is not only a desire of company or wanting to do something with others, however, emotional closeness in relationships increases with age. The Ageing often experience and feel lonely and unwanted as isolation, moving to new location, divorce or death of spouse, low self-esteem, and lack of self-confidence lead to isolation and chronic loneliness. Most of the people face loneliness due to result of living unattended, lack of close family relation, decreased association with their original culture or their incapability to take part in the social activities. It does impact on physical and mental health. Health risks might include depression and suicide, cardiovascular disease, increased stress level, poor decision-making, alcoholism, drug abuse and progression of Alzheimer's disease. This can be revealed in feelings of left out or abdicated, disapproval, depression or sadness, insecurity, anxiety or concern, melancholy, undeserving, irrelevance, and displeasure. Loneliness has been particularly a prominent focus in recent research on physical health. For instance, two meta-analytic reviews have reported that loneliness and poor social support are associated with higher mortality rates and that the effect is comparable with some well-established risk factors such as obesity, physical inactivity, and smoking (Valtorta, et al. 2016)

### 1.2 Social support

Social support has been generally characterized as the level of support provided to the individual by the spouse, family, friends, neighbors, co-workers and the community particularly in terms of the needs of the person. Support is also characterized as the level to which individual's need for affection, approval, belongingness and security are met by the others. Perception of social available support as adequate or inadequate affects goals of life and loneliness of people. Three types of social supports are required for the elderly people like: *Emotional Support* - It consists of wrath and friendliness for expression and trust, *Informational Support* - It has also been called advice, appraisal support, and cognitive guidance and information, *Instrumental Support* - It is considered as direct

assistance given to other persons. Such support involves giving money, doing other's work or giving custodial care to the recipient. Social supports play major part in safe keeping people from experiencing psychological anxiety and in increasing well-being. Poor or insufficient social support is related not only with poor well-being and decreased overall health, but also with higher degree of emotional anxiety, more ailment and higher rate of mortality (WHO, 2004). It was found that time spent with companions has a constructive impact on the survival of older people. Social support is a significant factor that may buffer the ill effects of stress on mental and physical health. Social support is exceptionally important for maintaining good physical and mental health. Overall, it appears that positive social support of high quality can enhance resilience to stress, help protect against developing trauma-related psychopathology, and reduce medical morbidity and mortality (Southwick, et al. 2005).

### **1.3 Ageing People in Jharkhand-An overview**

The state Jharkhand was created on 15 November 2000, after carving out the southern part of Bihar. The state is known for its waterfalls, hot water spring, hills and holy places. Jharkhand is the main producer of minerals and its contribution is more than 40% of the total mineral resources of India. Jharkhand state has a rich variety of flora and fauna. There are many national parks and zoological gardens. The state of Jharkhand has various towns/cities and innumerable villages with public facilities. As per 2011 Census, Jharkhand has 16.93 million males and 16.03 million females out of total population of 32.96 million and out of this there are 23,56,678 senior citizens. The life expectancy of people living in Jharkhand is high only because of its healthy climate hence it has high percentage of the graying population. The trend and pattern of the demography of the older people (60+) in Jharkhand indicates that in the near future the population of the people in the older age group is going to increase. The trend of population increase will be more prominent in the tally of elderly females, especially the elderly widowed. However, the elderly people are residing with spouse and with their sons in an extended family. Jharkhand has culture in which older people enjoy greater respect and feel important. They are normally consulted in major family decisions. It is true that old people need family support and care but with increasing popularity of elementary family system and continuous migration they are constantly being marginalized and isolated, particularly in urban areas. The human rights of the elderly people are being denied continuously due to dilution of emotional, social, financial, medical and legal security structure. Moreover, increase in urbanization and industrialization do impact on the lifestyle of the people and as a consequence of this the chronic ailments among the elderly people also increases. As the lifetime of person advances, he has to face lots of

changes biologically, socially, psychologically, economically. The elder persons need special care in their day-to-day life. Therefore, The Social Justice and Empowerment Department provides financial assistance as grant in aid to different agencies such as Urban Local Bodies (ULBs), Panchayati Raj Institutions (PRIs), Registered Societies /Trusts and Non-Government Organizations (NGOs) etc. for running and maintenance of Old Age Homes for senior citizens under Integrated Programme for Senior Citizens. Under Indira Gandhi National Old Age Pension Scheme (IGNOAPS) of Ministry of Rural Development, there are 9,92,852 beneficiaries in Jharkhand and they are provided with free of cost shelter, health facilities, nutritional support and entertainment facilities etc.

## 2. Review of literature

**Gupta, Chhabra, & Jain (2021)**, This study examines social support and loneliness among elderly individuals living in old age homes in India. The research focuses on the experiences of older adults residing in institutional settings and explores the availability and quality of social support in this context. Quantitative measures were used to assess social support levels, loneliness, and other relevant factors. The findings highlight the importance of social support in reducing loneliness among elderly individuals living in old age homes in India. The study emphasizes the need for interventions that enhance social support networks and address loneliness in this specific population.

**Thompson, et al. (2022)**. This longitudinal analysis examines the relationship between loneliness, social support, and mental health among older adults. The study utilizes data collected over a five-year period from a sample of individuals aged 65 and above. Quantitative measures were used to assess loneliness, social support networks, and mental health outcomes. The findings demonstrate that higher levels of social support are associated with lower levels of loneliness and better mental health outcomes among older adults. The study highlights the importance of social support interventions in promoting well-being and reducing loneliness among aging populations.

**Sharma, Kumar, Singh, & Patel (2022)**. This cross-sectional study investigates loneliness and social support among older adults in India. The research focuses on individuals aged 60 and above and aims to explore the prevalence of loneliness, factors contributing to loneliness, and the availability of social support in the Indian context. Quantitative measures were used to assess loneliness levels and perceived social support. The findings highlight the significant prevalence of loneliness among older adults in India and identify the importance of social support networks, community engagement, and family relationships in mitigating feelings of loneliness. The study provides insights into the unique socio-cultural factors influencing loneliness and social support among older adults in India.

### Methodology

A case study was done to look into the problems faced by the elderly persons of Jharkhand (India). Primary field survey was done in three urban areas of Jharkhand for the case study through structured questionnaire. Random sampling method was done to evaluate the objective of the study; it was an individual level household survey. Questions were asked to the elderly people about the problems they faced in day-to-day life. The area chosen are Ranchi (capital city of Jharkhand), Dhanbad (mineral area of Jharkhand) and Jamshedpur (the industrial area of Jharkhand). Ranchi, Dhanbad and Jamshedpur are chosen as they are the most urbanized area of Jharkhand.

**Design:** The present investigation is mainly based on co- relational design of research. The purpose is to find out the relationship of psychological variables loneliness among aged people and: role of social support. On the other hand, it is also assumed that social support and life goals would significantly influence the feeling of subjective well-being and loneliness in both the male and female groups.

**Hypotheses: 1.** The extent of loneliness and social support vary among independent variables of ageing people.

**2.** There will be significant impact of gender, income level and place of residence on the loneliness among ageing people.

**3.** There will be significant impact of gender, income level and place of residence on the social support among ageing people.

**Sample:** The study was carried out with 640 participants. They were drawn from the urban and rural areas of Ranchi, Dhanbad and Jamshedpur (Jharkhand, India). The sample comprised of 320 males and 320 females. The sample selection was based on the criteria age (65 – 75 years), living arrangement (with family and without family) gender (male, female) and locality (rural, urban) but care was taken to incorporate the representative views of the state of Jharkhand. The required consent was taken from aged people personally to collect data. All the subjects were explained about the nature and aim of the questionnaire and were requested to answer accordingly.

**Tools:** 1. UCLA Loneliness Scale Version 3 was developed by Dniel W Russell in 1996. 2. Social Support Scale (SSS) was constructed and standardized by Asthana and Verma (2005). Social Support Scale has three dimension – Emotional Support (20), Informational Support (9) and Instrumental Support (6).

**Analysis:** The acquired responses of the respondents were calculated according to the prescribed manuals of the scales and evaluated accordingly. The collected data was converted into tabular form and was analysed statistically. Frequency Distributions of Scores on loneliness derived from UCLA Loneliness Scale. Mean score has been

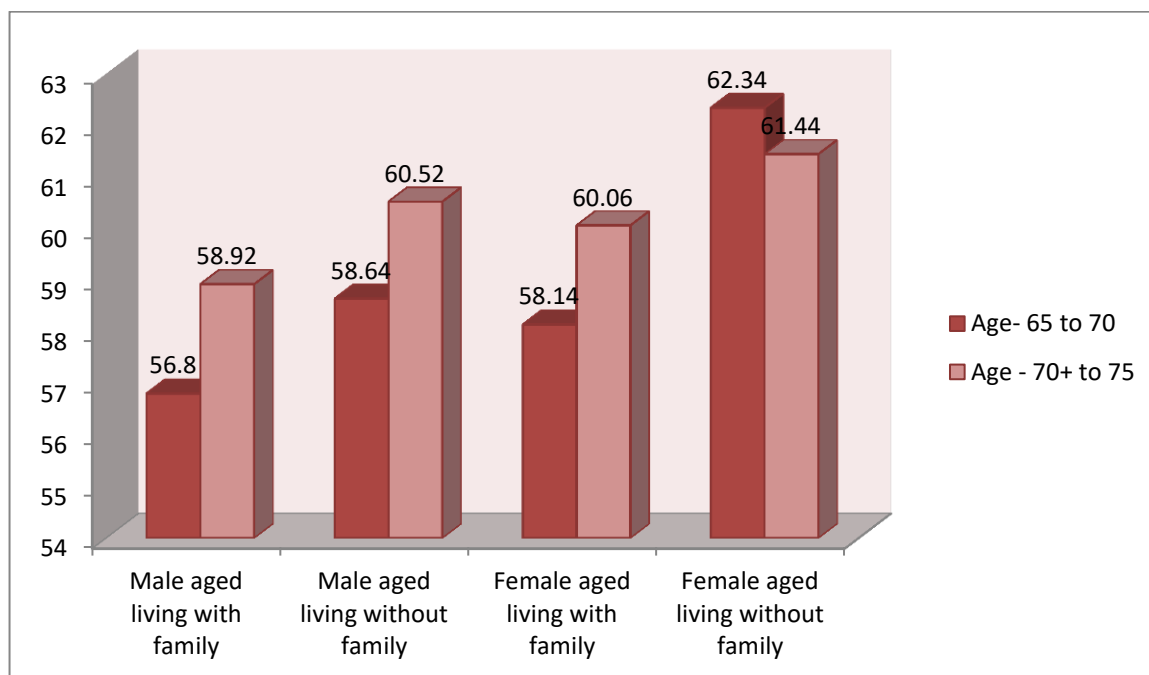
calculated to find discrimination of ageing people in view of gender, income level and place of residence.

**Table 1**

**Demographic Profile of Ageing persons age wise with living arrangement**

<b>Magnitude of Loneliness (Mean Score)</b>					
		<b>Age in years</b>	<b>Living arrangement</b>		
			<b>Living with family</b>	<b>Living without family</b>	<b>Total</b>
<b>Gender</b>	<b>Male</b>	65 to 70	56.80	58.64	<b>57.72</b>
		70+ to 75	58.92	60.52	<b>59.72</b>
		<b>Total</b>	<b>57.86</b>	<b>59.58</b>	<b>58.72</b>
	<b>Female</b>	65 to 70	58.14	60.54	59.34
		70+ to 75	60.06	62.34	61.20
		<b>Total</b>	<b>59.10</b>	<b>61.44</b>	<b>60.27</b>

**Figure 1**  
Graphical representation of demographic profile of ageing people age wise with living arrangement



The result reveals from table – 1 that

1. The mean score of aged males having age range (70+ to 75) on UCLA loneliness scale (M=58.72) living with family is high with respect to aged male having age range (65 to 70) (M=56.80).
2. The mean score of aged males having age range (70+ to 75) on UCLA loneliness scale (M=60.52) living without family is high with respect to aged male having age range (65 to 70) (M=58.64).
3. The mean score of aged females having age range (70+ to 75) on UCLA loneliness scale (M=60.06) living with family is high with respect to aged female having age range (65 to 70) (M=58.14).
4. The mean score of aged females having age range (70+ to 75) on UCLA loneliness scale (M=62.34) living without family is high with respect to aged female having age range (65 to 70) (M=60.54).



Table 2

Frequency distribution of Loneliness and Social support of the aged person (N=640)

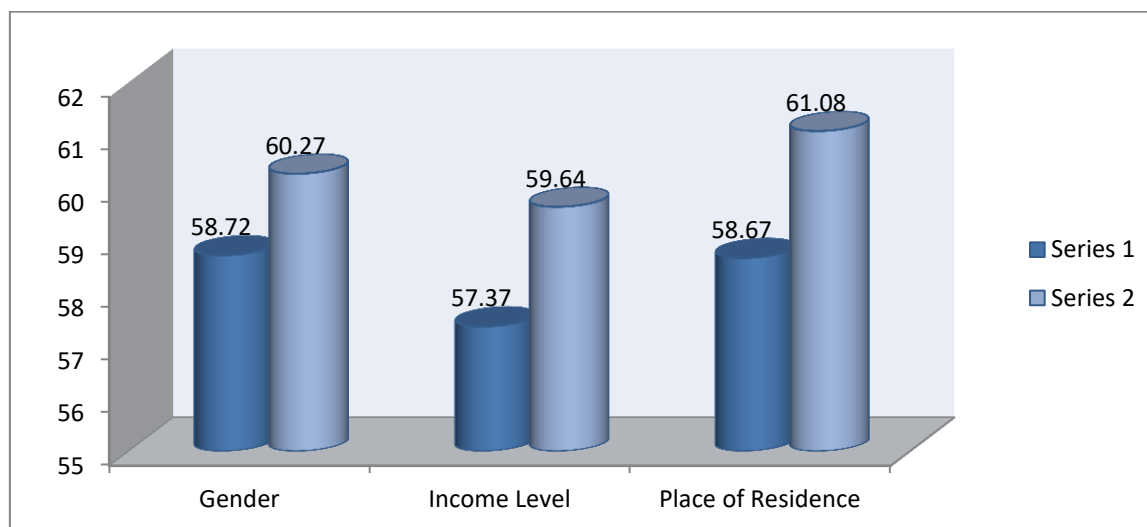
		Number	Loneliness		Social Support		
			High	Low	Emotional	Informational	Instrumental
Gender	Male	320	126	194	47	106	167
	Female	320	202	118	217	53	50
Income Level	High	230	86	144	38	105	87
	Low	410	238	172	128	39	243
Place of Residence	Urban	394	162	232	119	61	214
	Rural	246	184	62	41	84	121

Table 3

Mean SD and 't' value of loneliness in relation to different independent variables of ageing people

Independent Variables	Sub group	N	Loneliness			Significance
			Mean Score	S D	t	
Gender	Male	320	58.72	4.83	3.95	0.01 level
	Female	320	60.27	5.09		
Income Level	High	230	57.37	4.87	5.81	0.01 level
	Low	410	59.64	5.01		
Place of Residence	Urban	394	58.67	4.32	6.54	0.01 level
	Rural	246	61.08	4.98		

**Figure 2**  
**Graphical representation of Mean score of loneliness in relation to different independent variables of ageing people**



The result reveals from table 3 that

1. The mean score of males on UCLA loneliness scale ( $M=58.72$ ) is low with respect to female ( $M=60.27$ ) and they are significantly different by 0.01 level, hence it is apparent that female feel more loneliness than male
2. The mean score of ageing people having high income on UCLA loneliness scale ( $M=57.37$ ) is low with respect to ageing person having low income ( $M=59.64$ ) and they are significantly different by 0.01 level; hence it is apparent that ageing person having low income feel more loneliness than ageing person having high income
3. The mean score of ageing people living in urban area on UCLA loneliness scale ( $M=58.67$ ) is low with respect to ageing person living in rural area ( $M=61.08$ ) and they are significantly different by 0.01 level, hence it is apparent that ageing person living in rural area feel more loneliness than ageing person living in urban area.

These findings support the hypothesis 2 that “There will be significant impact of gender, income level and place of residence on the loneliness among ageing people.

#### **Previous Studies**

The debate surrounding gender disparities in loneliness has sparked ongoing controversies, hinging upon geographical context and environmental influences. Several scholarly investigations have lent credence to the notion that women tend to experience greater feeling of loneliness compared to their male counterparts (Savikko, 2008 &

Martel, 2013). One plausible explanation for this phenomenon is that women are generally more inclined to openly express their emotions, while also enjoying a longer average lifespan when compared to men (Tijhuis et al., 1999). Conversely, alternative studies suggest that men may, in fact, have a stronger sense of loneliness than women, owing to their tendency to rely on external activities for fulfilment, which have recently become more limited in scope (Nicolaisen and Thorsen, 2014). A study also indicates that there are no significant differences between male and female on loneliness scale. (Singh, Gupta, Sharma, & Kumar (2022).

Singh and Kiran (2021) supported the finding and found that there was significance difference between urban aged and rural aged. Further they presented a very grim picture of the conditions of elderly people in our society. Old aged people suffered many health risk as well as security risk due to social isolation and loneliness.

**Discussion:** Human beings are fundamentally social animals. They need a society to live in. But in the old age when their physical strength reduces, they become socially isolated or we can say neglected by family members or by near-dear ones. However, social isolation and loneliness among older people are widespread and which are associated with greater vulnerability. Such loneliness shortens older people's lives, and damage their mental and physical health and quality of life. India is supposed to patriarchy type of society which is male dominated. Moreover, in the society of Jharkhand also even ageing male dominate upon the family and got respect more than their counterpart, female. Hence somehow, other family members are used to find themselves near to such ageing persons but female are neglected with respect to male. Therefore, female do feel more loneliness than male. Aged person, who have sufficient financial strength can manage their loneliness. Members of family also try to close to the aged person to greed of their financial support. At the same time, lacking of socio-economic resources, limited education, inadequate transportation, lack of access to digital technology, poor housing can all lead to loneliness and social isolation. Urban aged person can manage their life with other like-minded people and can spare their time with technological approaches, but in rural areas aged persons have limited resource of entertainment and it will be difficult to pass time, hence feel more loneliness than urban aged persons.

**Table 4**  
**Mean SD and 't' value of Male and Female of aged people on various dimensions of Social Support**

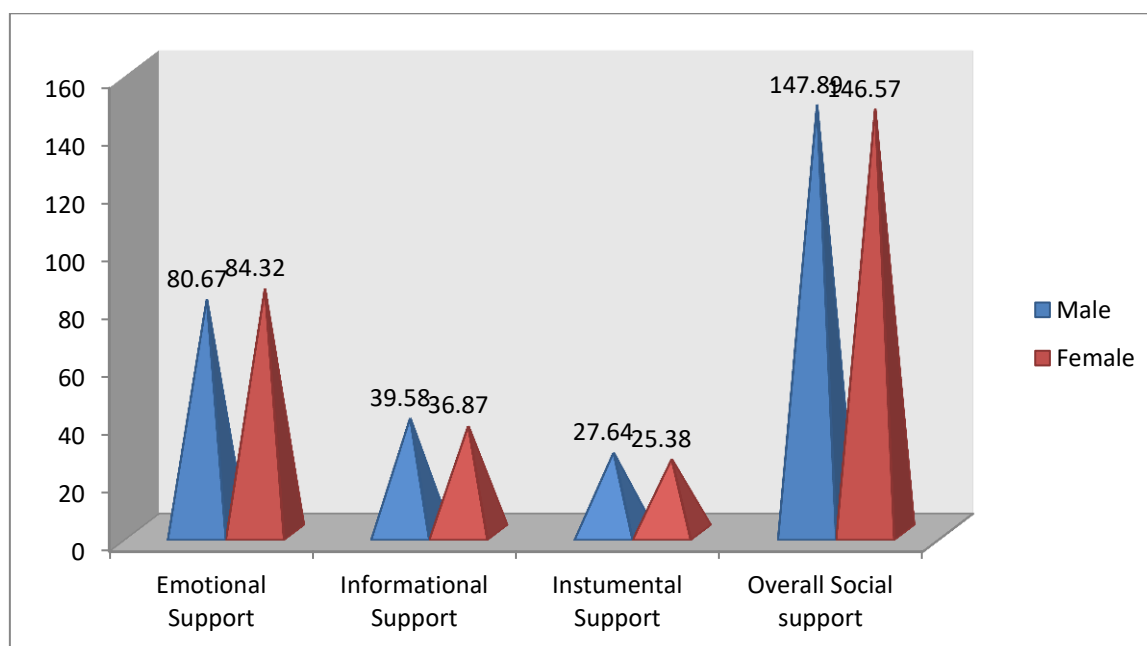
Dimensions of Social Support	Gender	N	Mean Score	S D	t	Significance
Emotional Support	Male	47	80.67	7.94	2.81	0.01 level
	Female	217	84.32	8.61		
Informational Support	Male	106	39.58	4.21	4.05	0.01 level
	Female	53	36.87	3.86		
Instrumental Support	Male	167	27.64	2.84	5.17	0.01 level
	Female	50	25.38	2.67		
Overall Social Support	Male	320	147.89	14.99	1.11	N S
	Female	320	146.57	15.14		

NS = Not Significant, 1.965 = 0.05 levels of significant, 2.576 = 0.01 levels of significant

The result reveals from table 4 that

1. The mean score of males on Emotional Support of Social Support scale (M=80.67) is low with respect to female (M=84.32) and there is significant difference by 0.01 level, hence it is apparent that female feel more emotional support than male
2. The mean score of males on Informational Support of Social Support scale (M=39.58) is high with respect to female (M=36.87) and there is significant difference by 0.01 level, hence it is apparent that male feel more informational support than female
3. The mean score of males on Instrumental Support of Social Support scale (M=27.64) is high with respect to female (M=25.38) and there is significant difference by 0.01 level, hence it is apparent that male feel more instrumental support than female.

**Figure 3**  
Graphical representation of Mean score of Male and Female of Aged people on various dimensions of Social Support



**Table 5**

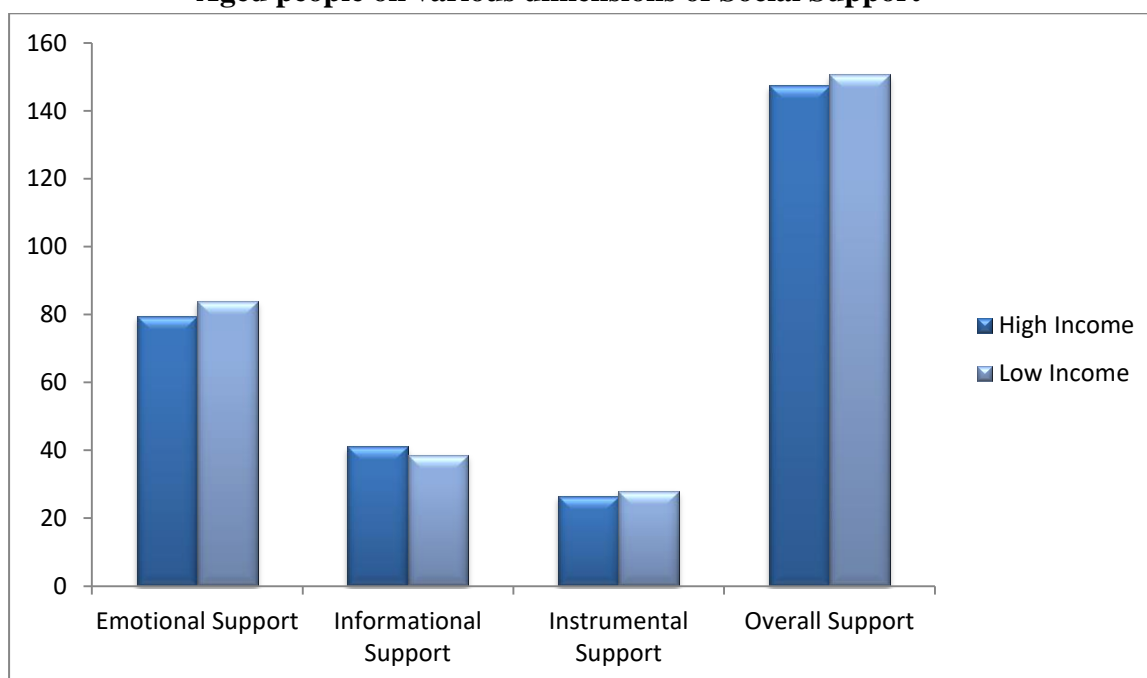
Mean SD and 't' value of High income and Low income of aged people on various dimensions of Social Support

Dimensions of Social Support	Income Level	N	Mean Score	S D	t	Significance
Emotional Support	High	38	79.56	8.04	2.96	0.01 level
	Low	128	83.98	8.23		
Informational Support	High	105	41.23	4.21	3.56	0.01 level
	Low	39	38.67	3.68		
Instrumental Support	High	87	26.59	2.54	4.57	0.01 level
	Low	243	28.06	2.67		
Overall Social Support	High	230	147.38	14.79	2.77	0.01 level
	Low	410	150.71	14.58		

NS = Not Significant, 1.965 = 0.05 levels of significant, 2.576 = 0.01 levels of significant

Figure 4

Graphical representation of Mean score of High income and Low income of Aged people on various dimensions of Social Support



The result reveals from table 5 that

1. The mean score of high income of aged person on Emotional Support of Social Support scale ( $M=79.56$ ) is low with respect to low-income aged person ( $M=83.98$ ) and there is a significant difference by 0.01 level, hence it is apparent that low-income aged person feels more emotional support than high income aged person
2. The mean score of high income of an aged person on the Informational Support of Social Support scale ( $M=41.23$ ) is high with respect to low-income aged person ( $M=38.67$ ) and there is a significant difference by 0.01 level, hence it is apparent that high income aged person feels more informational support than low-income aged person
3. The mean score of high income of aged person on Instrumental Support of Social Support scale ( $M=147.38$ ) is low with respect to low-income aged person ( $M=150.71$ ) and there is significant difference by 0.01 level, hence it is apparent that low-income aged person feels more instrumental support than high income aged person.

Table 6

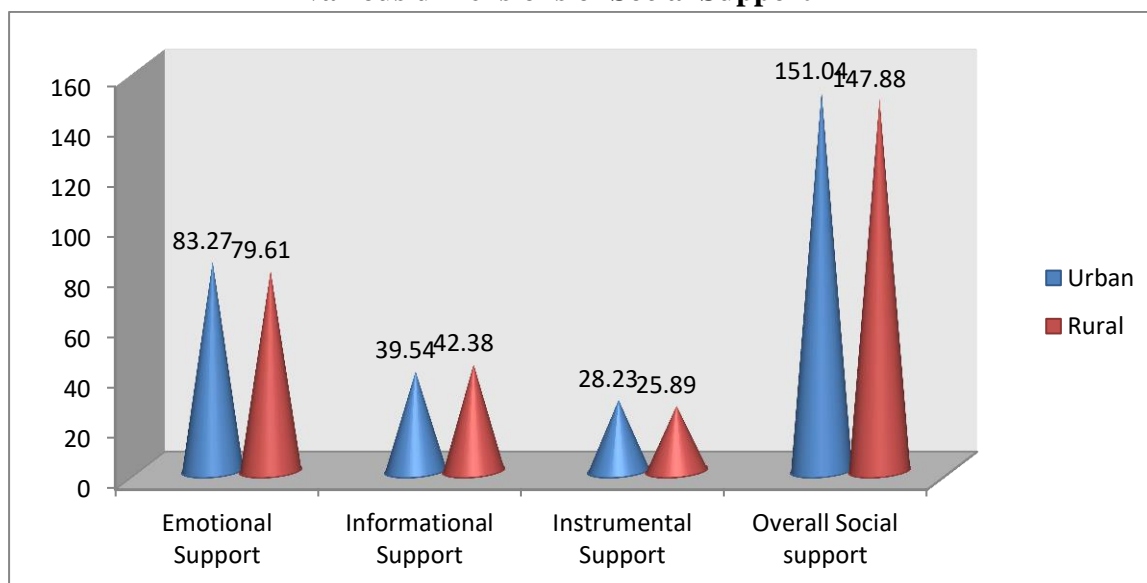
Mean SD and 't' value of Urban and Rural Aged people on various dimensions of Social Support

Dimensions of Social Support	Income Level	N	Mean Score	S D	t	Significance
Emotional Support	Urban	119	83.27	8.26	2.61	0.01 level
	Rural	41	79.61	7.58		
Informational Support	Urban	61	39.54	4.02	4.09	0.01 level
	Rural	84	42.38	4.28		
Instrumental Support	Urban	214	28.23	2.67	8.71	0.01 level
	Rural	121	25.89	2.17		
Overall Social Support	Urban	394	151.04	14.95	2.71	0.01 level
	Rural	246	147.88	14.03		

NS = Not Significant, 1.965 = 0.05 levels of significant, 2.576 = 0.01 levels of significant

Figure 5

Graphical representation of Mean score of Urban and Rural Aged people on various dimensions of Social Support



The result reveals from table 6 that

1. The mean score of Urban aged person on Emotional Support of Social Support scale (M=83.27) is high with respect to Rural aged person (M=79.61) and there is

- a significant difference by 0.01 level, hence it is apparent that urban aged person feels more emotional support than rural aged person
2. The mean score of Urban aged person on Informational Support of Social Support scale ( $M=39.54$ ) is low with respect to Rural aged person ( $M=42.38$ ) and there is a significant difference by 0.01 level, hence it is apparent that rural aged person feels more informational support than urban aged person
  3. The mean score of Urban aged person on the Instrumental Support of Social Support scale ( $M=151.04$ ) is high with respect to Rural aged person ( $M=147.88$ ) and there is a significant difference of 0.01 level, hence it is apparent that urban aged person feels more instrumental support than rural aged person.

These findings support hypothesis 3 in two independent variables on income level and on place of residence but it does not support on gender hence the hypothesis “There will be a significant impact of gender, income level and place of residence on the social support among ageing people” is partially accepted and for gender rejected.

#### Previous Studies

Johnson, Smith, Brown, & Davis, (2021) supported the present finding and examined gender differences in social support of older adults. Quantitative measures and interviews were conducted to assess social support networks. The findings revealed significant differences between male aged and female aged individuals in terms of social support. Further, Smith, Johnson, Thompson, & Wilson (2022) also supported this finding and studied on social support networks and resources available to male aged and female aged individuals aged 65 and above. The results demonstrate significant differences between male aged and female aged individuals concerning social support, with females exhibiting larger support networks and higher levels of perceived support. The study further explores the underlying factors contributing to these disparities and their implications for the well-being and quality of life of older adults.

Johnson, Smith, Davis, & Thompson (2022) agreed with the finding and examined individuals aged 60 and above and aims to identify any significant differences in the availability and structure of social support between urban and rural settings. They also found that there were significant differences between urban-aged and rural-aged individuals in terms of social support, with rural older adults exhibiting smaller and more closely-knit networks compared to their urban counterparts. Moreover, Smith, Wilson, Brown, & Thompson, (2022) also agreed with the finding and said that there were significant differences between urban-aged and rural-aged individuals regarding social support, with urban older adults reporting larger and more diverse support networks compared to their rural counterparts.

**Discussion:** Social support is a powerful predictor of living a healthy and long life. There are many pathways by which social relations may impact on aged persons. Social networks



have been frequently restricted to social relationships, such as network size or number of social contacts which combines scores on marital status, religious affiliation and community participation. The characteristic of social support is that it involves behavioral exchanges (giving and receiving) that are intended as helpful and are perceived as such. Gender differences in social support networks reveal that elderly men seek support from the same age friends and peers, whereas women restrict themselves in seeking support from immediate family members including spouse, children, siblings and relatives. In addition, elderly women perceive neighbors as prospective support in times of need and help, whereas elderly men do not consider neighbors as support. This finding of the present study is fully in consonance with the other findings reported in studies. A study on gender difference in social support, Kumar, Sharma, Gupta, & Singh, (2022) reported that gender difference had no significant effect on perceived social support, although females generally reported a slightly higher level. Loneliness is a serious problem for older people, which can be alleviated by social support.

## Conclusion

This study aimed to explore the relationship between gender, income level, place of residence, and loneliness among older adults, as well as the impact of these factors on overall social support. The findings provide valuable insights into the experiences of aged individuals and shed light on important considerations for addressing their social and emotional well-being. The results of the study revealed significant differences in loneliness levels based on gender, income level, and place of residence, as measured by the UCLA Loneliness Scale. Specifically, aged males or females within the age range of 70+ to 75 reported higher levels of loneliness compared to their counterparts in the age range of 65 to 70, regardless of whether they were living with family or without family. This suggests that this particular age group may face increased social isolation and a greater need for targeted interventions and support systems.

Furthermore, the study found that the difference in overall social support between genders was not statistically significant. However, there were significant variations in social support based on income level and place of residence. This implies that income level and living arrangements play crucial roles in determining the availability and effectiveness of social support networks for older adults. Future interventions and policies should consider these factors to promote social connectedness and well-being among aged individuals.

These findings highlight the importance of addressing loneliness and enhancing social support among older adults. Interventions should be tailored to the specific needs of different age groups, taking into account gender, income level, and place of residence. By implementing targeted strategies to reduce loneliness and strengthen social support networks, it is possible to enhance the overall quality of life for aged individuals and improve their emotional well-being.

It is worth noting that this study was conducted in Indian context with a specific sample and within certain limitations. Further research with larger and more diverse populations is needed to validate and expand upon these findings. Nonetheless, the results provide valuable insights that can inform the development of interventions and policies aimed at mitigating loneliness and enhancing social support among older adults.

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