

Impact of Educational Qualification on Social Support, Social Isolation and Social and Emotional Loneliness: A Study of Elderly People

Salma Naz Gul¹, Rabia Chishti²

University of Peshawar

and

Maher Bano³

Preston University, Kohat

The present study aim was to investigate the impact of educational qualification on social support, social isolation, and loneliness (social and emotional) among elderly people. De Jong Gierveld Loneliness Scale (1985), social support scale developed by Malik (2002), and Friendship Scale developed by Hawthorne (2006) were used to measure the pertinent constructs of present study. Purposive convenient sampling technique was used to draw the sample of older adults (N = 500) aged 60 to 90 years (M = 67.59, SD = 7.54) from both urban and rural areas of various districts of Khyber Pakhtunkhwa province of Pakistan. Alpha coefficients, for all the variables were computed, which ranged between .60 for social loneliness to .96 for social support total scale. Study found significant differences among the variables. Findings revealed that educational qualification of the sample had a positive impact on their social support and they were less socially isolated as compared to uneducated elderly

Keywords: old age, social support, social loneliness, social isolation, education.

Old age can probably be viewed as the most important time of a person's life. Old age is often associated with various physical problems, in addition to having implications for a person's mental and emotional state, as well as their social status. As people grow older, they gradually lose their physical strength, but they also incur other problems, which

¹Lecturer, Human Development College of Home Economics, University of Peshawar

²Lecturer, Human Development College of Home Economics, University of Peshawar

³Professor, Department of Psychology, Preston University, Kohat

can differ with a person's environment and culture (Archana Singh and Nishi Misra, 2009).

Old age marks the start of numerous changes, such as separation from their families, and facing social isolation and loneliness at large. The aging process are interconnected through body, mind and societal ways. It is a sequence of change from a set of collective societal tasks to another, which is organised by a community-based approach rather than just the genetic one (Mishra, 2004).

Increasing numbers of people are now elderly, and they have just as much right to love, care, and respect; they are also entitled to consideration from the government in terms of things like good healthcare and living accommodation (Alam, 2005).

The view on elderly identifies that the elderly individuals are not one identical collection of people and With increase of age, elderly people differences also enhances as the elderly people both from males and females, with various socio-economic classes, both married and un married, different family system , having various religion faiths, ill and healthy, living standards, their professional and educational background, non-identical response to their old age status, facing different needs, anxiety, difficulties and expectations which are particular to their given circumstances (Chaudhry, 2004).

Literature Review

According to American Psychological Association (2009) common terminology used for old age is 'old people'. In Britain and also in some parts of America a term 'senior citizens' is used for people in their old age. According to social sciences a word 'older adults' is used for old age people. The Oxford English Dictionary defines old age as "the later part of life; the period of life after youth and middle age, usually with reference to deterioration" (2013).

Social isolation and loneliness

Isolation and loneliness happen at any phase of lifetime of a person but it becomes a complex problem for elderly people. The situation which amalgam are their demographic pattern in retirement, the split-up of the old-style family system, and enhanced movement of migration. Furthermore, with passage of time due to these changes social isolation and loneliness will be enhance, especially with the redefinition of traditional values. (Joe, Sharon 2006).

Isolation and old age is not necessarily responsible for each other but still both have close relationships. The term social isolation and loneliness has been frequently use reciprocally or a solitary concept by

different studies. According to Weiss (1973); Cacioppo, Fowler and Christakis (2009) and Golden et al. (2009) many studies discuss that social isolation and loneliness have different meanings, loneliness is classified as a personal sentiment whereas social isolation is related to real/tangible condition indicates the existence or nonexistence of societal networks. Similarly, the study of Dykstra, (2009) found that loneliness is an undesirable personal feeling whereas social isolation is the objective state of not having ties with other individuals with many more at risk of loneliness (Bolton, 2012). Amongst the older old, those aged over 80 years, rates of self-reported loneliness climb steeply to approximately 50% (Age UK, 2010).

Griffin (2010), highlights that during various life stages it has been revealed that feelings of loneliness varies as people find themselves unattached from their group or they feel lonely. He further elaborated that elderly people are specifically at risk (Griffin, 2010). However, estimates of the loneliness range may differ. few researches recommended that 5 to 16% of individuals who were of age 65 or/and over had feelings of loneliness. (Luanaigh and Lawlor, 2008), and likewise, research from Age UK (2010) indicates that the figure from often or always have been feelings of loneliness is in the range from 6 to 13%. This suggests that the 10% of the UK population 65 and over have most of the time feelings of loneliness (Victor, 2011), and many at the risk of loneliness (Bolton, 2012). According to Age UK (2010), elderly people over the age of 80, their frequency of self-reported loneliness climb up to as much as 50%.

The start of loneliness is a gradual process in elderly people lives, which may occur by following a particular incident in their lives, such as failure, retirement from job, grief. The feeling of loneliness can be higher by becoming a carer (Victor et al, 2005; Cann and Jopling, 2011). Different life changes occur at an elderly people lives that causes them at greater risk of social isolation and loneliness. Another reason is that elderly people social contacts become reduce or decrease in size due to their health problems or death of loved one, or their enjoyment is limited due to their own health issues (Schnittger et al, 2012). Furthermore, their low income, and old age being 80 years old or more, (Age UK, 2010), health issues, mental and weakening of sensations are other factors related with social isolation and loneliness.

Social Support and its Relationship with Loneliness and Social Isolation

Social support is an essential element to manage problems of isolation and loneliness that elderly people are facing. Provision of

social support is important for elderly people as it aids in reducing the impacts of social isolation and loneliness. Longitudinal investigations by Bassuk, et al. (1999) displayed that those elderly people who don't have connections of societal group have greater chances of being socially isolated than those elderly who have proper societal group connections. Numerous elderly people have minimum interaction with peer group and relatives. 17% of elderly have interaction with relatives, companions and neighbors not exactly once per week, and 11% have interactions not exactly once a month. Age UK (2012), study suggested a different issue that is there any chance of societal and leisure events for elderly outside their homes? 12 percent of elderly people state that they feel caught in their personal homes and 9 percent elderly feel detach from their community. Having relationships in societal group is a sign of social support. Blizard, et al., (1997) and Beland, et al., (2000) observed that those elderly people who have social support are supposed to have physical and useful characteristics. Feelings of loneliness and social isolation in elderly people are result of their unattached from their group it is therefore, assumed that in the presence of social support both of them may be reduced. When elderly people are receiving social support they are at the same time find the time to spend with family members, friends, and other members of society in that situation high social support may cause of decrease in perception of social isolation and loneliness. On the bases of this argument is safe to surmise that social support tent to negatively predict feelings of isolation and loneliness among elderly people. There is previous literature which support our assumption for example Suzman Beard, Boerma, and Chatterji (2015) found that social support not only help older individuals to improve and maintain their physical health but also increases their wellbeing by decreasing their feelings of social isolation and loneliness.

Causes of Social Isolation and Loneliness among Elderly People

The causes of loneliness and social isolation can be numerous, for example, living alone, marital status/widowhood/ divorce, absence of children, low education, poverty, illness, retirement; and so forth (<https://ageinplace.com/elderly-health/the-effect-of-social-isolation-and-aging-in-place/>).However, the present paper mainly focused on impact of education.

Education

Education is basically an organized process of acquiring knowledge and information. It plays very important role in everyone's life e.g. it gives a person knowledge, wisdom and good character.

Moreover, education help a individuals to make their career and improve their standard of life and develop their insight to enjoy their lives. In short the main objective of education is to prepare individuals for positive and constructive role in society. Elderly people are generally known for their wisdom and knowledge which they gained from their experiences, and the new generation can learn from their experiences. Research shows that elderly people with higher education and those who have more contribution in elderly learning programs are mostly very promising in fulfilling their responsibilities (Tippelt et al. 2009). All the older adults have their life experiences but all of them are not educated. Research shows that senior citizens with less financial resources and low educational level especially those who are jobless are prone to feel loneliness when contrasted with those with advanced education and high financial resources and those who are employed (Hawkley, et al., 2008; Creecy, Berg & Wright 1985; Pinguart and Sorensen 2001; Lauder, Sharkey & Mummery 2004). It is plausible to conclude from aforementioned discourse that education plays a vital role in the life of elderly individuals. It is also logical that educated people can communicate well and establish relations with others thus probably they can receive higher social support and experience lower level of isolation and loneliness.

Loneliness and social isolation can occur in any stage of life, but the issue can be more acute for elderly people. To enable a deeper understanding of old age and isolation/loneliness, current study investigates the various psychological states and social issues that are associated with elderly. The present study is therefore an empirical piece of research that aims to investigate the association pattern of educational achievement with the issues of isolation, loneliness and (lack of) support from the community among elderly people.

The traditional family is still thriving in Pakistan, whereby the head of the household is the primary wage earner and enjoys the status of being the hub of the family. During the last twenty years, there have been several social and economic developments, such as technological change and inflation, which have impacted on family life. Because of important psycho-social factors, the purpose and roles of older people have been affected. (Furdous, et al.2008). These social and economic changes have profound impact on the lives of elderly people, and it might result in their loneliness and social isolation.

The purpose of present study focuses on the impact of educational qualification on social support, social isolation and social and emotional loneliness.

Objectives

The main objective of the study is to examine the relationship between social support, social isolation and loneliness of elderly individuals. The study also aims to analyze the impact of educational qualification on social support and social isolation and loneliness among senior citizens.

Hypotheses

In order to achieve the above mentioned objectives, following hypotheses have been formulated:

1. Social support will negatively predict social isolation and loneliness among senior citizens.
2. People living with high education will exhibit high social support and less social isolation and loneliness as compare to low educational level among senior citizens.

Participants of Study

The target population was selected from both urban and rural areas of Peshawar. Purposive convenient sampling was used to collect the data. The participants of the current study consisted of older people ($N = 500$) which was further divided into male ($n = 250$) and female groups ($n = 250$). The base line for age according to Erickson "Psycho Social theory" is around 60 years. The sample was also categorized on the bases of socio-economic status.

Demographic Characteristics

The calculated frequencies and percentages of the demographic characteristics of the sample of the study with respect to gender, age, educational level, socio economic status, marital status, number of family members, and residential status shows that the age range of the participants were 28% males and 40% females were within 60-70 years whereas within the range 71-80 years 17% were males and 8% were females, and among the range 81-90 years 5% were males and 2% were females. The educational level of males were, 16% were illiterate and 33% were literate (table 1). Among females 18% were illiterate and 34% were literate. 5% of males and 6 % of females were of high socio economic status whereas, 22% males and 17% females were of middle class and 22% males and 27% females were of low socio economic status. Out of 500 participants, 250 were male and 250 were female, 47% males were married, whereas 34% females were married. Response rate regarding number of family members was 53.6% ($n=268$), 15.3% belonged to small family who had 1-5 number of family members 63.4 % were males and 15% were females, 66.7 % males and 33.3 % females

had 6-10 number of family members, 59.4% males and 40.6 % females were from large family who had 11-15 number of family members, 53.5 % of males and 46.5 % of females had 15-20 number of family members, 53.8% males and 46.2 % females belonged to extended family who had 21 and above number of family members. 35% males and 38% females belonged to Urban area whereas 15% males and 12% females belonged to Rural area.

Table 1

Demographic Characteristics of the Sample of Main Study (N = 500)

| Variables | Male f (%) | Female f (%) | Total f (%) |
|------------------------------|------------|--------------|-------------|
| Gender | 250 (50) | 250 (50) | 500 (100) |
| Age | | | |
| 60-69 Years | 142 (28) | 199 (40) | 341 (68) |
| 70-79 Years | 83 (17) | 42 (8) | 102 (25) |
| 80-89 Years | 25 (5) | 9 (2) | 49 (7) |
| 90 and above | | | 8 |
| Educational Level | | | |
| Illiterate | 81 (16) | 90 (18) | 171 (34) |
| Primary | 14 (3) | 14 (3) | 28 (6) |
| Middle | 23 (5) | 30 (6) | 53 (11) |
| Matriculate | 38 (8) | 72 (14) | 110 (22) |
| Intermediate | 19 (4) | 24 (5) | 43 (9) |
| Graduate | 38 (8) | 10 (2) | 48 (10) |
| Postgraduate | 28 (5) | 19 (4) | 47 (9) |
| Socio Economic Status | | | |
| High Socio | 27 (5) | 29 (6) | 56 (11) |
| Economic Status | | | |
| Middle Class | 111 (22) | 86 (17) | 197 (40) |
| Low Socio | 112 (22) | 135 (27) | 247 (49) |
| Economic Status | | | |

Instruments

Following instruments were used to measure study variables.

Social Support Scale (SSS).

The SSS is developed by Malik (2002) which contains 51 items anchored on 4-point Likert type rating i.e., always = 3, often = 2, sometimes = 1, never = 0. It is consisted of five subscales: Informational

Support (6 items), Tangible Aid (5 items), Emotional Support (16 items), Esteem Support (11 items), Social Network Support (13 items). The SSS has highly significant internal consistency i.e., an alpha coefficient of .94. Pearson r-value for test-retest reliability is highly significant which is .85.

6-Item (short) De Jong Gierveld Loneliness Scale (1985).

Loneliness scale was utilized as a uni-dimensional loneliness scale. Reliability Tests (Cronbach's coefficients) of the 6-Item Loneliness Scale ($\alpha = .71$) and the 3-Item Emotional scale ($\alpha = .68$) and 3-item Social Loneliness Subscale was found .69.

Friendship Scale (2006).

The Friendship Scale is a short, 6-item scale assessing social isolation developed by Hawthorne (2006). Concurrent validity with correlates of social isolation found to be satisfactory. Cronbach alpha on sample of 829 older adults was demonstrated excellent ($\alpha = .83$). Total is sum of all 6 items, possible range for total is 0-24. Response format is anchored on 5 point Likert type rating and each item is scored 0-4, i.e. almost always = 4 to never = 0, whereas item number 2, 5, and 6 are reverse scored.

Procedure

The present study was carried out into two steps. In first step original scales for social isolation and loneliness was translated in to Urdu. Translation was carried out through standard translation procedure (need to add details such as translation and back translation and committee approach, all this reporting process constitutes the basis of validation process).

The second step was carried out to meet the objectives of the study. For this purpose, sample of the study i.e. senior citizens were selected both from urban and rural areas of different districts of Khyber Pakhtunkhwa through purposive convenient sampling technique. First, the participants were briefed about the objectives of the study, informed consent was obtained, they were ensured about the confidentiality of information, this will be purely be used for research purposes only. After giving required instructions (written as well as oral) the test booklet comprising of three scales of the study were given to the participants to complete.

Results

In order to have insight in relationship pattern among study variable Pearson correlation was computed that helped researcher to determine the magnitude and direction of relationship in social support, isolation, and loneliness. Following is the tabular description of findings.

Table 2

Correlation Matrix for All Variables (N = 500)

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-----------|---|-------|-------|-------|--------|--------|--------|--------|--------|--------|
| 1 | - | .24** | .38** | .01 | -.01 | -.05 | -.18** | -.07 | -.12* | -.11* |
| 2 | | - | .80** | .79** | -.46** | -.47** | -.60** | -.54** | -.60** | -.61** |
| 3 | | | - | .23** | -.33** | -.35** | -.46** | -.36** | -.44** | -.43** |
| 4 | | | | - | -.39** | -.42** | -.60** | -.54** | -.60** | -.61** |
| 5 | | | | | - | .67** | .73** | .72** | .74** | .82** |
| 6 | | | | | | - | .78** | .80** | .82** | .85** |
| 7 | | | | | | | - | .86** | .87** | .95** |
| 8 | | | | | | | | - | .88** | .94** |
| 9 | | | | | | | | | - | .95** |
| 10 | | | | | | | | | | - |

Note. 1 = social isolation; 2 = overall loneliness; 3 = emotional loneliness; 4 = social loneliness; 5 = informational support; 6 = tangible aid; 7 = emotional support; 8 = esteem support; 9 = social network support; 10 = total social support.

* $p < .01$. ** $p < .001$.

Pearson correlations between the scores on three scales (add names here) and their sub scales (add names here) are presented in table 10, the findings of the study indicates that the social isolation has weak inverse relationship with the total support ($r = -.11, p < .01$, $n = 500$). Similarly the study suggested a very weak negative relationship with all the subscales of the total social support. The study also indicates a very weak negative relationship between social isolation and social network support ($r = -.12$, $p < .01$, $n = 500$). The results showed a very weak negative relationship between social isolation and esteem support ($r = -.07$, $n = 500$). Findings of the study showed very weak significant relationship between social isolation and emotional support ($r = -.18$, $p < .001$, $n = 500$). The results show a very weak negative relationship between social isolation and tangible aid, ($r = -.05$, $n = 500$). The study also indicates a very weak negative relationship between social isolation and informational support ($r = -.01$, $n = 500$).

Furthermore the findings of the study suggest a significant moderate inverse relationship between overall loneliness and total social support ($r = -.61$, $p < .001$, $n = 500$). The findings suggest a significant moderate relationship between overall loneliness and esteem support ($r = -.54$, $p < .001$, $n = 500$). The study also shows a significant moderate but positive relationship between overall loneliness and emotional support ($r = -.60$, $p < .001$, $n = 500$). The results however show a

significant weak relationship between overall loneliness and tangible aid ($r = -.47$, $p = .001$, $n = 500$), likewise a significant weak relationship existed between overall loneliness and informational support ($r = -.46$, $p = .001$, $n = 500$).

Findings of the study further established a significant weak negative relationship between emotional loneliness and total social support ($r = -.43$, $p < .001$, $n = 500$). The result indicate significant weak negative relationship between emotional loneliness and social network support ($r = -.44$, $p < .001$, $n = 500$). The findings further suggest a possible but a very weak inverse relationship between emotional loneliness and esteem support ($r = -.36$, $p < .001$, $n = 500$). The findings also explain significant weak relationship between emotional loneliness and emotional support ($r = -.46$, $p < .001$, $n = 500$). The data also shows a significant weak negative relationship between emotional loneliness and tangible aid ($r = -.35$, $p < .001$, $n = 500$). The results show a possible significant weak but negative relationship between emotional loneliness and informational support ($r = -.33$, $p < .001$, $n = 500$).

The findings of the study further explored a significant moderate inverse relationship between social loneliness and total social support ($r = -.61$, $p < .001$, $n = 500$). The results explained a moderate significant negative relationship between social loneliness and social network support ($r = -.60$, $p < .001$, $n = 500$). The findings proved a moderate significant negative relationship between social loneliness and esteem support ($r = -.54$, $p < .001$, $n = 500$). The results indicated a significant moderate inverse relationship between social loneliness and emotional support ($r = -.60$, $p < .001$, $n = 500$). The findings further explain a significant weak inverse relationship between social loneliness and tangible aid ($r = -.42$, $p < .001$, $n = 500$). The results show a significant weak negative relationship between social loneliness and informational support ($r = -.39$, $p < .001$, $n = 500$).

Table 3Impact of Educational Qualification on Study Variables *Mean, Standard Deviation and F-Values for Source of Qualification on (N = 500)*

| Variables | Illiterate (n = 56) | | Primary (n = 197) | | Middle (n = 147) | | Matric (n = 56) | | Intermediate (n = 56) | | Graduate (n = 56) | | Post Graduate (n = 56) | | <i>F</i> | Sig. | η^2 | Post Hoc |
|-----------|------------------------|-----------|----------------------|-----------|---------------------|-----------|--------------------|-----------|--------------------------|-----------|----------------------|-----------|---------------------------|-----------|----------|-------------|----------|---------------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | | | |
| IS | 8.73 | 2.72 | 8.32 | 2.80 | 8.04 | 2.55 | 8.56 | 2.600 | 8.63 | 2.14 | 8.35 | 2.44 | 8.96 | 3.53 | .69 | .655 | .008 | 7>1>5>4>3>6>1 |
| TA | 9.36 | 2.51 | 8.71 | 2.39 | 8.77 | 2.48 | 9.10 | 2.682 | 8.51 | 2.60 | 8.42 | 2.20 | 9.66 | 3.51 | 1.76 | .104 | .02 | 7>1>4>3>2>5>6 |
| EmoS | 24.79 | 6.22 | 24.71 | 5.00 | 25.00 | 7.35 | 23.12 | 7.185 | 22.21 | 7.68 | 22.65 | 6.61 | 25.83 | 9.00 | 2.18 | .043 | .02 | 7>3>1>2>4>6>5 |
| EstS | 19.77 | 4.96 | 20.50 | 5.74 | 20.51 | 6.03 | 19.97 | 5.546 | 19.86 | 5.18 | 18.10 | 4.90 | 21.47 | 7.58 | 1.63 | .135 | .02 | 7>3>2>5>4>1>6 |
| SNW | 25.02 | 5.74 | 24.32 | 6.76 | 25.09 | 7.66 | 24.64 | 6.905 | 23.93 | 6.02 | 22.71 | 6.08 | 26.47 | 8.38 | 1.49 | .177 | .01 | 7>1>3>4>2>5>6 |
| TSS | 93.30 | 21.24 | 92.71 | 21.16 | 93.57 | 25.61 | 90.73 | 24.566 | 88.98 | 22.99 | 85.40 | 21.52 | 98.45 | 32.50 | 1.47 | .185 | .01 | 7>3>1>2>4>5>6 |
| SL | 5.32 | 1.77 | 4.82 | 1.93 | 5.34 | 2.07 | 5.35 | 1.769 | 5.37 | 1.84 | 5.02 | 1.63 | 5.45 | 2.15 | .57 | .749 | .007 | 7>5>4>3>1>6>2 |
| LT | 11.35 | 2.53 | 10.82 | 2.51 | 11.77 | 3.23 | 12.35 | 3.161 | 11.81 | 3.42 | 11.65 | 2.61 | 11.38 | 3.46 | 1.83 | .090 | .022 | 4>5>3>6>7>1>2 |
| EL | 6.03 | 1.75 | 6.00 | 1.78 | 6.43 | 1.95 | 7.00 | 1.847 | 6.44 | 2.21 | 6.63 | 1.83 | 5.94 | 2.07 | 3.78 | .001 | .044 | 4>6>3>5>1>2>7 |
| SI | 13.15 | 4.01 | 10.04 | 3.50 | 13.21 | 3.27 | 15.39 | 4.230 | 15.63 | 4.48 | 14.00 | 4.88 | 13.09 | 4.90 | 8.89 | .001 | .098 | 5>4>6>3>1>7>2 |

Note. IS = informational social support; TA = tangible aid social support; EmoS = emotional support; EstS = esteem social support; SNW = social network support; TSS = tangible social support; SL = social loneliness; EL = emotional loneliness; LI = loneliness total; SI = social isolation

Table 3 illustrates the mean, standard deviation and F values for the variables of study. The above findings indicate significant mean differences on informational social support $\{F(6, 493) = .693, p < .001\}$, tangible aid social support $\{F(6, 493) = 1.766, p < .001\}$, emotional social support $\{F(6, 493) = 2.185, p < .001\}$, esteem social support $\{F(6, 493) = 1.636, p < .01\}$, social network support $\{F(6, 493) = 1.496, p < .001\}$, total social support $\{F(6, 493) = 1.475, p < .001\}$, emotional loneliness $\{F(6, 493) = 1.837, p < .001\}$, loneliness $\{F(6, 493) = 3.782, p < .001\}$, on social loneliness $\{F(6, 493) = .576, p < .001\}$, and on social isolation $\{F(6, 493) = 8.894, p < .001\}$. Results depict that the individuals with higher academic qualification have scored high on social support and its sub categories as compare to other groups, whereas individuals with lower academic qualifications have scored higher on loneliness, emotional loneliness, and social isolation.

Discussion

The present study was designed to explore the influence of social support and education on social isolation and loneliness among older adults in the Khyber Pakhtunkhwa province of Pakistan. It also examined the relationship between social support, social isolation and loneliness among senior citizens.

Hypothesis Number 1:

Social support will negatively predict social isolation and loneliness among older adults.

In the present study the correlational analysis of variables i.e, social support, social isolation and loneliness shows that social isolation is negatively and significantly related with social support and its constructs namely emotional support and social network support. Whereas social isolation is found to be negatively but non-significantly correlated with informational support, tangible aid and esteem support. Drawing from the longitudinal investigations by Bassuk, et al., (1999) it was found that those old age individuals who don't have connections of societal group had greater chances of being socially isolated than those senior citizens who had proper societal group connections. Therefore, having relationships in societal group is a sign of social support. Blizard, et al., (1997), and Beland, et al., (2000), observed that those senior citizens who have social support are supposed to have physical and useful characteristics.

A significant moderate negative correlation was also observed between overall loneliness and over all social support and its sub scales viz. informational support, tangible aid, emotional support ,esteem support and social network support. The results are in line with the previous study of Victor et al., (2003) that older adults with isolation have greater chances of loneliness. The study of Gierveld, Fokkema and Tilburg (2011), further confirmed the findings of the present study that loneliness doesn't mean living alone, but studies revealed that those individuals feel more loneliness who live their life alone.

Hypothesis Number 2:

People living with high education will exhibit high social support and less social isolation and loneliness as compare to low educational level among senior citizens.

The findings of the study indicates that individuals with higher qualification scored higher on social support and its constructs as compare to other groups, whereas individuals with lower qualification scored higher on loneliness, emotional loneliness, and social isolation. The results are in line with previous research that high education contributes in improving relationships because education makes a person capable to understand the complexities involved in human relationships and also develops good judgmental (Hawkley, et al., 2008; Hogg and Heller 1990; Lauder, Sharkey & Mummary 2004). Studies of Losada et al., (2012) and Steptoe et al., (2013) further added that other key variables connected with social isolation and loneliness are living unaccompanied, an absence of monetary assets, lack of education, poor physical fitness, restricting long-standing sicknesses and not seeing family and companions as frequently as fancied.

Conclusions

Isolation and loneliness can occur at any stage of life of an individual but it turns into a complex issue in older adult's life. Isolation is not an unavoidable issue associated to old age furthermore an old age is not the only problem liable for isolation in senior citizens lives, but however aging have significant relationship with isolation. Current study findings suggest that educated senior citizens and those who possessed a good career, can easily form social contacts. Thus dynamic coping with loneliness becomes easy for those senior citizens who have integrated personality as they are in better position to face challenging situations in their life.

Limitations of Study and Suggestions for Future Research

Collection of data through multiple resources, for future researches, is suggested to enhance the validity and generalization of findings. Moreover some valuable demographic variables were not exclusively controlled i.e., age, family system and cultural context. The recent research focused only on educational level, it can also be considered as a limitation of the study. Additional research needs to be carried out to study the further demographic information related to sample concerned. Longitudinal research is recommended to study this issue.

References

- Beard J. R., Bloom D. E. (2015). Towards a comprehensive public health response to population ageing. *The Lancet*. 2015;385(9968):658–661. doi: 10.1016/s0140-6736(14)61461-6. [PMC free article] [PubMed] [Cross Ref]
- Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Psychol Aging (2006) Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. ; 21(1):140-51.
- Suzman R., Beard J. R., Boerma T., Chatterji S. (2015). Health in an ageing world—what do we know? *The Lancet*. 2015;385(9967):484–486. doi: 10.1016/s0140-6736(14)61597-x. [PubMed] [Cross Ref]
- Pottel L., Lycke M., Boterberg T., et al. (2014). Serial comprehensive geriatric assessment in elderly head and neck cancer patients undergoing curative radiotherapy identifies evolution of multidimensional health problems and is indicative of quality of life. *European Journal of Cancer Care*. 2014;23(3):401–412. doi: 10.1111/ecc.12179. [PubMed] [Cross Ref]
- Brugel L., Laurent M., Caillet P., et al. (2014). Impact of comprehensive geriatric assessment on survival, function, and nutritional status in elderly patients with head and neck cancer: protocol for a multicentre randomised controlled trial (EGeSOR) *BMC Cancer*. 2014;14, article 427 doi: 10.1186/1471-2407-14-427. [PMC free article] [PubMed] [Cross Ref]
- Health Qual Life Outcomes. (2015); 13: 31. Published online 2015 Mar 7. doi: 10.1186/s12955-015-0225-5
- KyungHun Han, YunJung Lee, JaSung Gu, Hee Oh, JongHee Han, and KwuyBun Kim (2015). Psychosocial factors for influencing healthy aging in adults in Korea.
- Kim K.-I., Park K.-H., Koo K.-H., Han H.-S., Kim C.-H. (2012) Comprehensive geriatric assessment can predict postoperative morbidity and mortality in elderly patients undergoing elective

- surgery. *Archives of Gerontology and Geriatrics*. 2013;56(3):507–512. doi: 10.1016/j.archger.2012.09.002. [PubMed] [Cross Ref]
- Age UK (2010) Loneliness and isolation evidence review, London: Age UK
- Age UK. (2012). Later Life in the United Kingdom. Age UK retrieved from http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UKfactsheet.pdf?dtrk=true.
- Alam, M. (2005). Beyond the Current Demographic Scenario: Changing Age Composition, Aging and Growing Insecurities for the Aged in India and Pakistan. Paper Prepared for the 25th IUSSP International Conference, France.
- Allyn & Bacon.(2010). *Laura, E. Berk, Development Through the Lifespan*, 607-615.
- Barbara, M., Newman., Philip, R., Newman. (2011). Development Through Life: A Psychosocial Approach: A Psychosocial Approach (Cengage Learning,), Ch 13 “Later Adulthood (60-75 Years)” and Ch 14, “Elderhood (75 until death).”
- Bassuk, S.S., Glass, T. A., & Berkman, L. F. (1999) Social engagement and incident cognitive decline in community – dwelling elderly persons. *Ann Intern Med*.131, 165–173.
- Bolton M (2012) Loneliness - the state we’re in: A report of evidence compiled for the Campaign to End Loneliness, Oxfordshire: Age UK
- Cacioppo JT, Fowler JH and Christakis NA (2009) Alone in the crowd: The structure and spread of loneliness in a large social network, *Journal of Personality and Social Psychology*, 97, 977-991.
- Cann P and Jopling K (2011) The challenge. Safeguarding the convoy: A call to action from the Campaign to End Loneliness, Oxfordshire: Age UK
- Chaudhury, R.H. (2004). Aging in Nepal. *Asian Pacific Population, Journal Vol. 19, No.1*.
- Creecy, R. F., Berg, W. E., & R. Wright, Jr. (1985). “Loneliness among the elderly: a causal approach,” *The Journals of Gerontology*, vol. 40, no. 4, pp. 487–493.
- De Jong Gierveld, Jenny & Frans Kamphuis. (1985). The development of a rasch-type loneliness scale. *Applied Psychological Measurement*,9, 289-99.
- De Jong Gierveld J., Fokkema, T., & Van, Tilburg T. (2011). *Alleviating loneliness among older adults. Safeguarding the Convoy: a call to action from the Campaign to End Loneliness*. Age UK Oxford

- shire retrieved from http://campaigntoendloneliness.org.uk/wp-content/uploads/downloads/2011/07/safeguarding-the-convoy_-_a-call-to-action-from-the-campaign-to-end-loneliness.pdf.
- Dykstra, P.A. (2009). Older adult loneliness: Myths and realities. *European Journal of Ageing*, 6(2), 91-100.
- Furdous, G., et al (2008). Socio-Economic Problems of Senior Citizens and their Adjustment in Punjab, Pakistan, *Pakistan journal of agricultural sciences*, vol. 45(1), pp 138-144.
- Griffin J, (2010) The lonely society? London: Mental Health Foundation
- Golden, J., et al (2009). Loneliness, social supports, mood and wellbeing in community-dwelling elderly, *International Journal of Geriatric Psychiatry*, 24, 694-700.
- Hawkley, L.C., et al (2008). "From social structural factors to perceptions of relationship quality and loneliness: the Chicago Health, Aging, and Social Relations Study," *Journals of Gerontology—Series B Psychological Sciences and Social Sciences*, vol. 63, no. 6, pp. S375–S384.
- Hawthorne, G. (2006). Measuring social isolation in older adults: Development and initial validation of the Friendship Scale. *Social Indicators Research*, 77, 521-548.
- Hogg, M.A., & Heller, K. (1990). A measure of relational competence for community-dwelling elderly. *Psychology and Aging*, 5, 580–588.
- Lauder, W., Sharkey, S., & Mummery, K. (2004). "A community survey of loneliness," *Journal of Advanced Nursing*, vol. 46, no. 1, pp. 88–94.
- Losada, A., Marquez-Gonzales, M., Garcia-Otez, L., et al (2012). Loneliness and mental health in a representative sample of community-dwelling Spanish older adults, *The Journal of Psychology: Interdisciplinary and Applied*, 146(3), 277-292.
- Lunaigh C and Lawlor BA (2008) Loneliness and the health of older people, *International Journal of Geriatric Psychiatry*, 23, 1213-1221
- Malik, A. A. (2002). The study of social support as a determining factor in depressed and non-depressed as measure by indigenously developed social support scale. *Unpublished PhD thesis*, University of Karachi, Karachi.
- Mishra, A.K. (2004) The Process of Aging in India, India. *Oxford English Dictionary Online*. "Old age, n." September 2013. Oxford University Press. Retrieved from <http://www.oed.com.librarycatalog.vts.edu/view/Entry/258473?redirectedFrom=old+age&> (accessed December 02, 2013).

- Oxford English Dictionary Online*. "Theory: A conception of something to be done, or of the method of doing it." December 2013.
- Publication Manual of the American Psychological Association, 6th edition (*American Psychological Association, 2009*) ISBN 1433805618). In Wikipedia. Retrieved from https://en.wikipedia.org/wiki/Old_age#cite_note-1
- Prince, M. J., Harwood, R. H., Blizard, R. A., Thomas, A. & Mann, A. H. (1997). Social support deficits, loneliness and life events as risk factors for depression in old age. *The Gospel Oak Project VI. Psychol Med.* 27, 323–332.
- Pinquart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, 23(4), 245–266.
- Schnittger RIB, Wherton J, Prendergast D, et al (2012). Risk factors and mediating pathways of loneliness and social support in community-dwelling older adults, *Aging and Mental Health*, 16(3), 335-346
- Step toe, A., Shankar, A., Demakakos, P., et al (2013). *Social isolation, loneliness and all-cause mortality in older men and woman*, PNAS, 10(15), 5797-5801.
- Suzman R., Beard J. R., Boerma T., & Chatterji S. (2015). Health in an ageing world—what do we know? *The Lancet*, 385(9967), 484–486. doi: 10.1016/s0140-6736(14)61597-x. [PubMed] [Cross Ref]
- Tippelt, R., et al (2009). BildungAlterer. ChancenimdemografischenWandel. Bielefeld: Bertelsmann Tomaka, J., & Thompson, S.H. (2006). The relation of social isolation, loneliness, and social support to disease outcomes among the elderly. *Journal of Aging and Health*, 18, 359-384. <http://doi.org/10.1177/0898264305280993>.
- Victor, C. et al (2003). Loneliness, Social Isolation and Living Alone in Later Life. *Economic and Social Research Council*.
- Victor CD, Scrambler SJ, Bowling A, et al (2005). The prevalence of and risk factors for loneliness in later life: A survey of older people in Great Britain, *Ageing and Society*, 25, 357-375.
- Victor C (2011). Loneliness in old age: the UK perspective. Safeguarding the convoy: a call to action from the Campaign to End Loneliness, Oxfordshire: Age UK.
- Weiss, R. S. (1973). *Loneliness: The experience of emotional and social isolation*. Cambridge, MA: The MIT Press.
- Zunzunegui, M. V., Gutierrez, P., Cuadra, Beland, F., Del Ser T., & Wolfson, C. (2000). Development of simple cognitive function

measures in a community dwelling population of elderly in Spain.

Int J Geriatr Psychiatry, 15, 130–140.

<https://readfoundation.org.uk/blog/educated-vs-uneducated/>

<https://ageinplace.com/elderly-health/the-effect-of-social-isolation-and-aging-in-place/>