



LONELINESS AMONG OLDER PEOPLE

RESEARCH ANALYSES
GEORGIA -2021



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Loneliness and Social Isolation Among Older People
in the Eastern European and Central Asian Region

Regional Report:



The present study was prepared by the United Nations Population Fund (UNFPA) Georgia Office in cooperation with the UNFPA Eastern Europe and Central Asia Regional Office and under the technical leadership of Professor Tara Keck, Department of Neuroscience, Physiology and Pharmacology at the University College London. In Georgia the study was conducted and the present analytical paper was prepared by the Institute of Social Studies and Analysis (ISSA). The opinions expressed in the study are those of the authors and they might not coincide with the ones of UNFPA.



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INTRODUCTION

Loneliness is a global phenomenon caused by some of the consequences of the modernization of society, such as: the replacement of the extended (three-generation) family structure with other structures of families (such as the nuclear family, the one-parent family, etc.), high rates of migration (including both internal and external migration), high rates of divorce, with the increasing degree of technologizing social life (deepening alienation among people), etc.

Based on the data of 2014 general population census, the share of the older persons - ages 65 and above - in the total population of Georgia was 14.3% (the percentage corresponds to 530,000 persons). The population aged 65 and above is the only age group the number of which has increased since the 1989 census (478,000 persons in 1989). The number of members of this group has not decreased since the population census conducted in 2002 (in the period of the census, the number totalled to 529,000 persons). If we consider the facts that life expectancy has increased, the number of the population has decreased by almost one third in Georgia, and the share of older people (65+) in the population emigrating from the country has been insignificant over the last thirty years, the trend in aging of the population can be seen as real¹.

The problem of loneliness is further aggravated among older persons (aged 65 and above) and is even more evident against the background of aging of the world's population. In its turn, loneliness becomes a risk factor due to a number of deviations, such as: deteriorating physical health, mental disorders (stress, depression and other mental disorders), mortality (including suicide), etc.

As researchers point out (Gierueld, Tilburg, Dykstra, 2006), greater insight into loneliness will be gained by bringing together individual level characteristics and contextual characteristics. Examples of the latter are sociocultural factors and sociostructural characteristics of the individual's environment².

Robert Weiss defines loneliness as perceived social isolation, described as a stressful, chronic illness without any compensatory qualities³. Weiss distinguishes between social loneliness and emotional loneliness: social loneliness is related to the absence of acceptable social ties/networks comprised of a wide circle of family and friends. This network provides a sense of belonging and solidarity and helps overcome isolation. As for emotional loneliness, it refers to the absence of other persons in a person's life with whom he/she fully shares feelings.

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1. Bruijn, B.D., Chitanava M. (2017): Ageing and Older Persons in Georgia (An Overview Based on the 2014 General Population Census Data). http://census.ge/files/results/publication/en/2%20Ageing-EngL_Print_F.pdf
 2. de Jong-Gierveld, J., van Tilburg, T. G., & Dykstra, P. A. (2006). Loneliness and social isolation. In D. Perlman, & A. Vangelisti (Eds.), *The Cambridge handbook of personal relationships* (pp. 485-500). Cambridge University Press.
 3. Weiss, R.S. (1973): *The experience of emotional and social isolation*. Cambridge, MA: MIT Press

Both social and emotional loneliness have their own causal factors, which contribute to or, on the contrary, prevent each type of loneliness from relieving or deepening. Such factors can be various socio-psychological or demographic characteristics, such as: gender, age, family size, intensity of social interactions and ties, trust in strangers, employment, etc.

The results obtained from the study examining the prevalence of loneliness and the factors causing loneliness among older persons living in Georgia are presented below. The study was conducted in 2021 by University College London (UCL) and the United Nations Population Fund (UNFPA), in collaboration with a local research organization – the Institute of Social Studies and Analysis (ISSA).



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METHODOLOGY

The **aim** of the study was to investigate the prevalence of loneliness among older persons living in Georgia and to identify the factors contributing to loneliness.

Quantitative research was the main method used in the study.

The target population of the quantitative research was the population aged between 65 and 85, with an equal split between genders.

The size of the sample was 1000 respondents.

The sampling design used was multi-stage stratified sampling. The strata in this study were administrative and territorial units, namely: a) regions (total of 11 regions, including Tbilisi) and b) urban/rural areas. The sample size in these strata was distributed in proportion to the size of the target population in each stratum.

The distribution of the sample by the strata looks as follows:

Region	Number of individuals interviewed
Tbilisi	251
Samegrelo-Zemo Svaneti	106
Guria	40
Adjara	69
Racha-Lechkhumi and Kvemo Svaneti	17
Imereti	176
Samtskhe-Javakheti	42
Shida Kartli	74
Mtskheta-Mtianeti	30
Kvemo Kartli	90
Kakheti	105
Georgia	1000
Urban	379
Rural	370

The sampling error for Georgia was estimated to be $\pm 3.1\%$. The data is representative and broken down by gender and settlement types (urban/rural):

Region	Number of individuals interviewed	Sampling error - 95% confidence interval
Male	500	4.4%
Female	500	4.4%
Georgia	1000	3.1%
Urban	379	5.0%
Rural	370	5.0%

Within the framework of the quantitative research, clusters were also defined, such as a) municipalities within regions and b) electoral precincts within municipalities. The electoral precincts were used as sampling points. Clusters, both municipalities and election precincts, were selected using the technique of random sampling.

Households/families in sampling points (electoral precincts) were also selected using the technique of random sampling, applying the interval between households.

While selecting respondents in households/families, members of the selected families in the age range 65-85 years were interviewed. In case there was more than one representative of the mentioned age group in the selected household/family, the selection was made randomly, namely, the person with the closest birthday was chosen.

The study also used a **qualitative component** as an auxiliary method; In particular, two focus groups were conducted with representatives of the target group. Both focus groups were composed of individuals living in different regions: one focus group discussion was conducted with older persons living in rural areas, and the other with those living in urban areas. 8 older persons participated in each focus group. Gender balance was maintained among the participants in both focus groups. Considering the current epidemiological situation in the country, focus groups were conducted online using the ZOOM platform.



KEY FINDINGS

About a fifth (21%) of older persons (aged 65-85) participating in the study live alone. Statistical analysis (Mode, Median, Mean) shows that two-person households are most common among the age group of older persons (Mode=2); In addition, half of older persons live in families with less than 3 members, and the other half - in families with more than 3 members (Median=3). Furthermore, the average household size equals to 3 people (Mean=3).

The vast majority of older persons (86%) are pensioners who do not work. Only one-tenth of older persons are employed or self-employed. A small proportion of respondents (3%) are involved in subsistence farming.

Quite a large part of older persons (43%) performs various physical activities on a daily basis, and about a tenth manage to walk or engage in other moderate physical activities for 10 minutes at a time, 2 or 3 days a week. It should be noted herein that in the last two years, 46% of older persons walked regularly, and a quarter travelled by public transport.

The COVID-19 pandemic had a significant impact on the respondents' social interactions. While before the coronavirus outbreak, about a fifth of older persons met friends/relatives every day, and almost the same proportion of them - 2-4 times a week or, additionally, once a week, during the pandemic the frequency of meeting friends/relatives decreased dramatically - about a third of them have become particularly isolated and never or almost never meet friends and relatives. The age of the respondents also is a factor affecting social interactions: before the Covid-19 pandemic, more than a fifth of the 65-70-year-olds met their relatives almost every day, while the rate decreases to 13% among the 81-85-year-old respondents.

62% of older persons do not have regular access to the Internet at home. In addition, they rarely use a computer or other gadgets/electronic devices (except when they are used for the purpose of watching TV programmes or movies). In general, about 30% of respondents do not have a gadget/computer nor basic computer skills to use it. The majority (59%) of respondents who have electronic devices at home or the skills to use them (about 70% of all respondents) never (0 hours) use these devices for anything other than watching TV programmes or movies; and about a fifth of them report that they usually use a computer or other gadgets for 1-3 hours per day. As for the component of online communication such as phone and video calls, a third of older persons make 1-5 calls and a fifth - 6-10 calls to family members, friends and/or for social interactions per week.

One out of five respondents does not have a family member to whom they could talk about their personal problems and worries; whereas 13% of older persons do not have a friend to share their problems and worries with. However, when the respondents have such a person (persons) around them, older persons report that they are very close to them (a family member - 47%, a friend - 32%).

The most frequent specific events and situations experienced by older persons over the past two years are serious illnesses (33%), financial difficulties (36%) and the death of a close person or friend (26%). 47% of older persons describe their health status as satisfactory, and 42% - as bad. The proportion of respondents who describe their health status as bad increase with age. Women tend to assess their health status more negatively than men.

About a third of older persons are quite satisfied with their financial status. In addition, it was revealed that half of older persons living alone are dissatisfied with their financial status, and among them more than a quarter is completely dissatisfied (27%).

The majority of older persons (65%) consider themselves more or less happy (scores: 6, 7, 8, 9 on a scale of 0-10). On the other hand, almost one fifth of the respondents consider themselves not very happy (unhappy) (scores: 1, 2, 3, 4 on a scale of 0-10). According to the **regression model**, older persons living in multi-member families feel happier. In addition, as the age of older persons increases, the degree to which they consider themselves as happy decreases.

Emotional loneliness⁴ is more prevalent among older persons than social loneliness⁵ - majority of them (52%) consider themselves emotionally more or less lonely; that is, they complain about the absence of persons with whom they would share their feelings and would have something in common. On the other hand, 45% of respondents consider themselves socially more or less lonely; that is, these people complain about the absence of a social network, which consists of a circle of close family and friends. Interestingly, whereas 28% of respondents report feeling severe emotional loneliness, only 16% of respondents report feeling the same degree of social loneliness. It appears that older persons in Georgia are not so much worried about the lack of people around them, but the lack of sharing emotions with these people.

Statistical analysis (in particular, the regression model) shows that social loneliness in Georgia prevails among the persons, who:

- rarely feel the presence of a person around them who, if necessary, will take them to a doctor
- rarely feel that they have a person with whom they can do something pleasant
- rarely feel that they have someone who loves them and makes them feel valued and cared for
- generally, consider themselves unhappy
- live in a small family
- live in the capital

On the other hand, emotional loneliness prevails among the persons, who:

- rarely feel that they have someone ready to take care of them if they are bedridden
- rarely feel that they have someone ready to help them with their daily tasks and activities in case of their illness

4. Emotional loneliness was assessed based on the following 6 statements: a) I miss having a really close friend; b) I experience a general sense of emptiness; c) I miss the pleasure of the company of others; d) I find my circle of friends and acquaintances too limited; e) I miss having people around me; f) I often feel rejected.

5. Social loneliness was assessed based on the following 5 statements: a) There is always someone I can talk to about my day-to-day problems; b) There are plenty of people I can lean on when I have problems; c) There are many people I can trust completely; d) There are enough people I feel close to; e) I can call on my friends whenever I need them.



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- are relatively often nervous when they meet face-to-face a person they do not know well
- consider themselves less happy in general
- live in the capital

Through adding up emotional and social loneliness scores, **an overall loneliness score for older persons** (on a scale of 0-11) was determined. 18% of respondents feel severely lonely (scores 9 to 10), additionally, 5% of respondents feel very severely lonely (scores 11). **This means that, as a whole, almost one out of four older persons in Georgia suffers from loneliness.**

Statistical (in particular, correlational) analysis with respect to demographic variables shows that older respondents are more likely to feel lonely, as well as those who live in the capital or live alone.

On the other hand, **regression analysis** shows that the feeling of loneliness prevails among the older persons, who:

- rarely feel the presence of a person around them who, if necessary, will take them to a doctor
- generally, consider themselves unhappy
- rarely feel that they have a person with whom they can do something pleasant
- are relatively often nervous when they meet face-to-face a person they do not know well
- are dissatisfied with their financial status
- rarely feel that they have someone ready to help them with their daily tasks and activities in case of their illness

Acceptance of new people is relatively high among older people - 28% never get nervous when meeting someone they don't know well for a face-to-face conversation. In addition, one out of three older persons feels that other people often have a positive impression of them after talking to them. It should be noted that a large number of older persons consider themselves quite important, both for people very close to them (42%), and for others in their community (32%).

In addition, it was found that older persons are not satisfied with the opportunities/experiences of social interaction they have - one out of three older persons sometimes, and more than a quarter - often wish to have more opportunities to interact with other people.

RECOMMENDATIONS

- Establish a national policy that protect the rights and dignity of older people, with an emphasis on their health and well-being.
- Raising awareness of the population about the roles and contributions of older persons in society - for this purpose, developing programmes based on the best practices presented in the World Health Organization report. The approach will contribute to the elimination of prejudices and stereotypes about older persons and to the adoption of non-discriminatory language related to ageing in society.
- Establish more day centres for older persons or other similar venues, where the beneficiaries can come voluntarily (at least once a week) and participate in group activities, which will probably reduce their feeling of social loneliness.
- The results of the study revealed that older persons consider the activities outside the family/home to be for young people only, which is likely to have a negative impact on their emotional state. Thus, it is recommended to plan various outdoor activities for older persons, in order to facilitate their integration into society.
- According to respondents, women, including older women, are more socially active than men; therefore, it is recommended to ensure gender balance when organizing different types of activities.
- The results of the study show that older persons do not have regular access to the Internet and the majority of them do not have an electronic device or do not know how to use it. Therefore, it is recommended to organize specific group activities for older persons, to facilitate acquisition of specific skills, including the use of the Internet and technologies.
- Create a space where both young and old people can gather and which can serve as a venue for sharing knowledge and experiences, because, according to the study results, older people like communicating with young people and getting information and news. In order to facilitate engagement of older persons, they should be given the opportunity to share their life experiences (if desired).
- Since older persons may not have close family or friends with whom they can share their personal problems or worries, it is recommended to provide them with a psychological support in the form of free counselling with a specialist. The need for the psychological services is also indicated by the fact that the respondents experience emotional loneliness more than social loneliness.
- Considering the physical state of older persons, it is recommended to create additional programmes that will be focused on mobilizing community volunteers to provide day-to-day support, on the one hand, and on organizing mobile medical visits at home, on the other hand.
- Conduct additional research, which will be focused on identifying exactly what services older people need to access and what types of activities they want to participate in. The results of the research will be used to plan the above-mentioned activities.



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