



ORIGINAL CONTRIBUTION

## Social Isolation and Well-Being among Community Dwelling Elderly

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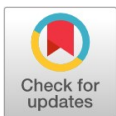
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**Abstract**— The purpose of this cross-sectional study was to examine a link between social isolation and well-being among elderly. It also probes into the nature and extent of respondents' social isolation as well as their well-being. The sample size was 150, and a multi-stage sampling procedure was employed. Data was collected using an interview schedule, a social isolation scale, and a wellbeing scale. The study's major premise was that there would be a strong link between social isolation and elderly well-being. The findings regarding the prevalence of social isolation revealed that half of the respondents were at risk of social isolation. 56% of the elderly reported a high level of Wellbeing, 29% estimated moderate level of Wellbeing, and the remaining had lower Well-being. According to the Pearson correlation, social isolation and elderly well-being have a negative significant relationship. It means that being more likely to be socially isolated will lead to a decrease in wellbeing and vice versa. The T-test results show that there was no significant difference in social isolation between men and women. On the other hand, there was a considerable difference existed in social isolation between nuclear and joint family structures. Participants in nuclear family structure experienced higher social isolation than those in joint family structures. Various intervention measures, including as public awareness campaign, the creation of senior citizen pools, and the building of community centres, should be used to prevent social isolation and improve their social adjustment in later life.

**Index Terms**— Social isolation; Elderly Well-being; Family structure; Social support networks; Gender; Risk factors

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### Introduction

The world's elderly population will grow as a result of falling fertility and higher life expectancy. Rising population, population aging, out migration, and urbanization have all been identified as four global demographic "mega trends" that have a persistent and long-term impact on sustainable development. According to this demographic shift, by 2050, one out of every six individuals on the planet will be over the age of 65, up from one out of every eleven in 2019 (Nations, 2019).

As of 2019, there are fifteen million elderly (aged 60 years and above) in Pakistan which comprised 7% of the whole population. According to the worldwide population of elderly, the number of elderly is likely to double to 1.5 billion by 2050, representing 16% of the world population. Similar trends regarding rise of aging population has been reported in Pakistan which is the 6th most populous county in the world (Nations, 2019). The percentage of elderly is expected to be twofold to 12% in 2050 with 40 million older adults over 60 years (Williamson, 2015).

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This rapid increase in elderly population has far-reaching social, economic, and health implications. The Global Age Watch Index (GAWI) uses global data to estimate and track key aspects of older people's socioeconomic well-being. Income security, health condition, employment and education, and conducive settings are all considered indices of aging wellness by GAWI. Pakistan was ranked 92 out of 96 and 81 in the field of enabling societies and the environment in 2015, which is a very poor ranking (GAWI, 2015).

Social isolation deals with the individual's objective absence of or limited social interaction with others, as evidenced by a lack of social network linkages, infrequent social contact, or living alone. Whereas Loneliness, is the subjective sense of being lonely or the perception of social isolation. Social isolation is frequently used as an objective indicator of networking and interpersonal connection irregularity. But loneliness, is a subjective, qualitative assessment of one's expectations and happiness with the intimacy of relationships (DiNapoli, Wu, & Scogin, 2014; Nicholson, 2012).

The percentage of isolation and loneliness pervasiveness among elderly is significant i.e. reported figure of social isolation was 17% and loneliness was 40%. These trends of living alone and its impact on individual's health are going to appear as growing societal issue. It will also lead to the growing new challenges for care providers and for inventing new social interventions for socially isolated elderly (Dickens, Richards, Greaves, & Campbell, 2011; Iliffe et al., 2007).

The number of senior citizens aged 65 and more living alone in Singapore has risen considerably, from 14,500 in 2000 to 42,100 in 2015. The National Health and Aging Trends Study examined the frequency and correlates of social isolation among community-dwelling older people (NHATS). Around 7.7 million people were assessed to be socially isolated, with 1.3 million (4%) classed as very socially isolated. According to multinomial multivariable logistic regression, being unmarried, poor education, and low income were all independently connected to social isolation. After correcting for variables, black and Hispanic older adults were less likely than white older adults to be socially isolated (Cudjoe et al., 2020).

Social isolation is a growing public health concern that affects many older people, and it has been called a global epidemic among the elderly by the US Surgeon General (Murthy, 2017). Social isolation and loneliness have recently gained prominence as severe health issues among the elderly. Premature death, dementia, coronary artery disease, and stroke have all been associated to social isolation (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015).

Retirement, the death of spouses or friends, financial issues, health problems, and transportation barriers have all been highlighted as risk factors for social isolation and loneliness. According to current statistics, around a quarter of community-dwelling senior people aged 65 and up are socially isolated, and nearly half (43%) of those aged 60 and up say they are lonely (Anderson, 2018; Cudjoe et al., 2020).

The Wellbeing is a broader spectrum phenomenon that includes happiness, prosperity, and purposeful life (Stephoe, Deaton, & Stone, 2015). With advancing age, wellbeing is linked with health, life satisfaction and quality of life (Green, 2014; Steptoe et al., 2015).

Social support and family connection can help older adults maintain their dignity, and this support can also help them maintain their mental health. In Pakistan, the majority of family members have been observed threatening and abusing their parents. The sons make up the majority of these family members. The most common kind of psychological abuse against the elderly is verbal abuse. Furthermore, when it comes to health care, there are very few non-governmental organizations (NGOs) that cater to the elderly. The orderly's health care is not considered a unique field, although they receive only fragmented care and lack comprehensive care and treatment (Dildar, Saeed, et al., 2012).

The findings of prior research has found a link between increased social isolation and worse levels of life satisfaction, sadness, and psychological well-being (Cacioppo & Cacioppo, 2014; Dahlberg & McKee, 2018; Santini et al., 2020). Individuals who are socially isolated may engage in self-defensive thoughts, which can negatively impact their social functioning and interactions with others (Cacioppo & Cacioppo, 2014). Furthermore, social isolation and a lack of social networks function as mediators, promoting a negative mood and lowering pleasure with different elements of life. This links between mental health, sense of control and happiness with one's surroundings (Zheng, Miao, & Gan, 2020).

Reduced well-being and social isolation are aggravated by dissatisfaction with family, scarcity of resources such as foodstuff and goods for self-care, and job uncertainty (Zavaleta, Samuel, & Mills, 2017). In older persons, thoughts of belonging and social bonds are linked to life satisfaction (Xia & Li, 2018).

Furthermore, Statistics of a cross-sectional investigation by National Health and Aging Trends Study discovered that a particular fraction of the senior citizen populace are more likely to be socially isolated, with differences reported based on socio-demographic factors such as race, economics, being oldest old, being a woman, a migrant, being a minority, and those living with chronic illnesses and disabilities (Council, 2020; Cudjoe et al., 2020). In older individuals, socialization and social activities have been shown to improve cognitive function, independence, and mental health, and are signs of productive and healthy aging (Holt-Lunstad et al., 2015).

## **Objectives**

- To study the nature and extent of Social Isolation and wellbeing of respondents.

- To investigate relationship among Social isolation and elderly well being

## Literature Review

According to the findings of a national survey on social relationships and the well-being of Malaysia's elderly, 49.8% of the country's senior citizens has become victim of isolation. In regression analysis results, the number of family members, family circle, health status, location of habitation, homeownership, gender, and background were all found to be significantly related with social isolation. These results might have repercussions for social and health-care professionals as they develop and execute new and successful efforts, such as educational programs, to assist this vulnerable population feel less alone (Ibrahim, Abolfathi Momtaz, & Hamid, 2013).

Breck, Dennis, and Leedahl (2018) found that reverse mentoring is being looked into as part of an intergenerational program that helps older people by using young adults' inherent technical knowledge and abilities to coach them. Young adult mentor diaries from each session, as well as semi-structured questions on post-surveys from elderly and youth, were used to collect qualitative data. Qualitative study discovered three major themes of social connectivity: (1) amplified self-efficacy among senior citizens as they acquire self-reliance in using technology, and for young person as they gain leadership skills via mentoring, (2) the demolition of stereotypes about aging, and (3) participation of various generations and connection reverse mentorship, according to the findings, may be used in a number of scenarios to assist older people feel less socially isolated by developing intergenerational links and enhancing their technology use.

Elder abuse or maltreatment is on the rise around the world, with a detrimental impact on elderly health, standard of life satisfaction, and solitary or alone people are particularly vulnerable. In accordance with the WHO, almost 16% elderly having sixty years and above were suffering from any one type of abuse in the previous year, such as monetary exploitation, physical maltreatment, psychological and sexual maltreatment, and neglect (WHO, 2018).

Abbas, ul Haq, Ashiq, and Ubaid (2020) conducted a study on sample of 200 elderly widows in Pakistani society. Loneliness has harmful effects on the social and psychological level of life satisfaction of elderly widows. According to the findings of current study, the mediating effect of educational status and expertise in particular fields may changed the occurrence of loneliness and had a positive noteworthy impact on the mental and social well-being of older adult widows. As a result, it is advised that inclusive approaches be used to develop government and community-based programs for older adult education and skill upgrading. Furthermore, in order to encourage active and constructive engagement in society, possibilities for paid or volunteer jobs for experienced and educated elderly widows may be provided. Drop-in centers for their physical participation in leisure activities with new acquaintances and fellows could be established to help them recover from the negative effects of loneliness.

According to the Fakoya, McCorry, and Donnelly (2020) a study conducted to focus on the intervention to reduce the impact of social segregation in society. this phenomenon of socially isolated individuals have become a serious public health concerns in our aging culture. While loneliness can strike at any age, but senior citizens are more prone to this dreadful social isolation and almost 1/3 elderly populace will face it once in life. Real or imagined social isolation can have a significant influence on one's health and well-being. The experience of social isolation has major negative consequences for one's mental health (Clair, Gordon, Kroon, & Reilly, 2021).

There are numerous evidences about the negative impacts and risk factors attached with social segregation. Due to limited access towards ruthlessly socially isolated, homebound elderly, public health experts do not appear to be monitoring social isolation among the elderly. Furthermore, because there are few effective interventions for older people, it is advisable to focus on preventing social isolation. To avoid social isolation or increased isolation, public health professionals can improve early detection of social isolation and direct at-risk persons to community resources, reducing the various unfavorable health outcomes associated with this condition (Nicholson, 2012).

The main benefit of adopting Information and Communication Technology (ICT) has been improved social contact, and social support theory has been incorporated into the research (Lin, Tang, & Kuo, 2012) with the goal of improving social interaction among older persons. Women have used social support as a key resource because of their emotional cognition, and those women have been more eager to aid others with communication skills that might enable their network. A substantial gap in the theoretical frameworks has been established in relation to the use of ICT by senior persons, particularly in regard to these socially segregated senior citizens, as social phenomena are rarely portrayed.

Instead, these publications from previous decades have examined psychological and sociological theories relating to the causes of social segregation in older persons. Until date, most of the theories have come from fields outside than social work. Empowerment has been a hot topic in the field of social work. The core notion of empowerment has been the service users' own self-determination and achievement. In a case study based on the data, self-empowerment training programmes assisted older Vietnamese women in overcoming cultural hurdles against this social segregation (O'Mara, Gill, Babacan, & Donahoo, 2012).

Fan (2016) looked into the use of information and communication technology (ICT) in elderly care and tried to come up with research-based knowledge regarding ICT's usability in preventing loneliness and social isolation in the elderly. The findings reveal that while the so-called "digital gap" still exists, older persons are willing to learn and use ICT in their daily lives, particularly for communication. The research suggests that utilizing ICT can help older persons avoid loneliness and social isolation, and they are eager for technical assistance

in using ICT. The results of data analysis on theoretical frames and concepts demonstrate that this research field employs a variety of theoretical frames from other scientific fields, but lacks a social work approach.

There was a link between age and living alone, suggesting that older adults over 75 who live alone are also vulnerable to malnutrition. According to this study, malnutrition in the elderly is associated to social isolation, bad economic conditions, and being over 75 and living alone. Malnutrition and social isolation may be a problem for elderly inhabitants of municipal public housing complexes. For older people's health promotion and prevention, social isolation measures, as well as dietary support, are essential (Arai, 2015).

The studies of social segregation among the elderly are crucial for a variety of reasons. To begin with, there are many facts that social segregation is becoming more widespread as people become older. Second, grief and chronic health issues are more common among older persons that may focus on the dire need of social networking and friendship. Third, evidence shows that older persons who are socially isolated have a higher risk of death, illness, depression, and cognitive impairment (Cornwell & Waite, 2009).

According to the National Health and Aging Trends Study (NHATS) the elderly's relationships, living arrangements, religious practices, and communal involvement were used to create the typology in order to reduce the incidence of social segregation among elderly who resided in community setting and. In 2011, roughly 7.7 million self-reporting community-dwelling older individuals (65+ years) were classified as in the category of severe social segregation or isolation. According to results of regression analysis, unmarriedness, maleness, lower educational status, and lower economic status were all independently associated to social segregation. After correcting for variables, older black and Hispanic people had lower rates of social segregation than older white people. Furthermore, this alone status was a noteworthy and probably preventable problem that affects a major fraction of the elderly population (Cudjoe et al., 2020).

Following the completion of a program, it has been demonstrated that without the social support of the exercise group, contentment with life may drop. This, combined with the fact that several WTL participants expressed an interest in continuing the program, demonstrates the importance of long-term programming to lessen social segregation, as well as the negative effects of loneliness and social isolation on psychosocial and physical well-being and mortality. In the future, successful incentives such as student volunteers, socialization/educational lectures, and the 'walk at your own speed' walking/exercise routine may be considered for participant recruitment. Offering a variety of physical activities (such as swimming, cycling, and so on), adapting activities to participants' ability, and providing low-cost activities are all feasible incentives in order to reduce this dreadful social segregation (Don et al., 2016; Hwang, Wang, Siever, Medico, & Jones, 2019).

## **Hypotheses**

- There would be a considerable link between social isolation and geriatric well-being.
- There would be a significant difference in social isolation and well-being between men and women.
- There would be a considerable difference in social isolation and elderly well-being between joint family structures and nuclear family structures.

## **Materials and Methods**

In the current study quantitative research method was used. In this study comparison also has done on different important demographics variables. Multi-stage sampling method was used. Faisalabad is divided into four Tehsil. At the first stage we selected one Tehsil of Faisalabad out of four Tehsils (ChakJhumra, Jaranwala, Samundary, and Tandlianwala) of District Faisalabad randomly. There were 57 Union Councils (17 urban and 40 rural) in the sampled Jaranwala Tehsil and at the next stage out of 57 Union Councils, 11 union councils were selected by applying the systematic random sampling and every 5th union council will be taken from the list of union councils. Then one village/town will be selected from each union council through simple random sampling. At the last stage, the researcher is approached to target population (60+ elderly men and women) by applying convenient sampling technique.

Three tools of data collection had been used i.e. Interview schedule, Luban social network scale (ISNS-6) and Old people quality of life well being scale (OPQOL).

## **Interview schedule**

Interview schedule was prepared with the help of review of literature. All important demographic variables were selected with the help of literature review. The main demographic are gender (male and female) community (urban and rural) educational status (literate and illiterate) working status (working and non working) economics status (middle and lower) family structure (nuclear and joint) partner living status (alive and dead) physical disease (yes no) satisfaction with family behavior (yes no) involvement in politics (yes no) involvement in literal activities (yes no) final demographic variable involvement in spiritual activities (yes and no).

**Luban social network scale (LSNS-6)**

Lubban (1988) first developed this scale to assess social isolation. This scale is a self-report social isolation scale that includes relatives and friends. This scale is available in two versions: a 6-item short version and a 12-item long version. We used a brief version of the scale in this study. The LSNS-6 total score scale for social networks was used to get these results. In the total, these six items are equally weighted. Each question on the LSNS-6 is scored on a scale of 0 to 5, with a total score ranging from 0 to 30. None is equal to 0, one is equal to 1, two is equal to 2, three or four is equal to 3, five to eight is equal to 4, and nine or more is equal to 5. A score of 12 or less is considered "at-risk."

**Old People quality of life and well being (OPQOL)**

The old people quality of life and well being briefed is used for quality of life and well being. It was developed by Bowling and his colleges on 2013. The old people quality of life briefed questionnaire has 13 items.

**Procedure and ethical consideration**

Firstly, sampling method, sample size and tool to measure constructs are finalized with supervisor. The researcher personally visited to participant and gave them this information of the research. Permission was also taken by the participants and told them this information will not discuss with other. The procedures of data collection take twenty days. In the ethical consideration, the purpose of the study was clarified with the respondents. The written consent was taken by elderly and confidentiality and privacy of respondents maintained.

**Statistical analysis**

SPSS version-23 was used for statistical study. After that descriptive statistical were calculated. Later on Pearson Product-Moment correlation and t-test were used for relationship and for comparison of means between two groups respectively.

**Results**

The table 1 shows the descriptive statistics of all demographic variables used in the present study.

Table I  
Descriptive statistics of demographics variable (N=150)

Variables	n (%)
<b>Gender</b>	
Male	93(62)
Female	57(38)
<b>Community</b>	
Rural	86(57.3)
Urban	64(42.7)
<b>Family Structure</b>	
Nuclear	70(46.7)
Joint	80(53.3)
<b>Working Status</b>	
Working	68(45.3)
Not working	82(54.7)

The results given in the table 1 indicates that total participants of present study 150. This further divided in two categories on the bases of their sex. Total 62% (93) male participated in this study while 38% (57) female took participate in this study. The second most important demographic variable was community. The resident of the two community participated in this study, 57.3% (86) participants were belong to rural community while 42.7% (64) participants were from urban community. Family structure also taken in two consideration there are two groups were taken in family structure, first group known as nuclear family structure and second group is called joint family structure, 46.7% (70) belong to nuclear family structure and 53.3% (80) members were belong to combine or joint family structure. The next demographic variable is working status. Two groups were taken in this study 45.3% (68) members belong to working status while 54.7% (82) participants were unemployed.

Table II  
Prevalence of well-being among elderly (N=150)

Variables	n (%)
<b>Well-being</b>	
Lower Level	23(15)
Moderate Level	43(29)
High level	84(56)

This table indicates that in low level of well being 15% (23) participants while in moderate level well being there are 29% (43) participants while in high level of well being there are 56% (84) participants.

Table III  
Prevalence of social isolation among elderly (N=150)

Variables	n (%)
<b>Social Isolation</b>	
Socially Isolated (at risk)	76(50.7%)
Not Socially Isolated (Not at risk)	74(49.3%)

The table no 3 indicates the prevalence of social isolation among elderly. It shows that slightly more than half of the respondents i.e. 50.7% (76) did not feel social isolation and 49.3% (74) were at risk level and they became the victim of social isolation. These results are derived to use the LSNS-6 total score scale for social networks.

The study's initial hypothesis was that there would be a strong link between social isolation and well-being among the elderly. This hypothesis was tested using Pearson product moment correlation.

Table IV  
Summary of inter-correlation between social isolation and elderly wellbeing

Variables	1	2
Social isolation	-	-.705**
Well-being		

Note: \*\*  $p < .001$

The above table shows the results of correlation analysis. The table also shows that there is negative significant correlation between social isolation and elderly well being. It means that if social isolation of the participant increased then the elderly well being will be decreased and is the same way if social isolation was decreasing elderly well being would be increasing.

The current study's next premise was that there would be a substantial difference in social isolation and well-being between men and women. The independent sample t-test was performed to test this hypothesis.

Table V  
Social isolation and well-being scores among males and females

Variable	Male		Female		T	P	95%CI		Cohen's D
	M	SD	M	SD			LL	UL	
Social Isolation	15.9	7.4	18.4	10.0	-1.72	.075	-5.3	-.35	0.28
Well-being	31.3	7.9	33.0	6.9	-1.3	.178	-4.2	.79	0.22

Table V reveals that there is no significant difference in social isolation between male and females, implying that the current population's social isolation score is the same for both genders. Furthermore, the same table demonstrates that the male and female scores on the elderly well-being scale are equal. This means that there is no substantial difference in old well-being between men and women.

The current study's second premise was that there would be a substantial difference in social isolation and elderly well-being between joint and nuclear family structures.

Table VI  
Social isolation and well-being scores among nuclear family and joint family

Variable	Joint		Nuclear		T	P	95%CI		Cohen's D
	M	SD	M	SD			LL	UL	
Social Isolation	9.0	3.3	23.7	5.1	-20.5	.000	-16.1	-13.3	3.42
Well-being	37.3	4.1	27.2	6.8	10.7	.000	8.2	11.9	1.79

The table VI indicates that there is notable difference exists among nuclear family structure and joint family system on social isolation. The result shows that participants of nuclear family structure experienced more social isolation as compared of joint family structure. Results indicated a significance difference exists between nuclear family structure and joint family structure on well being. Further the members of joint family structure had better level of well being than the members of nuclear family structure.

## Discussion

The present research studies the social isolation and well-being of older adults in district Faisalabad. The total sample size was one hundred and fifty which comprise on ninety three males and fifty seven females. The results are discussed with references to pervious researches.

The results of study indicated a significant association between social isolation and well being among elderly. The result showed that social isolation has negative significant correlation with well being. According to the [Holt-Lunstad et al. \(2015\)](#) Social isolation has link with a notably risk of premature mortality, dementia, coronary heart and increased risk of stroke. This increase in social isolation will decline the health of elderly and health is the major indicator of wellbeing.

These results are consistent with those of [Green \(2014\)](#), and [Steptoe et al. \(2015\)](#). Furthermore, prior studies found that increased social isolation is associated with reduced life satisfaction, higher levels of sadness, and lower levels of psychological well-being ([Cacioppo & Cacioppo, 2014](#); [Dahlberg & McKee, 2018](#); [Santini et al., 2020](#)).

The result of study expressed no significant difference exists in gender on social isolation and wellbeing of elderly. The outcome is similar with other study as well like [Poscia et al. \(2018\)](#). The same results have been found in a study conducted among community dwelling Pakistani elderly that expressed no significant difference exists in gender on loneliness. The same results were revealed by the Abbas and co-researchers in 2021 ([Abbas et al., 2020](#)).

Previous research also found that certain segments of the elderly population are more likely to be socially isolated, with gender differences reported based on socio-demographic factors such as race, source of economic income, being older, being a woman, an migrant, or a member of a minority group, and those with health issues ([Cudjoe et al., 2020](#)).

Loneliness was shown to be higher in women, widowed people, and those with physical disabilities, and it rose with age, but when age-related characteristics were taken into account, the link was no longer significant. Loneliness and a non-integrated social network were all individually linked to happiness, depression, and hopelessness ([Golden et al., 2009](#)).

The findings show that there is a considerable difference in social isolation and well-being between nuclear and joint family. Member of nuclear structure experienced more loneliness and social isolation while member of joint family experienced better wellbeing as compared of member of nuclear family structure. The result is similar with other study as well like [Chalise \(2010\)](#). Thoughts of attachments, affiliations and social bonds have strong connections with satisfied and successful elderly life ([Bøen, Dalgard, & Bjertness, 2012](#); [Xia & Li, 2018](#)).

Social support, disability, and living with a spouse were examined as major predictors of social segregation in an Iranian study conducted in a community environment. Increased social support, decreased handicap, and living with spouse all helped to reduce social isolation ([Taghvaei, Motalebi, Mafi, & Soleimani, 2021](#)).

According to [Zhai, Zhuang, and Wang \(2019\)](#), social support networks have a good impact on the mental wellbeing of the elderly and are beneficial in promoting their successful aging. Children's support, friends, neighbors, and social activity all play a significant impact in the psychological wellbeing of the elderly. Furthermore, certain particular instances, such as the senior citizens who have lost their sole kid, those who have shifted to next cities, and empty nesters, have become vulnerable groups in terms of mental health.

## Limitation of the Study

- The data was collected only from Faisalabad (rural and urban areas) district of the Punjab. Consequently, the result may only be reliable in the context of Faisalabad.
- Higher socio economic participants were not included.
- Social isolation is a common problem of a large portion of sample but sample size was too short due to time constraints.

## Implication of the Study

- The current research will aid in understanding the current state of the elderly.
- The findings of this study will raise awareness about the psychological and social wellbeing of senior citizens.
- This study will provide a fresh window of knowledge for advanced research regarding causative factors, interventions and prevention strategies of social isolation among senior citizens at national level.

## **Conclusion**

In conclusion, the study found that family structure and social interaction have a good impact on the elderly's well-being. The elderly who live in a joint family have a higher level of happiness than those who dwell in a nuclear family. Social isolation, on the other hand, has an inverse association with wellbeing. As a result, awareness-raising activities focusing on the needs and care of the senior citizens should be established in order to strengthen our social and cultural, which places a premium on the elderly's higher standing in our society. Various intervention strategies, such as to establish senior citizen pools, in which they can use their skills and expertise in specific fields. According to the continuity theory of ageing, older individuals like participating in activities from their middle years, and this involvement will be valuable for young generation and elderly successful adjustments in later life. Furthermore, community centres should be built where elderly can participate in group activities and stay active. The degree of wellbeing of the elderly will be improved as a result of these intervention measures, allowing them to enjoy a successful old life.



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