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Loneliness Among the Elderly in Malaysia: A Burgeoning Problem

Loneliness is a pervasive issue affecting people of all ages, particularly the elderly. It is a growing public health issue, particularly among the elderly population. As the proportion of older adults continues to rise globally, including in Malaysia, addressing this has become a priority. It can lead to various adverse effects, including mental health issues such as depression and anxiety, as well as physical health problems like cardiovascular diseases.

The prevalence of loneliness varies widely across different countries, including Malaysia. A meta-analysis by Chawla et al. (2021) estimated a pooled prevalence of loneliness among older adults at 28.5% across 29 countries.[1] In Malaysia, studies on loneliness among the elderly remain limited. A 2014 national survey reported that 34.2% of the elderly felt lonely, with 9.6% experiencing loneliness frequently and 24.6% sometimes feeling lonely.[2] Another local study by Teh et al. (2014) found that 32.5% of elderly respondents reported feeling lonely occasionally, while 20.9% indicated they felt lonely most of the time. These findings underscore the need for targeted interventions to address this phenomenon in Malaysia's aging population. The prevalence among the elderly varies by region, gender, and sociodemographic factors, with rural areas reporting higher rates of loneliness than urban areas.[3]

In general, loneliness can be divided into social, emotional and existential loneliness. Several sociodemographic and health-related factors have been identified as contributors to this among the elderly in Malaysia and worldwide.

The sociodemographic factors like age, living arrangement, and marital status are closely associated with loneliness. It tends to increase with age, with those over 70 years old reporting higher levels.[3,4] Gender differences also play a significant role in the prevalence among the elderly. While findings are mixed, women generally report higher loneliness levels than men.[5]

It is also notably higher among individuals who are single, separated, divorced, or widowed.[3] Living arrangements further influence this issue, with those living alone or without their children experiencing greater loneliness.[5] Higher education and income levels are protective factors, with financial satisfaction being particularly influential in reducing this problem.[3]

The presence of chronic diseases contributes significantly to loneliness among the elderly. Those suffering from such conditions are often burdened with physical limitations that restrict social mobility, thereby hindering their ability to form relationships and leading to increased levels.[3]

Engaging in hobbies, religious activities, and social interactions can mitigate feelings of loneliness.[3,5] Additionally, the use of digital technology, including the internet and social media, can reduce this phenomenon, especially among the more tech-savvy elderly.

In Malaysia, cultural norms emphasize familial ties and support, but the effects of modernization, migration, and shifting family structures have impacted elderly care and social interactions, leading to feelings of isolation and loneliness. Studies show that elderly Malaysians, particularly those living alone or without the support of children, are more vulnerable to it.[5] Furthermore, societal stigma surrounding aging and the elderly contributes to their isolation, as well as reluctance to engage in social networks or seek assistance. The COVID-19 pandemic has exacerbated the issue of among the elderly.

Religious involvement has been highlighted as a protective factor against loneliness in Malaysia, particularly among the Malay elderly, as religious gatherings provide opportunities for social interaction.[3,5] Religious participation not only fosters a sense of belonging and purpose but also connects individuals to a supportive community, reducing feelings of isolation.

Identifying and addressing loneliness in older adults requires the use of effective screening tools. Two widely used scales are:

- **De Jong Gierveld Loneliness Scale (DJGLS)**: This tool assesses both emotional and social loneliness, making it suitable for detecting different dimensions of loneliness.
- **UCLA Loneliness Scale**: Commonly used to assess subjective feelings of loneliness and social isolation. This scale has been validated in various populations, including the elderly.

These tools help healthcare providers identify individuals at risk of this problem and implement appropriate strategies.

Addressing loneliness among the elderly requires a multifaceted approach, combining individual, community, and governmental efforts.

Promoting social inclusion and facilitating community engagement are essential strategies for reducing loneliness. In Malaysia, programs that encourage the elderly to participate in social, recreational, and religious activities have proven beneficial. Community centres such as the Senior Citizens Club, religious institutions, and non-governmental organizations play a pivotal role in offering these opportunities.[5] In Malaysia, Kelab Warga Emas (Senior Citizens Club) supported by the Ministry of Health in health clinics provides opportunities for older adults to engage in social, recreational, and cultural activities, promoting active aging, social interaction, and overall well-being. These activities are often organized by local communities, non-governmental organizations (NGOs), or supported by government agencies.

Remarkable measures have been taken by the government aimed at improving the well-being of the elderly, such as the National Policy for Older Persons, which promotes social participation and economic security.[2]

Loneliness is often linked to physical and mental health issues such as depression and anxiety. Providing regular health screening and counseling services, both in-person and through telehealth, can be effective in addressing the medical health and emotional needs of the elderly. Even though many elderly individuals may be unfamiliar with technology, digital literacy programs targeted at the elderly population can enhance their ability to use online communication tools which will help them to engage with family and friends.

Loneliness is a prevalent issue among the elderly in Malaysia, with significant physical and mental health consequences. Sociodemographic factors, health status, and social engagement all play crucial roles in determining loneliness levels. By identifying at-risk individuals through appropriate screening tools, targeted interventions can be developed to alleviate this increasing problem and improve the quality of life for Malaysia's aging population.

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