EXPLORING LONELINESS EXPERIENCED IN OLDER AGE IN THE HOME ENVIRONMENT

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Abstract:

Background: Loneliness is a prevalent and multidimensional phenomenon among older adults, this study aimed to examine the prevalence and dimensions of loneliness among seniors living at home, with a focus on gender differences and the impact of living arrangements on emotional loneliness. **Methods:** A cross-sectional quantitative design was applied to a sample of 156 seniors aged 67–75 years residing in private households. Data were collected using a structured questionnaire assessing emotional, social, and behavioral dimensions of loneliness. **Results:** The results revealed significant gender differences across all dimensions of loneliness. Women reported higher levels of emotional and social loneliness, including feelings of emptiness, lack of close family conversations, limited shared values, and fewer perceived sources of support. Men more frequently reported lack of trust in others and reduced engagement with the broader social environment. Seniors living alone long-term showed higher emotional loneliness than those living with a partner or widowed short-term. **Conclusion:** In conclusion, loneliness among home-dwelling seniors is influenced by both gender and social context, highlighting the need for targeted, gender- and context-sensitive interventions addressing emotional, social, and behavioral aspects of loneliness.

Keywords: ageing; loneliness; emotional dimension; seniors

Introduction

Loneliness in seniors is a significant multidimensional problem affecting public health, social policy and the psychology of aging. In the context of demographic aging, the number of older people who remain in their own home environment is increasing, and this group is at increased risk of social isolation and subjectively experienced loneliness. Although the home environment provides seniors with a sense of familiarity, security and autonomy, it can also create conditions for limiting social contacts, reducing participation in social activities and gradually weakening interpersonal ties.

Loneliness should be understood as a subjective state resulting from a perceived discrepancy between the desired and actually experienced level of social relationships [13]. It is not only about physical loneliness, but above all about the quality and importance of social ties that the individual considers important. In older age, this discrepancy can be exacerbated by the loss of a partner, friends or siblings, deteriorating health, decreased mobility, and withdrawal from work, which often represented an important source of social interactions [12].

Long-term loneliness has proven to have negative consequences for the mental and physical health of older people. It is associated with an increased incidence of depressive symptoms, anxiety, cognitive decline, sleep disorders, as well as with a worsening overall health status and higher rates of morbidity and mortality. For this reason, loneliness in seniors is perceived not only as an individual psychological problem, but also as a significant risk factor affecting the quality of life and the burden on health and social systems.

Loneliness experienced in the home environment requires special attention. Unlike institutional care, where social contacts are to a certain extent structurally secured, seniors living at home are more dependent on their own social networks, family and community. If these resources are weakened or unavailable, the risk of loneliness increases significantly [2]. Therefore, investigating this phenomenon allows for a better understanding of the specific needs of older people living at home and creates the prerequisites for the design of targeted prevention and intervention strategies [3].

The concept of loneliness

Loneliness is a serious psychosocial phenomenon that is becoming an increasingly important topic of research in senior age, especially in the context of older people remaining at home. It is a disturbing subjective feeling resulting from the belief that an individual's social needs are not satisfied by either the quantity or quality of their social relationships. Loneliness therefore reflects a

perceived discrepancy between the preferred and actual level of social interaction [5].

Similarly, Wang et al. [14] define loneliness as a subjective negative emotional state in which an individual experiences tension resulting from unfulfilled expectations regarding the quality and closeness of interpersonal relationships. Research shows that loneliness has significant consequences for both physical and mental health. It is associated with impaired sleep quality, a weakened immune system, a decrease in physical activity, impaired cognitive function, and an increased risk of developing neurodegenerative diseases, including Alzheimer's disease. It is also strongly associated with depression and other psychological difficulties [9].

From the perspective of the structure of social relationships, loneliness can be distinguished into social loneliness and emotional loneliness. Social loneliness arises in situations where an individual has fewer social contacts than they consider desirable, while emotional loneliness is related to the absence of a close, trusting relationship that provides a sense of intimacy and security [8]. This distinction is particularly important when examining the loneliness of seniors in a home environment, where the number of contacts may be relatively preserved, but their emotional quality is insufficient [1].

The concept of social isolation is closely related to loneliness, but it represents a different construct. Social isolation is an objectively measurable lack of social contacts, interactions, and social bonds. While social isolation describes a structural deficit in social relationships, loneliness expresses the subjective experience of this state [6]. Although these terms often overlap, they are not identical phenomena. An individual can be socially isolated without feeling lonely, or, conversely, can experience intense loneliness despite the existence of formal social contacts [5]. This difference is also confirmed by Yeung et al. [15], who emphasize that loneliness is more related to the quality of relationships, while social isolation is more related to their quantity. The issue of loneliness and social isolation can occur at any stage of life, but it takes on particular importance in senior age. Older people often face the loss of a partner, friends, reduced mobility, leaving the work environment, or deteriorating health, which leads to a shrinking social network and limiting social activities [4]. These changes are particularly pronounced in seniors living in their own homes, where they may gradually withdraw from social life without adequate replacement for social interactions [11].

The importance of examining loneliness in seniors has become even more important due to demographic aging and global societal changes. The growing number of older people living alone represents a significant social and health challenge [7]. The situation has also been significantly affected by the COVID-19 pandemic, during which social distancing measures and contact restrictions were introduced. These factors have contributed to the deepening of social isolation and loneliness, especially among seniors remaining in their homes [13].

From a psychological perspective, loneliness can also be understood as the experience of alienation and internal disharmony. According to Palenčár et al. [10], the feeling of loneliness arises mainly when an individual accepts socially expected values and relationships as important, but these are not in line with their personal needs, goals or current life situation. In senior age, when significant life changes and reassessment of identity occur, this contradiction can be particularly intense [4].

Researching loneliness in senior age in the home environment is therefore essential for understanding not only the social, but also the psychological and health contexts of this phenomenon. Identification of risk factors, forms of loneliness and its consequences represents the basis for the creation of targeted interventions supporting the quality of life of older people remaining in their own homes [11, 2].

Determinants of loneliness

The reviewed studies indicate that loneliness among older adults living at home is shaped by a combination of social, environmental, demographic, and interpersonal factors [1**,** **2**]. A central determinant is the size, quality, and structure of the social network. Older adults with fewer close relationships and limited social support are at greater risk of loneliness, while subjective satisfaction with relationships serves as an important protective factor. Not only the number of contacts but also the composition of the support network matters. Networks that rely almost exclusively on family members, or those that are very restricted and lack friendships and community involvement, are associated with higher levels of loneliness [13].

The neighbourhood and physical living environment also play a significant role. Perceived safety, the presence of social problems, housing type, urban density, and access to amenities influence opportunities for social interaction and feelings of belonging. Supportive neighbourhood ties can enhance social

inclusion and attachment to place, whereas unsafe or poorly resourced environments may contribute to social dissatisfaction and increased loneliness.

Demographic and socioeconomic characteristics further shape vulnerability. Living with a partner and having children are associated with lower levels of loneliness, while living alone and being childless increase the risk. Similarly, lower education and lower income levels are linked to a greater likelihood of experiencing loneliness, highlighting the role of social inequality in later-life well-being.

Although ageing in place provides emotional security and continuity, the home environment can simultaneously foster social withdrawal if social networks weaken or mobility declines. This dual role underscores the importance of examining loneliness specifically within the context of older adults living at home rather than in institutional settings.

Material and methods

The research was conceived as a quantitative descriptive-analytical study aimed at determining the level of loneliness experienced by seniors living in their own homes and at identifying its psychological and social consequences. A cross-sectional research design was applied, which means that data were collected at one point in time. Data collection was carried out using a standardized questionnaire tool, which enabled a systematic and comparable capture of the subjective experiences of the respondents.

The research sample consisted of 156 seniors aged 67 to 75 years, who lived in their own households, i.e. outside institutional social service facilities. Respondents were selected by purposive sampling, with the basic inclusion criteria in the research being living in their own homes and the ability to complete the questionnaire independently. Participation in the research was voluntary and anonymous, and respondents were informed of the purpose of the research and the method of data processing.

Data collection was carried out using a structured questionnaire in 10-12/2025 aimed at measuring loneliness through three main dimensions: emotional, social and frequency-behavioral. Respondents rated individual statements on a Likert scale, for example, ranging from 1 = not at all true to 5 = completely true. For items focusing on the frequency of occurrence of feelings or situations, a scale from “never” to “always” was used.

The loneliness variable was operationalized through a set of specific indicators. Emotional indicators captured the subjective experience of an internal lack of closeness and included feelings of emptiness, abandonment, the absence of a close person for a confidential conversation and the belief that no one really understands the person. Social indicators focused on the perception of the quality and availability of social relationships, specifically the feeling of a lack of company, a feeling of exclusion from the collective or community, a perceived lack of people to turn to, and a feeling that social relationships are superficial. The third area, frequency and behavioral indicators, focused on manifestations of loneliness in everyday life. It included the frequency of feeling lonely, the frequency of spending most of the day without social contact, and the effort to prolong conversations or actively seek contact out of fear of loneliness.

The sample

The study sample consisted of 156 older adults aged 67 to 75 years who were living in their own homes. The age distribution was fairly balanced, with 29% of participants aged 67–70, 32% aged 71–72, and 39% aged 73–75. Regarding gender, the sample included slightly more women (57%) than men (43%).

In terms of living arrangements and marital status, 43% of participants were widowed and living alone for a short period, 23% lived with a partner, and 46% reported living alone long-term. Educationally, nearly half of the respondents (48%) had completed secondary education, 32% had tertiary education, and 20% had only primary education.

With respect to place of residence, a majority of participants lived in rural areas (59%), while 41% resided in urban settings. These sociodemographic characteristics provide a contextual overview of the study population and serve as a foundation for analyzing patterns of loneliness among older adults living at home.

Table 1 Sociodemographic Characteristics of Respondents (N = 156)

Variable	Category	Percentage (%)
Age	67 – 70 years	29 %
	71 – 72 years	32 %
	73 – 75 years	39 %
Gender	Male	43 %
	Female	57 %
Living arrangement / Marital status	Widow, living alone short-term	43 %
	Living with a partner	23 %
	Living alone long-term	46 %
Education	Primary	20 %
	Secondary	48 %
	Tertiary	32 %
Place of residence	Urban	41 %
	Rural	59 %

Hypothesis 1 (H1):

There are significant differences in the levels of experienced loneliness between men and women.

- Independent variable: Gender (male / female)
- Dependent variable: Overall loneliness score or scores on emotional, social, and behavioral dimensions

Hypothesis 3 (H3):

There is a significant association between educational level and the social dimension of loneliness.

- Independent variable: Education level (primary, secondary, tertiary)
- Dependent variable: Social indicators of loneliness (feeling socially excluded, lacking company, perceiving relationships as superficial)

Results

The study examined gender differences in the emotional dimension of loneliness among seniors living in their own homes. The sample included 156 respondents, with women comprising 57% and men 43% of participants, a statistically significant difference ($p = 0.003$). Analysis of the emotional indicators of loneliness revealed several notable gender-specific patterns.

Women reported higher levels of general feelings of emptiness and loneliness compared to men. Specifically, 22% of women indicated experiencing a feeling of emptiness in life versus 13% of men ($p = 0.010$), and 31% of women reported feeling lonely compared to 19% of men ($p = 0.005$). Additionally, women were more likely to report a lack of close conversation with family members (29% vs. 14%, $p = 0.014$), suggesting that the quality of family interactions may be particularly relevant to women's emotional experience of loneliness.

In contrast, men reported higher levels of certain other emotional indicators. For example, 27% of men perceived a lack of interest from family members in maintaining contact, compared to 16% of women ($p = 0.031$). Men also reported a greater lack of close conversation with the outside environment (20% vs. 11%, $p = 0.048$) and a higher prevalence of feeling a lack of love (18% vs. 9%, $p = 0.036$). These findings indicate that men may be more sensitive to deficits in both family attention and broader social engagement, while women are more affected by the absence of intimate emotional exchanges within the family.

Other emotional indicators, such as feeling of loss of contacts, lack of attention, lack of basic needs, and low self-esteem, showed differences between men and women but were not statistically significant. For instance, 14% of men versus 10% of women reported a feeling of loss of contacts ($p = 0.123$), and low self-esteem was reported by 14% of men and 23% of women ($p = 0.114$).

Table 2 Emotional dimension of loneliness

Variable	Percentage (%)	Percentage (%)	p
Gender	Women	Men	0,003
Emotional dimension			
Feeling of emptiness in life	22%	13%	0,0101
Feeling of loneliness	31%	19%	0,005
Feeling of loss of contacts	10%	14%	0,123
Family members' lack of interest in contact with the senior	16%	27%	0,031
Lack of close conversation with family	29%	14%	0,014
Lack of close conversation with the outside environment	11%	20%	0,048
Lack of attention	10%	15%	0,095
Lack of love	9%	18%	0,036
Lack of basic needs	12%	18%	0,092
Low self-esteem and self-love	23%	14%	0,114

The social dimension of loneliness was also examined in relation to gender among seniors living at home. Overall, women and men showed significant differences in several aspects of perceived social isolation ($p = 0.006$).

Women were more likely than men to report feelings related to social disconnection and limited networks. For example, 46% of women agreed that they lacked company with similar values, compared to only 15% of men ($p = 0.022$). Similarly, women reported a perceived lack of people to turn to more often than men (37% vs. 18%, $p = 0.019$). Women also experienced more stability in their social networks over a long period of old age, with 45% reporting the same network of contacts versus 13% of men ($p = 0.016$).

In contrast, men were more likely to report lack of trust in people around them, with 25% of men agreeing with this statement compared to 11% of women ($p = 0.021$). Other indicators, such as feeling of exclusion from the senior community (21% women vs. 17% men, $p = 0.095$), feeling of exclusion from collectives in the community (14% women vs. 18% men, $p = 0.123$), low social network size (19% women vs. 21% men, $p = 0.133$), and limitation of social contacts to specific settings (42% women vs. 14% men, $p = 0.115$), showed differences between genders but were not statistically significant.

These findings suggest gender-specific patterns in social loneliness. Women appear to be more affected by a lack of social support, restricted access to meaningful contacts, and stability in their social networks, whereas men are more sensitive to distrust and negative perceptions of people around them. Such insights indicate that interventions addressing social loneliness should consider gender differences, promoting both broader social engagement for men and enhanced social support and companionship for women.

Table 3 Social dimension

Variable	Percentage (%)	Percentage (%)	P women to men comparation
Gender	Agree	Disagree	0,006
Social dimension of loneliness			
Feeling of lack of company with the same values	46%	15%	0,022
Feeling of exclusion from the senior community	21%	17%	0,095
Feeling of exclusion from the collective in the community	14%	18%	0,123
Lack of trust in people around you	11%	25%	0,021
Perceived lack of people to turn to	37%	18%	0,019
Low social network	19%	21%	0,133
Limitation of social contacts to the same community – club, doctor, community	42%	14%	0,115
The same network of contacts in a long period of old age	45%	13%	0,016

Women were more likely than men to agree with statements indicating loneliness or isolation. For example, 25% of women reported very often or often feeling lonely compared to 14% of men (p = 0.016). Similarly, 36% of women agreed that they spend time at home completely alone, whereas only 19% of men agreed (p = 0.027). Spending most of the day without social contact was also reported more by women (32%) than men (21%, p = 0.031).

In contrast, men were more likely than women to disagree with items indicating lack of social contact, reflecting more frequent social engagement. For instance, 35% of men disagreed that they rarely communicate physically with family, compared to 22% of women (p = 0.014). Phone communication with family also showed higher disagreement among men (40% vs. 26%, p = 0.039), suggesting men maintain more frequent contact.

Women were more likely than men to report reliance on virtual contacts instead of face-to-face interactions, with 13% agreeing versus 26% of men disagreeing with this statement (p = 0.033). Additionally, women reported lower satisfaction with family relationships (18% agreement vs. 30% disagreement, p = 0.025) and frequency of visits (17% agreement vs. 29% disagreement, p = 0.030). Satisfaction with the quality of relationships in the city was lower among women (12% agreement vs. 27% disagreement), although this difference was not statistically significant (p = 0.066).

Table 4 Behavioral dimension

Variable	Percentage (%)	Percentage (%)	P women to men comparation
Gender / Behavioral dimension	Very often-often	Sometimes-rarely	0,004
how often does a senior feel lonely	25%	14%	0,016
How often does he/she spend time at home completely alone	36%	19%	0,027
How often does he/she spend most of the day without social contact	32%	21%	0,031
How often does he/she communicate physically with his/her family	22%	35%	0,014
How often does he/she communicate by phone with his/her family	26%	40%	0,039
More virtual than social contacts	13%	26%	0,033
Satisfaction with the quality of family relationships	18%	30%	0,025
Satisfaction with the quality of relationships in the city	12%	27%	0,066
Satisfaction with the frequency of visits	17%	29%	0,030

The study examined how seniors' living arrangements—being widowed and living alone short-term, living with a partner, or living alone long-term—relate to emotional experiences of loneliness. The results indicate that the type of living arrangement influences specific emotional indicators among seniors.

Seniors living alone long-term reported higher levels of several emotional indicators compared to those living with a partner or widowed and living alone short-term. For example, 20% of long-term residents reported a feeling of emptiness in life, compared to 13% of those living with a partner and 11% of widows living alone short-term. Similarly, lack of close conversation with family was most frequently reported among long-term residents (27%), compared to 20% of widows and 14% of seniors living with a partner.

Feelings of loneliness were also highest among widowed seniors living alone short-term (28%), followed by those living alone long-term (22%), and lowest among seniors living with a partner (17%). A lack of close conversation with the outside environment was more pronounced among long-term residents (21%) than widows (11%) or those living with a partner (16%).

Other emotional indicators showed mixed patterns. Lack of love was reported most frequently by widowed seniors living alone short-term (21%), whereas lack of basic needs was highest among long-term residents (23%). Perceptions of family members' lack of interest, lack of attention, and low self-esteem showed smaller differences across living arrangements, indicating that some aspects of emotional loneliness may be less sensitive to living arrangements.

Table 5 Correlation emotional dimension and social status

Variable	Percentage (%)	Percentage (%)	Percentage (%)
Gender / Emotional dimension	Widow, living alone short-term	Living with a partner	Living alone long-term
Feeling of emptiness in life	11%	13%	20%
Feeling of loneliness	28%	17%	22%
Feeling of loss of contacts	10%	14%	17%
Family members' lack of interest in contact with the senior	17%	20%	18%
Lack of close conversation with family	20%	14%	27%
Lack of close conversation with the outside environment	11%	16%	21%
Lack of attention	10%	18%	12%
Lack of love	21%	15%	13%
Lack of basic needs	12%	14%	23%
Low self-esteem and self-love	17%	13%	16%

Social Dimension of Loneliness and Education Level

The results indicate that education level significantly influences the social dimension of loneliness among seniors living at home ($p = 0.007$). Seniors with primary or secondary education reported higher agreement with indicators of social isolation compared to those with a university education.

For instance, lack of shared values with other people in ageing was reported by 34% of seniors with primary or secondary education, compared to 21% of those with a university education ($p = 0.042$). Similarly, lack of trust and open communication was more frequently observed among less-educated seniors (24% vs. 18%, $p = 0.026$), and limitation to younger social networks was particularly pronounced (39% vs. 14%, $p = 0.011$). Additionally, lack of communication among community members was higher among seniors with lower education (33% vs. 15%, $p = 0.018$).

Other indicators, such as feeling of exclusion and discrimination (28% vs. 17%, $p = 0.065$) and lack of peer-to-peer support (21% vs. 25%, $p = 0.114$), showed differences between education groups but were not statistically significant. Indicators related to limitation to cultural life (19% vs. 21%, $p = 0.93$) and life satisfaction based on contacts (22% vs. 16%, $p = 0.97$) showed minimal differences, suggesting that certain aspects of social engagement may be less influenced by educational background.

Table 6 Correlation social dimension and education

Variable – Education	Primary - secondary	University	P
Social dimension			0,007
Lack of values with other people in ageing	34%	21%	0,042
Feeling of exclusion and discrimination	28%	17%	0,065
Lack of trust and open communication	24%	18%	0,026
Lack of peer to peer support	21%	25%	0,114
Limitation to younger social network	39%	14%	0,011
Limiation to cultural life	19%	21%	0,93
LIfe satisfaction based on contacts	22%	16%	0,97
Lack of communication among members of community	33%	15%	0,018

Discussion

The present study examined loneliness among seniors living at home, focusing on gender differences and the impact of social status, particularly living arrangement, on emotional loneliness. The results largely support the proposed hypotheses and provide evidence of gender- and context-specific patterns in the experience of loneliness.

Gender Differences in Loneliness (H1)

Women reported higher agreement with indicators of emotional loneliness: 22% of women felt emptiness in life compared to 13% of men ($p = 0.010$), and 31% of women reported feeling lonely versus 19% of men ($p = 0.005$). Women also more frequently reported lack of close conversation with family (29% vs. 14%, $p = 0.014$), while men were more likely to report family members' lack of interest (27% vs. 16%, $p = 0.031$) and lack of close conversation with the outside environment (20% vs. 11%, $p = 0.048$). These findings indicate that women's loneliness is more strongly associated with emotional and intimate-family deficits, whereas men's emotional loneliness is influenced by perceived neglect and reduced social engagement outside the household.

In the social dimension, women were more likely to report lack of company with similar values (46% vs. 15%, $p = 0.022$) and perceived lack of people to turn to (37% vs. 18%, $p = 0.019$). Men, on the other hand, reported higher agreement with lack of trust in people around them (25% vs. 11%, $p = 0.021$). These results suggest that women experience loneliness in relation to deficits in meaningful companionship, whereas men may be more affected by mistrust or perceived deficits in broader social networks.

Behaviorally, women spent more time alone and reported higher frequency of loneliness: 36% of women spent time at home completely alone compared to 19% of men ($p = 0.027$), 32% spent most of the day without social contact versus 21% of men ($p = 0.031$), and 25% of women reported feeling lonely very often or often compared to 14% of men ($p = 0.016$). Men reported more frequent physical and phone contact with family (physical: 35% vs. 22%, $p = 0.014$; phone: 40% vs. 26%, $p = 0.039$), highlighting higher engagement in direct social interactions. Overall, these results confirm that women are more prone to emotional and social isolation, while men are more affected by deficits in trust and engagement outside the family.

Impact of Social Status on Emotional Loneliness (H2)

Analysis by living arrangement showed that seniors' social context significantly affects emotional loneliness. Seniors living alone long-term reported the highest levels of emotional loneliness across multiple indicators. For example, 27% experienced lack of close conversation with family, 23% reported lack of basic needs, and 21% reported lack of close conversation with the outside environment. Widowed seniors living alone short-term were particularly affected by general feelings of loneliness (28%) and lack of love (21%), while seniors living with a partner consistently reported lower levels of emotional loneliness across all indicators, such as 17% reporting family members' lack of interest and 14% experiencing lack of close conversation with family. These findings highlight the protective role of cohabitation and family support against emotional loneliness, consistent with previous studies [2, 9].

Relation among of Education and Loneliness (H3)

Specifically, seniors with lower education reported a higher lack of shared values with other people in ageing (34% vs. 21%, $p = 0.042$) and lack of trust and open communication (24% vs. 18%, $p = 0.026$). They also experienced greater limitations in interactions with younger social networks (39% vs. 14%, $p = 0.011$) and reduced communication among community members (33% vs. 15%, $p = 0.018$). These results indicate that lower-educated seniors are more likely to feel socially disconnected, perceive a mismatch in values with peers, and encounter difficulties in intergenerational engagement and community integration.

Some indicators, such as feeling of exclusion and discrimination (28% vs. 17%, $p = 0.065$) and lack of peer-to-peer support (21% vs. 25%, $p = 0.114$), showed differences that were not statistically significant, suggesting that educational differences do not uniformly affect all aspects of social loneliness. Similarly, limitations in cultural life (19% vs. 21%, $p = 0.93$) and life satisfaction based on contacts (22% vs. 16%, $p = 0.97$) did not differ notably between groups, indicating that participation in cultural activities and overall satisfaction with social contacts may be influenced by factors beyond education, such as personal interests, mobility, or local opportunities.

These findings align with previous research indicating that lower educational attainment is associated with reduced social capital, smaller social networks, and limited engagement in community life [16], which can exacerbate feelings of social isolation in older adults [6]. The results highlight the importance of developing education-sensitive interventions, such as community programs that enhance intergenerational contact, facilitate trust-building, and provide structured social engagement opportunities for seniors with lower educational backgrounds. Such interventions could help reduce social loneliness and improve quality of life in this vulnerable subgroup of older adults [5].

Conclusion

This study examined the prevalence and dimensions of loneliness among seniors living in their own homes, with a focus on gender differences, social status, and education level. The results indicate that loneliness in older adults is multidimensional, encompassing emotional, social, and behavioral aspects, and is significantly influenced by both personal and contextual factors.

Gender differences were pronounced across all dimensions. Women reported higher levels of emotional and social loneliness, including feelings of emptiness, lack of meaningful family conversations, and limited companionship with peers. Men, in contrast, were more likely to experience deficits in trust and engagement with broader social networks but maintained more frequent contact with family members. Behaviorally, women spent more time alone and felt lonely more frequently, whereas men were more socially active through physical and phone interactions with family.

Social status, particularly living arrangement, was also a significant determinant of emotional loneliness. Seniors living alone long-term were the most vulnerable, reporting higher levels of emptiness, lack of family interaction, and unmet basic needs. Widowed seniors living alone short-term reported high levels of general loneliness and lack of love, while seniors living with a partner consistently experienced lower emotional loneliness, highlighting the protective role of ageing.

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