

## ORIGINAL ARTICLE

## Interventions to reduce the negative impact of ageing, social isolation, and loneliness on the health and well-being of elderlies in Thailand and India

Sayam Aroonsrimorakot<sup>1,2\*</sup>, Meena Laiphrakpam<sup>2</sup>, Orapun Metadilogkul<sup>3</sup>, Aribam Rama Sanker Sharma<sup>4</sup>

<sup>1</sup> Interdisciplinary Research and Development Committee, Royal Society of Thailand

<sup>2</sup> Center for Research Assessment and Certification of Environmental Management, Faculty of Environment and Resource Studies, Mahidol University, Salaya, Thailand

<sup>3</sup> Occupational and Environmental Association of Thailand, Rajavithi Hospital, Bangkok, Thailand

<sup>4</sup> Department of Sociology, Imphal College, Imphal, Manipur State, India

**Corresponding Author** Sayam Aroonsrimorakot **Email:** sayam.aro2560@gmail.com

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### ABSTRACT

This article aims to relate the impact of ageing, social isolation, or loneliness on the health and well-being of elderlies in Thailand and India, and measures of intervention through social care and integration to reduce the negative impact while promoting participation to lead to active and healthy ageing among ageing elderlies. Qualitative data were obtained through in-depth interview questions from 24 participants, 80 years and above, 12 each from Imphal City of Manipur State, India, and Nakhon Pathom Province of Thailand. The city or province of the study was selected according to the convenience of the researchers. In-depth interviews with key informants, including 4 administrators from India and Thailand, were also conducted. The analysis of the collected data found intervention activities, individually as well as in groups, such as networking with the local people, the establishment of an elderly school which is needed to be taken up by family and society for bringing productive and active ageing. As loneliness or isolation, due to immobility and fewer social contacts, has impacted the health, and longevity of elderlies, the study discusses a wide range of intervention strategies consisting of social facilitation, community approach, socio-religious engagement, health, and social care. This study has concluded with the need for organized appropriate long-term intervention strategies to create meaningful social contacts and connections, for loneliness and social isolation in the life of the elderly is not a phenomenon that can be ignored any longer as it has many impacts on the quality of life of the ageing population.

### Key words:

impact of ageing; interventions; loneliness; social isolation; health; well-being; Thailand; India

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## INTRODUCTION

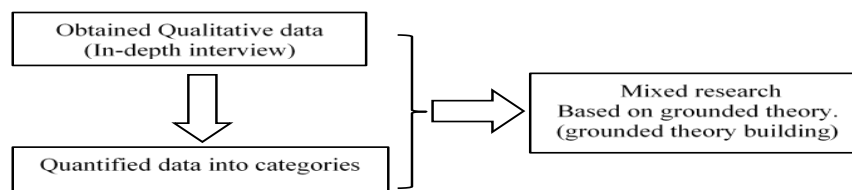
Increased longevity in the world's population is well known but the increase in the elderly population involves not only demographic phenomena but social and cultural elements. Social isolation or loneliness are common problems in ageing often caused by inadequate approach to practical social assistance and social interactions, hobbies, and activities and has a negative impact resulting in poor health, immobility, and inactive ageing.<sup>1</sup> With the increasing population of elderlies, there is an increasing awareness regarding the impact of social isolation and loneliness of elderlies on their health and well-being<sup>2</sup> and therefore these issues are considered an international public health issue.<sup>3</sup> A wide range of researchers, health care, and social services have conducted research studies of interventions aimed at searching for indicators for promoting active ageing through social participation to reduce the impact of loneliness and social isolation of elderlies.<sup>2-15</sup> These researches reported a large range of interventions for reducing social isolation and loneliness among elder people, for example, interventions based in a group or individually. Group interventions are aimed at a specific group, based on either a common interest or educational focus with aims to involve elder people in the group while the one-to-one approaches, such as befriending activity, are targeted towards elderlies who are faced with barriers that prevent them from integrating into the wider community.<sup>9</sup> Evaluation of these reviews

found that the majority of intervention steps and activities that impact ageing are somewhat beneficial in reducing the negative impact of ageing, social isolation, and/or loneliness but these beneficial results are mainly short-term strategies. So interventions to solve loneliness or isolation of elderlies need to adopt long-term strategies to create meaningful social contacts and connections.<sup>17</sup> Also, it is important to consider loneliness and social isolation as a top priority research agenda.<sup>18-19</sup> This article aims to relate the impact of ageing, social isolation, or loneliness on the health and well-being of elderlies in Thailand and India, and measures of intervention through social care and integration to reduce the negative impact while promoting participation to lead to active and healthy ageing among ageing elderlies.

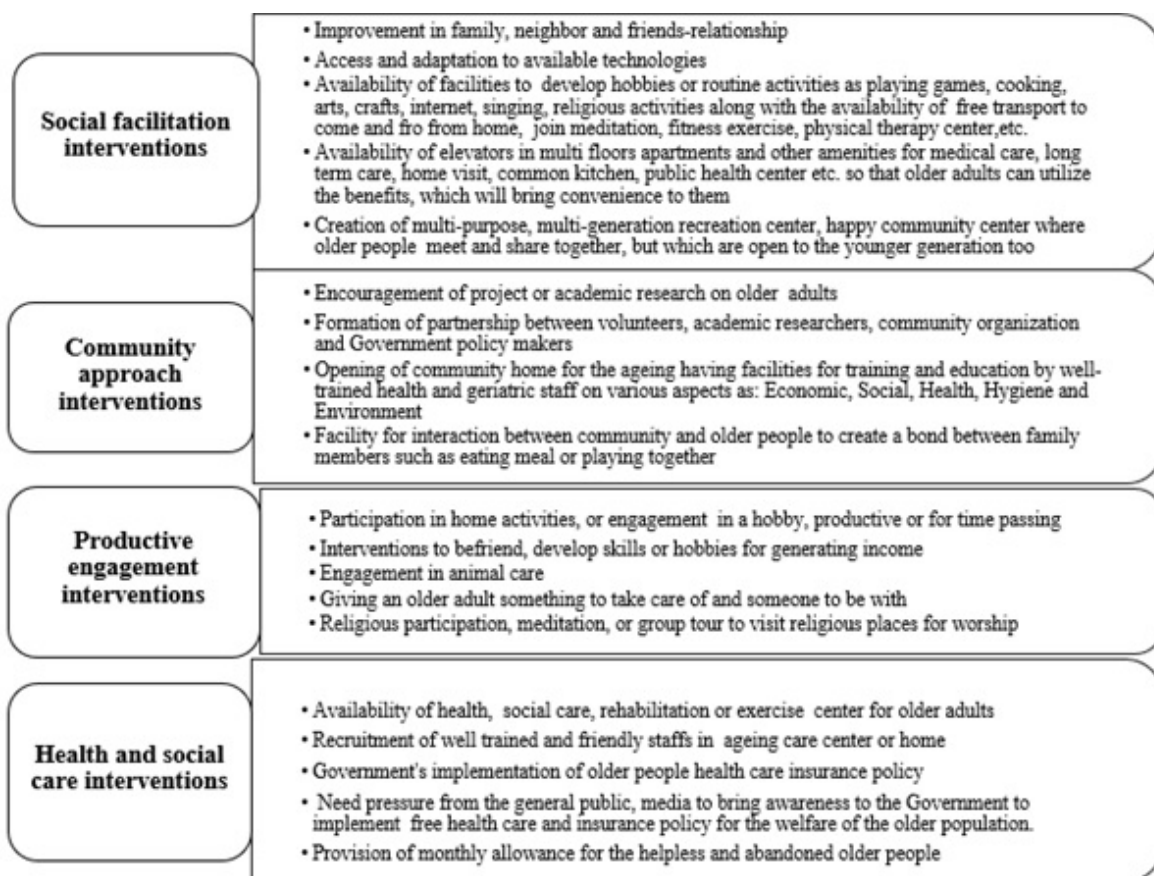
## METHODS

### *Research Design and Grounded Theory*

This research was completed by using mixed research methods as shown in Figure 1, first, the obtained data from the in-depth interview was quantified into categories, then, analyzed inductively to develop grounded theory, which is a theory inductively derived from the obtained information.<sup>20</sup> Grounded theory research methodology leads to theory development inductively from the analysis of the collected data.<sup>21</sup> The Grounded Theory that emerges from the analysis of the collected data is given in Fig. 2.



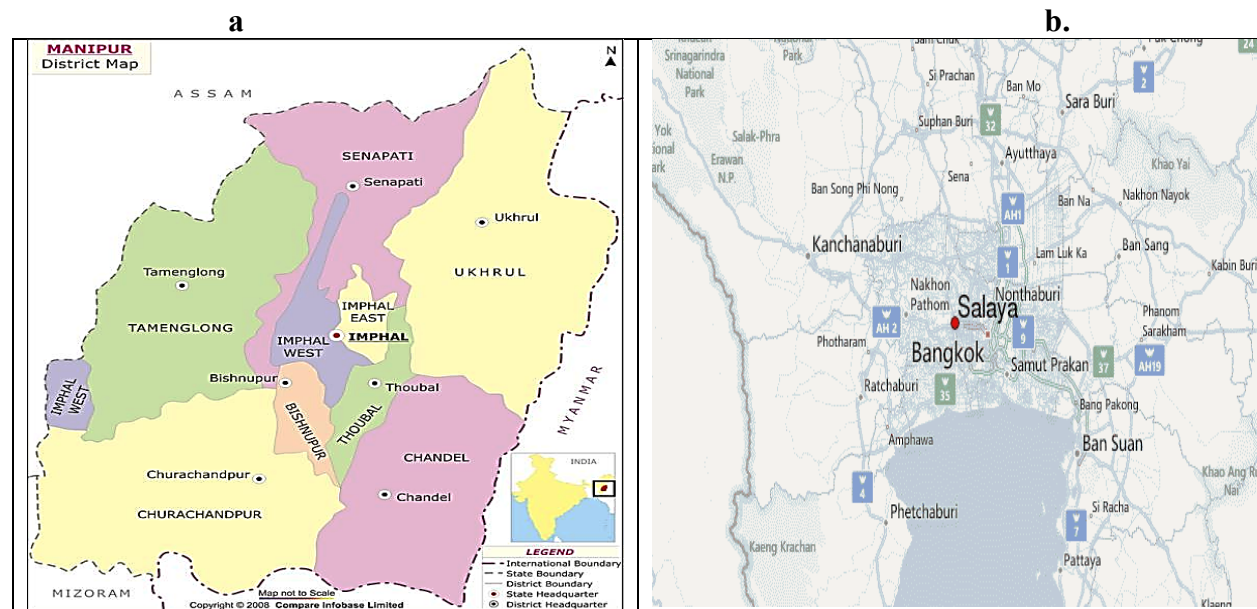
**Figure 1** Research Steps (Mixed Research Method)



**Figure 2** Interventions to reduce the negative impact of ageing, social isolation, and loneliness on the health and well-being of elderlies (Grounded Theory)

### Participants and setting

The study was conducted in Imphal city of India, and Nakhon Pathom Province of Thailand (Figure 3).



**Source:** a. <https://i1.wp.com/thewire.in/wp-content/uploads/2015/07/manipur-district-map.gif>  
b. [https://fr.weather-forecast.com/place\\_maps/sa/Salaya-4.8.gif](https://fr.weather-forecast.com/place_maps/sa/Salaya-4.8.gif)

**Figure 3** a. Map of Imphal city, Manipur (India) & b. Nakhon Pathom Province (Thailand)

The city or province of the study was selected according to the convenience of researchers, as two researchers were based in Imphal while the other two were based in Nakhon Pathom, Salaya. The criteria for selection of participants were based on the following: Elderly people of 80 years or above, since social isolation or loneliness are commonly seen in this age group caused by loss of a spouse, change in residence, family, or sedentary lifestyle due to poor health<sup>22</sup>, who were related to the theme of the research and who could respond to the research interview and living in Nakhon Pathom Province, Thailand and Imphal City, India. There were 24

participants because the size of the sample in qualitative research is limited to achieve the objectives until new themes, categories or descriptions cease to arise from the collected data, with due consideration of the scope, nature of the study, and the time to be spent on an in-depth interview of each participant.<sup>23-25</sup> Purposive convenience sampling was used, with due consideration as the most productive sample to obtain the research objectives.<sup>26</sup> Therefore, there were 12 participants from Thailand and 12 from India. Gender consideration was taken into account comprising of 6 men and 6 women from each region as shown in Table 1.

**Table 1** The socio- demographic characteristics of participants (N=24)

Characteristics	India N (%)	Thailand N(%)
Gender		
- Man	6 (50.00)	6 (50.00)
- Woman	6 (50.00)	6 (50.00)
Age in years		
-80-81	4 (33.33)	5 (41.66)
-82-83	3 (25.00)	0
-84-85	0	1 (8.33)
-86-87	1 (8.33)	3 (25.00)
-88-89	0	1 (8.33)
-90+	4 (33.33)	2 (16.66)
Marital Status		
- Married	2 (16.66)	2 (16.66)
- Divorced	0	2 (16.66)
- Separated	0	2 (16.66)
- Widowed	10 (83.33)	6 (50.00)
The number of family member		
-1-2	2 (16.66)	5 (41.66)
-3-4	1 (8.33)	1 (8.33)
-5+	9 (75.000)	6 (50.00)
Past Occupation		
-Trader/ private business	5 (41.66)	2 (16.66)
- Officer	2 (16.33)	0
- Teacher	1 (8.33)	0
- Government Clerk	1 (8.33)	0
- Farmer	1 (8.33)	5 (41.66)
- Artisans/Plumber/ Other Servicing	2 (16.66)	5 (41.66)

**Data Collection**

In-depth data collection took place in India at Imphal city, Manipur, and in Thailand at Salaya Village, and Salaya Hospital from Nakhon Pathom Province in 2018 when the Institutional Research Board (MU-CIRB 2018/104.1605) gave consent to conduct fieldwork data collection with due consideration of research ethics. The data was collected through semi-structured interviews as they provide more elaborate and flexible responses from participants.<sup>27</sup> The selection of respondents for in-depth interviewing was through the purposive sampling method, recommended by key

knowledgeable personnel from local Municipality or ageing care centers, selected based on being able to provide informative answers relating to the theme of the research. Before carrying out the interview, they were sent an invitation to the concerned office. The concerned officer informed the interviewer of the appointment date, time, and place to interview the elderly. The in-depth interviewing process was conducted in the native language in a private room of a local ageing care center, hospital, at the residence of the respondents, or a place according to the convenience of the participants on a

particular appointment date, time, and place. Each interview took about 30-60 minutes, recorded using a mobile phone device, and later on was transcribed on the computer after translating into English. Additional information and informal discussions were also noted in the diary of researchers.

The in-depth interview responses of 24 elderly participants were narrated below. In-depth interviews on intervention measures were conducted with key informants, the administrators both in India and Thailand, comprising of two administrators of Help Age India, (HAI), Delhi, and Panchvati Home, Delhi, India, and two administrators of Baan Bangkhae Social Welfare Development Center for Older Persons, Bangkok, Thailand. These key informants were specially interviewed on intervention strategies available in their respective ageing homes or centers.

### **Data Analysis**

In the process of analyzing qualitative data, the researcher used the Chantavanich<sup>28</sup> method which consists of 5 steps: 1) Use of concepts, theories, and the creation of conceptual frameworks for analysis. 2) Data validation. 3) Notes and data indexing. 4) Making temporary conclusions and eliminating unnecessary data; and 5) Creating pre-conclusions and final- conclusions. In this way, the collected research data through the in-depth interview were analyzed.

## **RESULTS AND DISCUSSIONS**

Making elder people engage themselves in hobbies and social activities is very important to solve the problem of loneliness, and isolation, and to improve the health and quality of life of elderlies. Elderlies feel happy to participate in community activities as these provide them the chance to meet, talk and discuss family, and their problems. Also, small physical activities or social participation can define

the active ageing status of elderlies. To find out the active ageing status of the participant, questions were asked about his/her hobbies and participation in social activities as integration in socio-cultural activities, family, neighbor or society are very important to cope with loneliness or isolation. Following are some quotes from elderly participants. *“Even though I do not participate in any social activities due to poor health, I enjoy planting flowers, vegetables, and watering them” (Participant 2, India).*

*“I enjoy taking care of our household farm and preparing to make sweet roasted bananas with sticky rice (Khao-tom-mud) for selling in the local market. I hardly have time to be lonely” (Participant 11, Thailand).*

This result proves true as stated in previous studies that increased participation in social activities has a positive effect on health through increased availability of social support and increased social cohesion leading to the development of a sense of trust and reciprocity in the community.<sup>29</sup> Participants were further asked about their family and friendship and their responses were narrated below *“My grandson most of the time helps me in my time of need. My son supports me financially or otherwise. My other married children who stayed in nuclear households also come to visit me occasionally or call me quite often to ask about my welfare. On New Year and many other annual local festivals, we all meet and have lunch together. My community people have all been friends since my childhood and we meet often on social occasions and thus releasing our worries” (Participant 1, India).*

*“At times, I feel lonely as I cannot walk or go anywhere all alone by myself. However, I am fortunate as I have a grandson to look after me. I am happy to talk and observe people when I stay in my grandson’s house who runs a grocery shop” (Participant 1, Thailand).*

In the traditional family, the family has been the pillar of support for ageing elderlies in Asia.<sup>30-31</sup> Traditionally there is a joint family system and parents have children with the expectation that they will take care of old parents. However, processes of urbanization, industrialization, and migration are having an impact on the demographic structure of the family, which in turn has an impact on the elderly.<sup>32-33</sup> The participants were also asked about their participation in socio-religious activities as it is an important aspect of active ageing,<sup>7</sup> with aims to make merit by doing good deeds in terms of religion such as vegetarianism and fasting in Hinduism, offering alms to the monks, and doing meditation according to Buddhism.

*"I often listen to religious stories chanted by the Brahmin in religious prayers in the evening, invited by neighbors and community. This helps me to attain peace of mind and happiness. I also attend many other socio-religious ceremonies, have meals called 'Utsav' and rituals invited by family, friends, and neighbors of birth, marriage, house inauguration, ear piercing, death, etc. I socialize with them and feel happy to interact and share our feelings and release tensions"* (Participant 7, India).

*"Due to health problems, I am immobile and refrain from joining any kind of social or religious or spiritual activities. What I can do now is offer prayers and meditation for inner calm"* (Participant 9, India).

*"I am now restricted from joining activities due to my current health condition. Since my children are working in the city, they do not have time to spend with me. I am content and happy when my children visit me occasionally"* (Participant 9, Thailand).

The above results show that participation in socio-religious activities makes elderlies gain peacefulness and happiness while an inability to participate

due to poor health affects the mental, physical, and social health of elderlies as shown in previous studies too.<sup>3</sup>

### ***In-depth interview of administrators***

The following were some responses to in-depth interviews with key informants, including administrators in India and Thailand, who were asked to describe their work and activities related to elderly care. The first interview was with the Director of Help Age India (HAI), Delhi. According to him, HAI has been doing many important activities such as mobilization of NGOs and putting pressure on the Government and entire political system to amend the constitutional provision for proper care and attention for the elderly. The second interview was with the Chairperson of Panchvati Home, New Delhi, India. She set up her organization to make a model home for elderlies, especially as a short stay option for assisted living after looking at the plight of family, friends, and the need for elderly care. This home is the first standardized ageing home in the country and for the success of elderly care, she collaborated with other NGOs, and the Government such as the Ministry of Corporate Affairs, Social and Family Welfare Department.

The third and fourth interviews were with the Director and Nurse of Baan Bangkhuae Social Welfare Development Center for Older Persons, Thailand. This old-aged home has been doing many welfare activities for elderly Thai people such as networking with the local people, and the establishment of an elderly school. In addition, it works closely in coordination with the local Thai people who support it. Its main function is to impart knowledge, education, and training to the elderly Thai with the aim to improve the quality of life of elderly Thai people. Currently, there are 229 inmates at Baan Bangkhuae, having a maximum capacity of about 400 inmates, and is running under the funding of the

Central Government of Thailand. However, it gets patronage from local people too, who can volunteer to help run the home such as providing food, training for making arts and crafts, physical exercise or therapy, yoga and rehabilitation, and care of the elderly Thai people. Thai nationals, who are 60 years and above, can apply for being a member of this home and for residing as inmates. There are four types of rooms to accommodate the inmates:

- i. Dormitory: Free accommodation but the elderly who receive a Monthly Government Old Age Pension Scheme of 800 Baht per month will have the money deducted as the money will be directed to Baan Bangkhuae financial account directly.
- ii. Single room: Rate is 1500 Baht per month.
- iii. Twin room: This room is meant for couples or siblings of the same sex at a rate of 2000 Baht per month
- iv. Bungalow (Cottage): The accommodation rate is 300,000 Baht and the occupant can live there till their last breath.

In addition, every inmate has to pay a fee of 100 Baht for water consumption, and the electricity bill has to be paid according to their monthly consumption bill. There are many facilities available inside the home such as fitness, physical therapy, religious activities, recreation activities, occupational therapy, group activity therapy, etc. Further, these administrators were asked about their awareness and reasons for the loneliness or isolation of elderlies.

According to the HAI administrator of India, elderlies living in multi-floor apartments in big cities have a bigger risk in the absence of social relationships as the relationship is anonymous or mechanical, having little common connectivity among elderly people and neighbors. Regarding the reason for elderlies having problems of social isolation and loneliness, both genders suffer from loneliness after the death of

their spouses, irrespective of economic background, in both rural and urban areas as they are left alone during the daytime when their children and grandchildren go to work and school. On further asking whether poor health and fewer contacts make elderlies lonely or isolated, they replied affirmatively. The reason is that fewer contacts with family or friends lead to greater health risks as it creates loneliness and isolation in the elderly and therefore leads to depression and loss of self-esteem and self-confidence.

According to administrators from Thailand, unlike young family members who are strong and healthy, and have the ability to go everywhere on their own, elderlies remain immobile as they have poor health, and are dependent on someone, hence they feel lonely and isolated. Elder people, like young people, love to socialize with other people, and if they talk or socialize with others, they are less likely to be isolated or lonely. However, if they are bedridden due to poor health, they are prone to be lonely or isolated, which will affect their health too. Regarding the role of family, friends, and neighbors, administrators of India said that not much can be done practically as most of them are busy occupied in their work schedules during the daytime. However, intervention steps with the assistance of Government funding and local organization can be initiated by creating a small "Recreation Center" in every locality or village at the micro-level. This can be serviced by having proper infrastructures and recruiting some paid staff who can work from 9 am to 5 pm and supervise to provide tea, coffee, breakfast, lunch, and evening tea for the elderly at a scheduled hour, such as 11 am for breakfast and lunch at 1 pm, so that the elderly can come during the day, sleep after lunch for some time and then get up around 4 pm and have tea and then leave for their respective home by 5 pm. These paid staff along with family, and willing neighbors/volunteers can share the roster responsibility to look after elderlies at regular intervals.



Regarding community interventions, the community can contribute to the local government operated 'Recreation Center' in their village or locality in the following ways:

1. Donate Money to the 'Recreation Center'

2. Come on weekends, special days, or festivals, bring food and other gifts to celebrate with the elderly at the ageing home and also bring along with them their grandchildren so that there is an occasion to have intergenerational bonding and interaction between generations at least once a month, if not every week. This interaction will greatly remove the isolation and loneliness among the elderly. Further, it is important to form self-help groups as support for the vulnerable ageing elderly with coordination and research studies for standardization of the established old age home in India in terms of security, hygiene, living conditions, and other amenities. As a step towards lessening the loneliness, health care, and social isolation, local organizations such as the Residents Welfare Association, Senior Citizen Association, etc. under the Administration and Assistance of the Government of India, should make it mandatory for those living on many floor apartments to have community centers, where meditation, social gatherings, yoga, prayers, and function can be held side by side as it also provides a common area, where elderlies can interact and share many things among themselves. Under these initiatives of India, several elderly care organizations have created social clubs and daycare centers, having various activities, and planning religious trips. Many cinema halls are already offering discounts on movie tickets for elderlies on a particular weekday.

However elderly care in India is a serious issue to its large approximately 100 million elderly population.<sup>34</sup> So, steps should be initiated to generate more old-age pensions and provide social security. It is

commonly observed in India that sending an aged person to an old age home is not well accepted by society and generally it is frowned upon. There is a short stay facility for the elder people in old age homes. People keep their aged parents when they have to move away for a distant job for a long time, such as months or years, and their aged parents are kept there at the old age home for their security and proper care and are taken back again along with them when they return. This is the current pattern in modern Indian Society.

In Thailand, neighbors and families should be involved in organizing activities voluntarily, to help the elderly who stay alone and require help. Many elder people are dependent and cannot help or take care of themselves and so the family has an important role. However, the family and family relationship in Thailand is disintegrating slowly. Many younger generations, once they get married, start a nuclear family, then start to neglect their old parents and sometimes ditch them off as obsolete. The helpless and dependent old parents with no one to support or care for them are forced to stay as inmates of an ageing home.

According to the view of Administrators of Thailand, Department of Older Persons, Social Welfare Development Center for Older Persons, and other Voluntary Organizations are pioneers, who volunteer to help the fragile elderly people of Thailand. The community organization has a great role in its functions and coordination. If there is any problem among the elderly Thai people in a village or province, the community leader is responsible to coordinate with Baan Bangkhuae. All complaints or abuse of any elderly Thai people can be lodged directly to the responsible leader of the village or province to coordinate with Baan Bangkhuae.

Non-Governmental Organizations such as OTOP organized income-

generating activities for the elderly, by opening many stores selling hand-made arts and crafts of elderly people, which help elderlies engage in some activities, providing them the chance for interaction to solve the problem of loneliness or isolation. Baan Bangkhae has an annual plan to extend and widen its activities per year along with the established adult education program, teaching four aspects as given below:

i. Economic aspects: Education and activities for generating income, saving money, career-building, etc.

ii. Social aspects: Teach the wisdom of voluntariness, benefits of social interaction and relationship building, and to obtain and share life experience knowledge.

iii. Health and Hygienic aspects: Teach the elderly about physical health care, and mental health. Trained teachers are provided to impart the lessons with practical activities such as physical exercise, yoga, cooking tips, etc.

iv. Environmental aspects: Teach the elderlies about environmental cleaning, hygiene, home infrastructures and equipment at home, environmental quality of fresh air, less water consumption, usage of bathroom railing, door handle, etc. for safety and hygienic living of the elderly.

Regarding policy for welfare, since elderlies have a lot of free time, with no social relationships or friends, there can be an organization of activities, voluntarily or under the assistance of the Government of Thailand for friendship making individually or in a group in a center or visit home so that the associated problems of loneliness or isolation of elderlies can be reduced along with an option to visit or contact those elderlies residing at home through mobile service and volunteer health care staff. This type of program can be organized in long-term care as many elderlies are bedridden and have difficulty traveling. Elderly volunteers can also help with cooking, and cleaning in addition to health care. Currently, this type of project is

being initiated in some areas of Thailand but it should be covered in all rural areas or provinces.

## CONCLUSION AND SUGGESTIONS

The analysis of the collected data found intervention activities, which are needed to be taken up individually or in groups, by family and society for bringing productive and active ageing. These intervention strategies can be grouped into four categories such as social facilitation, community approach, socio-religious engagement, health, and social care, as shown in figure 2. Elderlies are at risk of becoming lonely or isolated because of many factors such as switching to a nuclear family, busy and occupied family members, unavailability of public transport, health insurance, inadequate pension, or free health care facilities for the elder people, poverty, family structure, death of a spouse or close family members, weak health, immobility, and many others which impacted the quality of life of the elderly, their health and causing loneliness or isolation. This study has concluded with the need for organized appropriate long-term intervention strategies to create meaningful social contacts and connections, for loneliness and social isolation in the life of the elderly is an important issue that should not be ignored by society as it has many impacts on the quality of life of the ageing population. This article is important as it has identified the impact of ageing and interventions that seek to address loneliness and social isolation among ageing elders. The following are some suggested long-term intervention strategies to redress the negative impact of ageing, social isolation, and loneliness on the health and well-being of elderlies in India and Thailand.

- Provide an opportunity to increase contacts with family and friends

- Provide elders the chance to talk or socialize with others by organizing activities such as the establishment of an elderly school to provide education to elderlies, teaching arts and crafts, the wisdom of voluntariness, health and hygiene, and environmental aspects, with the involvement of government, neighbors and families to help the elderly who stay alone and in need of help
- Provide community intervention by a) contributing money to the 'Recreation Center; b) Celebrating with the elderly on weekends, special days, or festivals to have family bonding and interactions
- Create a small "Recreation Center" in every locality or village at the micro-level having proper infrastructures and recruiting some paid staff to supervise and provide the elderly tea, coffee, breakfast, lunch, and evening tea at a scheduled hour
- Form community organization for coordination and assisting the vulnerable elderly
- Impart knowledge, education, and training to improve the quality of life of elderlies
- Form self-help groups as support for the vulnerable ageing elderly with coordination and research studies for standardization of the established old age homes
- Organize activities for friendship making individually or in a group or visit at home
- Establish community centers for those living in apartments with many floors, with facilities for meditation, social gatherings, yoga, prayers, and other social function
- Create social clubs and daycare centers, having activities such as religious trips
- Contact those elderlies residing at home through mobile service and volunteer health care staff
- Provide training to elderlies on how to use the new technology products and electronic gadgets like smartphones for communication and contact
- Provide more old-age pensions and social security

## LIMITATION

The research is limited only to Imphal city (India) and Salaya village of Nakhon Pathom (Thailand). In addition, data was collected from only 24 elderly participants of 80 years or above through in-depth interviews due to limited budget and time. This limitation can be overcome with further research by using quantitative research methodology when higher budgets and time are permissible.

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