

Prevalence of Loneliness among Young Adults during COVID-19 Lockdown in India

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Abstract

Purpose/ Background - Like many developing countries, India started to follow several strategies such as lockdown and social distancing to combat the spread of Coronavirus (COVID-19). Although lockdown was an essential step to curb the pathological spread of virus, the preventive measures brought unwanted mental health issues such as fear of isolation and loneliness. The study aimed to measure the prevalence of loneliness among young adults and identify at-risk young adults susceptible to loneliness.

Method - Data was collected during the first lockdown from 1st April 2020 to 30th May 2020. Using convenience sampling, young adults from Uttar Pradesh were recruited using social media. A total of 554 out of 600 participants responded on Google forms. The age range was 18-29 years ($M = 23.8$ years, $S.D. = 2.59$). Demographic details along with standardised loneliness measure (ULS-8) were administered.

Results - Findings revealed that the prevalence of loneliness was 30.3%. In the past 30 days, 33.6 % to 57% of respondents either sometimes or often felt lonely. Professional status, family type and living conditions during COVID-19 were risk factors for loneliness. Being alone/ social isolation during COVID-19 led to the highest levels of loneliness (47.8%) among young adults.

Conclusion – To the best of our knowledge, this is one of the first studies focusing on the loneliness of young adults during COVID-19 in India. The findings pertaining to the high prevalence of loneliness among young adults call for special attention to adults the youth's mental health during COVID-19. Limitations and future directions for studies are discussed.

Keywords: Loneliness, COVID-19, Young Adults, Prevalence, Lockdown.

INTRODUCTION

In December 2019, a novel coronavirus, COVID-19, became active in Wuhan, China and spread its wings over the entire globe (Lu et al., 2020). A considerable fragment of the total population was impacted by it. World Health Organization (WHO) announced COVID-19 pandemic on 30th January 2020. Easily contracted by humans through simple method of transmission made COVID-19

exceptionally infectious. COVID-19 quickly spread throughout the world. India was no exception to the novel virus; the first cases of COVID-19 in India emerged in Kerala. Three students who returned from Wuhan, China, were identified as the first carriers of the virus. By 9th April 2020, two million people were screened for COVID-19, of which 5734 Individuals tested positive (Chaturvedi et al., 2020).

To curb the spread of COVID-19 essential measures such as lockdown and social distancing were imposed. Although, these were essential steps as social distancing and lockdown were critical in controlling the transmission of the infection. But lockdown and isolation prompted a number of detrimental health issues (Hossain et al., 2020). One of the significant issues was increasing loneliness and social isolation (Miller, 2020; Hwang et al., 2020; Killgore et al., 2020).

Loneliness is characterised as the abstract sensation of being alone, resulting in the inconsistency in the amount or quality of one's social connections (Peplau & Perlman, 1981). Loneliness is different from social isolation, which is considered an objective measure of disparity in contact with others (Leigh-Hunt et al., 2017). Even before the pandemic, loneliness was viewed as one of the quickest developing psychosocial health worries in the modern age (Cacioppo & Cacioppo, 2018).

Loneliness has typically been generalised as an issue of advanced age (Naeim et al., 2021). However, the idea of loneliness is not bound to a specific age group. Individuals going through various developmental stages encounter multiple degrees of loneliness. Studies have shown that young adults experience increased loneliness across societies (Barreto et al., 2020; Luhmann & Hawkley, 2016; Victor & Yang, 2012). Major life transitions such as going to college bring about an alteration in existing social relations and requires building new social bonds.

A sentiment analysis of 4492 Twitter feeds from 1st May 2020 to 1st July 2020 showed that loneliness was frequently mentioned on social media during COVID-19 (Koh & Liew, 2021). The prevalence of loneliness during COVID-19 has varied from low to high. During the first month of lockdown in April 2020, loneliness was elevated, with 43% of individuals reporting feeling lonely, and in subsequent months of May and June, it remained stable (Killgore et al., 2020). Bu et al. (2020) found a 14% prevalence of severe loneliness, which remained relatively stable over six weeks of lockdown among adults over

18 years. Higher rates of loneliness have been identified among young adults. In another study, Groarke et al. (2020) reported the highest levels of loneliness among younger adults between March 23rd and April 24th, 2020. Similarly, Omari et al. (2021) assessed the prevalence of loneliness among young adults from six Middle Eastern countries during the first lockdown of COVID-19. They found 40.8 % of young adults were either moderately high or high in loneliness.

Few systematic studies on the prevalence of loneliness in India have been conducted. A recent meta-analysis suggests that more than 40% of Indians feel lonely (Hossain et al., 2020). Although higher rates of loneliness have been found in older adults and only a few studies, have highlighted the experience of loneliness among young adults. In a survey of young people with an average age of 22 years, 60% reported higher scores on loneliness (Nayyar & Singh, 2011). Similarly, Malhotra et al. (2019) reported a prevalence of 28.6% among young men from rural areas of North India.

The Current Study

The challenges brought by the pandemic and subsequent lockdown proved detrimental to young adults' mental health, with one of the main adverse effects being loneliness. While studies have been carried out in other countries, there is a dearth of studies focusing on the prevalence of loneliness among young adults in India during the initial months of lockdown (ex- Lahiri et al., 2021). Moreover, fewer studies have identified at-risk lonely young adults in India. Therefore, the broad aim of the study was to examine the prevalence and demographic factors related to loneliness among young adults in India during the initial months of COVID-19 lockdown. The primary objectives of the study were:

1. To identify the prevalence of loneliness among young adults in India during COVID-19 lockdown.
2. To identify at-risk young adults susceptible to loneliness during COVID-19 lockdown.

Method

Participants

Using convenience sampling, 600 participants were recruited for the study. After collecting original data, 8% of participants were removed due to missing values and incomplete forms, 554 (92%) participants made the final pool. The exclusion criteria comprised having a severe medical condition before COVID-19 pandemic, which required frequent medical services. The age range was 18-29 years ($M = 23.8$ years, $S.D. = 2.59$).

Measures

The questionnaires were divided into two sections, (1) consisted of items pertaining to demographic information about the respondent, such as age, gender and their living situation (socially isolated or living with family/ friends/ roommates). (2) Consisted of a validated questionnaire measuring the experience of loneliness. The description of the scale is given below:

Socio-demographic Variables For the purpose of the study, the socio-demographic variables were coded as: 0 = 18-24 Years, 1= 25-29 Years; Gender was coded as 0 = Male, 1 = Female; Marital Status was coded as 1= Married, 2=Unmarried; Professional Status was coded as 0 = Student, 1 = Employed; Type of Residence was coded as 0= Urban, 1= Rural, Living Status during Covid-19/ Social Isolation was coded as 0 = Alone, 1 = With Friends/Family; Family Type was coded as 0 = Nuclear, 1= Joint, Average Phone Usage in past 30 days was coded as 0 = 1-5 Hrs., 1 = 6-12 Hrs.

The UCLA-8 Loneliness Scale (ULS-8; Hays & DiMatteo, 1987) is a short version of the

UCLA Loneliness Scale (ULS; Russell, 1996; Russell et al., 1980; Russell et al., 1978), the most widely used measure of loneliness and social isolation. The ULS-8 has eight items (e.g. "I lack companionship," "There is no one I can turn to"), rated on a 4-point Likert-type scale, on which individuals endorse how much they agree with each item, from 1 (I have never felt this way) to 4 (I have often felt this way). The scale has been used to measure loneliness during COVID-19 (Islam et al., 2021). For the study, loneliness was measured in the last 30 days. The items were translated into Hindi and then back-translated by the authors. The Cronbach's alpha of the scale is .80. There is no standard threshold for the severity of loneliness for ULS-8, but a score of 24 as a potential cut-off has been used as it equates to answering "sometimes" to every question (Wang et al., 2020).

Procedure and Data analysis

Ethical clearance was sought from the Institutional Ethics Review Board (IERB), the University of Allahabad, for conducting this study. The study was carried out from 1st April 2020 to 30th May 2020. Young adults from Uttar Pradesh were recruited using Google forms through Facebook, Whatsapp and E-mail for this study. The E-mail address of each respondent was recorded to avoid data duplication. Descriptive and inferential analyses comprising frequency, percentage and chi-square were carried out on IBM SPSS v.20 and MS Excel 2013.

Results

Table 1 *Sample characteristics and prevalence of loneliness across demographic*

Variables	Frequency	Percent	No/ Low Loneliness (%)	High Loneliness (%)	Chi-Square (X^2) (p-value)
Total	554	100	69.7	30.3	
Age					
18-24 Years	316	57	67.4	32.6	1.79 (1.80)

25-29 Years	238	43	72.7	27.3	
Gender					
Male	260	46.9	72.3	27.7	1.60 (0.205)
Female	294	53.1	67.4	32.6	
Marital Status					
Married	95	17.1	77.9	22.1	3.66 (0.056)
Unmarried	459	82.9	68	32	
Professional Status					
Student	293	52.9	65.5	34.5	5.06 (<0.05)
Employed	261	47.1	74.3	25.7	
Type of Residence					
Urban	481	86.8	68.4	31.6	2.81 (0.094)
Rural	73	13.2	78	22	
Living Status during Covid-19/ Social Isolation					
Alone	134	24.2	52.2	47.8	25.433 (<0.001)
With Friends/Family	420	75.8	75.2	24.8	
Family Type					
Nuclear	349	63	63	37	21.40 (<0.001)
Joint	205	37	84.5	18.5	
Average Phone Usage in the past 30 days					
1-5 Hrs.	179	32.3	72	28	0.71 (0.397)
6-12 Hrs.	375	67.7	68.6	31.4	

Significant at the 0.01 level (2-tailed).**

Significant at the 0.05 level (2-tailed).*

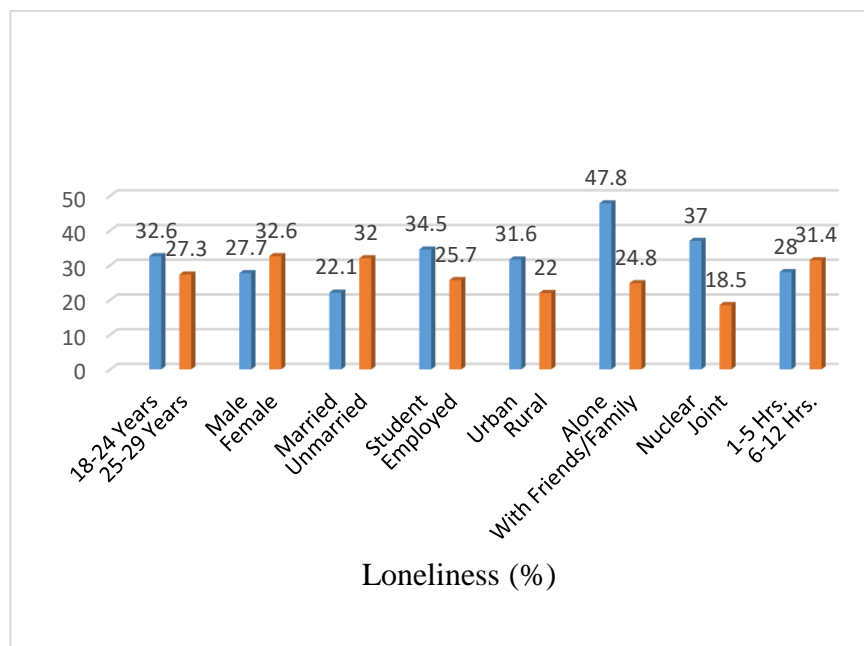
Sample Characteristic

Table 1 presents the sample characteristics of the study. Out of the 554 total participants in the study. There were 260 (46.9%) male and 294 (53.1%) female participants. 349 (63%) belong to a nuclear family and 205 (37%) to a joint family. The professional status of young adults was - Students 293 (52.9%) and Employed/Self-Employed 261 (47.1%). 179 (32.3%) participants used phones for 1-5 Hrs. everyday whereas 375 (67.7%) used their phone for 6-12 Hrs. 134 (24.2%) participants lived alone, and 420 (75.8%) participants lived with friends/ family and roommates in the past 30 days of lockdown.

Prevalence of Loneliness

Table 1 shows the prevalence of loneliness among young adults during COVID-19 and demographic variables at risk of loneliness. The overall prevalence of loneliness among young adults is 30.3% (168/554).

Table 1 also presents the risk factors for loneliness. We also found that Professional status ($X^2 = 5.06$, $p < 0.05$), Living Status during Covid-19/ Social Isolation ($X^2 = 25.433$, $p < 0.001$), Family Type ($X^2 = 21.40$, $p < 0.001$) were risk factors for loneliness for young adults during COVID-19. Age, gender, and phone usage were not significant risk factors for loneliness.

Figure 1 *Prevalence of loneliness (%) by demographic variables*Table 2 *Distribution of responses based on ULS-8 (%)*.

Items	Never	Rarely	Sometimes	Often
In the past 30 days, I lack companionship.	22.0	27.4	32.3	18.2
In the past 30 days, there is no one I can turn to.	34.5	20.6	28.5	16.4
In the last 30 days, I am an outgoing person.	16.1	26.9	26.5	30.5
In the past 30 days, I feel left out.	26.0	23.5	42.4	8.1
In the last 30 days, I feel isolated from others.	28.0	28.5	25.6	17.9
In the last 30 days, I can find companionship when I want it.	30.1	20.8	31.4	17.7
In the last 30 days, I am unhappy being so withdrawn.	32.7	33.8	17.9	15.7
In the last 30 days, people are around me but not with me.	25.1	29.4	29.1	16.4

Note- Items 3 and 6 were re-coded in the direction of loneliness before calculating.

Discussion

The descriptive statistics for ULS-8 are summarised in Table 2. In the past 30 days of lockdown, 33.6 % to 57% of the respondents either sometimes or often felt that they lacked companionship, were left out, isolated from others, were withdrawn, and people were around them but not with them (Table 2).

The study aimed to examine the prevalence of loneliness among young adults in India during the lockdown in the initial months of COVID-19 lockdown. The study also identified at-risk individuals prone to high levels of loneliness during the pandemic. Findings revealed that the prevalence of loneliness was found to be 30.3%, and in the past 30 days, 33.6 % to 57%

of the respondents either sometimes or often felt lonely. Professional status, family type and living conditions during COVID-19 were risk factors for loneliness.

The prevalence of loneliness was lower than studies reported in the U.S. for example - Killgore et al. (2020) reported loneliness from 43% to 49.7% during the first three months of April to June 2020. Similarly, Groarke et al. (2020) reported 27% of loneliness among UK adults. The prevalence of loneliness decreased with age, and the highest levels of loneliness among young adults (41%) were found. The prevalence of loneliness was lower than in Omari et al. (2021) study, which reported high prevalence of loneliness among young adults from six Middle Eastern countries during the first lockdown of COVID-19 and found that 40.8 % of young adults were either moderately high or high in loneliness. A possible explanation for the slightly higher prevalence rate is that young adults are more sensitive to social changes. The specific feature of this developmental stage may increase the experience of anxiety (Qualter et al., 2015). Young adults have never experienced this kind of social isolation before. Even though young adults are hyper-connected to each other through social media, the experience of loneliness was felt more by young adults who stay on social media longer.

Although gender differences have been reported in loneliness before COVID-19 pandemic, studies during COVID-19 show mixed results. Few studies have found higher levels of loneliness among females (Losada-Baltar et al., 2020; Li & Wang., 2020), while Groarke et al. (2020) found no gender differences in terms of loneliness. Similar to recent studies on loneliness during COVID-19, we did not find any association between gender and loneliness.

Another finding of the study was that students experienced higher levels of loneliness than young adults who are employed. One possible reason for the discrepancy is that policies in universities to contain the spread of disease may increase alienation and isolation, decrease interpersonal communication and place them at

higher risk for loneliness. At the same time, young adults in the job sector have more opportunities to work together within a structured organisation leading to more chances of interaction with co-workers leading to lower levels of loneliness.

Our findings also revealed that young adults in nuclear families experienced higher rates of loneliness than those living in a joint family. One possible explanation could be that family play a significant role and acts as a buffer against the experience of loneliness. Having extended families could increase the protective measure against loneliness, as previous research has shown (Cavanaugh & Buehler, 2016). India, a collectivistic country, is characterised by strong ties and induced social support. At times of emergency, such as the lockdown, the young adults may draw upon the resources available to deal with the experience of alienation.

The study showed that young adults living alone or socially isolated during lockdown experienced higher levels of loneliness than young adults who lived with their family, friends or roommate. Previous studies have shown that social isolation and loneliness are weakly correlated (Perissinotto & Covinsky, 2014). Although the sheer fact of being alone does not prompt the experience of loneliness itself, or the presence of others intrinsically safeguards against loneliness (Russell et al., 2012; Moorman, 2016) but recent findings during COVID-19 have highlighted that living alone increases the odds of being alone by as much as twice than living with family and partner (Groarke et al., 2020). Not only loneliness, living alone and forced quarantine during COVID-19 could lead to adverse mental health problems such as psychological distress, depression, anxiety and insomnia (Hossain et al., 2020).

Although marital status was not a significant predictor of loneliness, unmarried individuals experienced higher levels of loneliness than married young adults. A similar pattern was found prior to COVID-19 pandemic, as Adamczyk and Segrin (2015) reported higher levels of social loneliness among single

individuals. Previous studies have also shown that romantic loneliness peaks during this developmental phase (Bernardon et al., 2011; DiTommaso et al., 2003). This study focused on the uni-dimensional experience of loneliness. Using a multi-dimensional approach to loneliness could have provided more clarity on the different sources of loneliness among married and unmarried young adults and provided an explanation for it.

Limitations and Future Directions

The study's strengths lie in the fact that loneliness was measured using a well-validated scale. Most of the studies measure loneliness using a single item or smaller scale based on the feasibility of the researcher. More research should use a well-validated scale to measure the prevalence of loneliness. In addition, this study is the first of its kind in India, focusing on the loneliness experiences of young adults during COVID-19.

The present study has certain limitations. Due to COVID-19 pandemic restrictions on all normal functioning of institutes, the data was collected through convenience sampling, limiting the sample scope. The study could not differentiate between individuals experiencing prolonged and chronic loneliness since pre-pandemic and individuals experiencing loneliness for the first time during COVID-19. Future research could explore this relationship. Moreover, the study employed a cross-sectional design limiting its potential to draw causal inferences. The data predominantly included young adults from Uttar Pradesh; therefore, the data was not a good representation of Indian population.

Even before COVID-19, loneliness was considered a major health issue. Additional research is needed to determine to what extent factors such as their work-life balance during COVID-19, social support, and parental attachment may affect feelings of loneliness among young adults. Future studies during pandemic could measure loneliness's multi-dimensional nature, focusing on the different aspects of relationships in an individual's life.

Conclusion

The study highlights the issue of loneliness among young adults in India during the 1st lockdown of COVID-19. Self-isolation, social distancing and lockdown contributed to the rise in loneliness levels among young adults. The increasing prevalence of loneliness calls for special attention among young adults. Failure to resolve early may deprive them of attaining an essential developmental milestone which may impair their future relations. Although the study did not identify predictors for loneliness, being socially isolated, belonging to a nuclear family, and being a college student put young adults at risk for developing high levels of loneliness. Evidence from the study might be used to inform the development of policies to combat the growing concern of loneliness among young adults.

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