

Combatting Loneliness for the Older Person in Rural Communities

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Abstract. *You can be amongst a great deal of people but still feel lonely, this resonates with the painful feeling that arises from a gap in social connections. Rural life globally has changed dramatically. Loneliness is multifaceted and complex with a profound impact on health, economic and societal outcomes. Adults living alone have a higher proportion of feeling lonely, as opposed to living with another person. The older person living in rural areas urgently requires attention to combat loneliness. This review will inform the development of public services and policies in relation to loneliness and the older person. It will also urge Governments to develop national strategies to combat loneliness. The aim of this review is an attempt to map and synthesize evidence to combat loneliness for the older person living in rural areas. The objective is to explore relevant solutions that may assist in combatting loneliness for the older person. Methodology utilized a scoping review following the PRISMA guidelines. It explored the connection of the Older Person with loneliness living in a rural area. Searches were undertaken to identify: (1) measures of loneliness from review articles and grey literature and (2) studies reporting on loneliness. Conclusion: Loneliness is growing rapidly all over the world. Not addressing this global epidemic could be a determinant to society and cost billions in terms of healthcare.*

Keywords: Loneliness, Social Isolation, Older Person, Ethical Considerations.

Introduction

Loneliness is a social and health concern with the US Surgeon General (2023) recently identifying it as a public health issue. The determinants to health are clear with poor social connections associated with increased risk of cardiovascular disease, hypertension, diabetes, infectious diseases, impaired cognitive function, depression, and anxiety (The Lancet, 2025). All of those diseases are highest amongst the oldest old. Physical and mental health are the two cornerstones of health but there is also a third known as social connection. The demographic landscape is undergoing a transformation. People around the world are living longer than ever before with the number of individuals aged 60 years and older is projected to double, reaching approximately 2.1 billion globally by 2050 (World Health Organization, 2023), this presents a challenge but it is also an opportunity to be innovative in how services are delivered, especially in rural areas. Globally, by 2050, the ageing population over 60 years will triple in size from 600 million to two billion (World Health Organization, 2015). Those aged 85 years and older have been projected to increase to 26.8 million by 2050 and those over 100 to grow to half a million (Eurostat, 2023). Loneliness having an impact on approximately 10% of older people (Harvey & Walsh, 2016; De Jong Gierveld & van Tilburg, 2016). In other words, almost 2.7 million worldwide could be affected by loneliness in 2050. The reality of this according to the World Health Organization in its global report showed that 1 in 6 people worldwide are impacted by loneliness, having an impact on health (WHO, 2025).

Loneliness has been identified as a factor influencing health and wellbeing especially of the older adult (Domènech-Abella et al., 2019; Eurostat, 2024). Older adults experience challenges related to chronic conditions, medication management, frailty, or social isolation just to mention some. These evolving needs highlight the importance of adapting care systems to support healthy

ageing and enhance the quality of life for the older person. Ireland on the periphery of Europe previously was a country internationally known for its kindness and a thousand welcomes. This has changed considerably. Unfortunately, Ireland has now been identified as one of the loneliness places to live (Eurostat, 2024). It is also one of the fastest ageing countries in Europe with those aged 65 projected to double by 2051 (Central Statistics Office, 2025), with a significant number of older adults experiencing loneliness (Domènech-Abella et al., 2019; Scarlett et al., 2025). This has a profound impact on health, educational, and economic outcomes which is not unique to Ireland. Loneliness and social isolation will cost society billions in terms of health care (WHO, 2025).

Isolation affects the older person especially those in rural areas (Cacioppo & Patrick, 2008, De Jong Gierveld & van Tilburg, 2016). The prevalence of loneliness amongst older persons living in rural areas requires serious consideration (Hussain et al., 2023). Social isolation and loneliness are important health issues for older adults (Williams et al., 2024; Newall & Menec, 2019). “A fifth of older adults live in rural communities, where geographic isolation poses challenges to health” (Hussain et al., 2023).

Loneliness is a global threat. This review aims to identify the various aspects associated with this phenomenon. The question remains as to how we can prevent loneliness globally from occurring with the older person. The WHO (2023) in response to this threat set up a new commission to address this issue.

Literature review

Older adults living rurally was more predictive of loneliness than living in urban areas (Burholt & Scharf, 2014; Barjaková et al., 2023). Loneliness can be correlated with the individual in terms of societal and economic impacts. In Ireland, there are 3,441 people over 65 who live alone – 27.9%. This rises to 43.3% for the over 85s (CSO, 2025). The delivery of services is challenging, thus the necessity to implement appropriate planning structures. Public policies will need to match the development of services that reflects caring for those who are experiencing loneliness. Evidence from previous research conducted in Ireland highlighted that social isolation was associated with the older person, lower health status, living in a rural area and minimal contact with friends, along with poor access to transport (Drennan et al., 2008; Sheridan et al., 2015). Lack of transport remains an issue especially in rural areas and is associated with preventing the older adult from engaging in social and community activities.

There is a difference between emotional and social loneliness (Dahlberg & McKee, 2014). Any policy on loneliness especially with the older person should have a range of strategies to reduce both emotional and social loneliness. Other evidence by Mund et al. (2020) and O’Luanaigh and Lawlor (2008) reflecting on the issues pertaining to old age highlighted poor cognitive ability; living alone and lower socio-economic status all of which subscribes to loneliness. Therefore, the importance of public policy focusing on these areas.

As well as individual characteristics, socio-environmental factors such as barriers to outdoor social participation and mobility have also been found to be associated with loneliness and isolation (Rantakokko et al., 2014). This is also echoed by Sánchez-Moreno et al. (2021), whereby the emphasis is placed on the participation in neighborhood and religious groups which helps to reduce loneliness and engage the older person in the community. Once more highlighting the importance of having transport available that caters for the older person who has poor mobility.

As one is aware of the issues that underline loneliness it is important to embrace some solutions. Interventions such as psychoeducation, social skills training, and empowering the older person to engage in social prescribing programs is one positive pathway towards addressing

loneliness (Mann et al., 2017, 2021). This may be external to any health system. As Cacioppo et al. (2016) alluded to, this may not work for everyone as the older lonely person might withdraw due to an “unconscious predisposition”. Mann et al. (2017, 2021) also speaks about indirect interventions such as ensuring the older person has a hearing aid thereby assisting them to engage in conversations, endorsed by Contrera et al. (2017). Enhancing cognition programs can also help to address issues of loneliness (Winningham & Pike, 2007) and encouraging the subscription to exercise regimes (Brady et al., 2020; Wallace et al., 2014). These simple steps cannot be underestimated.

Holt-Lunstad (2018) describes various ways that social connection can be attained, such as encouraging physical, behavioral, and emotional wellbeing channels. The description of having high social connection is considered as a protective element against loneliness in comparison to low social connection which has been identified as a risk factor for loneliness. Social connection encompasses structural, functional and the quality aspects of social relationships Holt-Lunstad (2018). “Strong social relationships are essential for a good life. The consequences of neglecting this fact become especially apparent in old age. Thus, it is urgent that more attention be given to social isolation as a potential killer” (Lubben, 2017). Social prescribing may be one of the solutions.

The definition of *Social prescribing* varies, however one is a “non-medical referral, or linking service, to help people identify their social needs and develop ‘well-being’ action plans to promote, establish, or re-establish integration and support in their communities, with the aim of improving personal well-being” (Carnes et al., 2017). Social prescribing is one way of assisting the older person transition from the health model to the well-being model which may help in combatting loneliness. It may also be the link for the older person to engage with other social activities that may address isolation and loneliness. For this to be successful there has to be engagement between the health service and the community social prescriber. Unfortunately, in some rural areas this service is not available. Moffatt et al. (2017), in presenting evidence on the positive attributes social prescribing has, also acknowledges that it is not a solution for everyone. However, it can identify and address the existence of mental and physical co-morbidities and address socio-economic issues (Centre for Policy on Ageing, 2014; Moffatt et al., 2017). Griffiths et al. (2022), in a systematic review of social prescribing, spoke about the importance of assessing wellbeing and quality of life outcomes to improve health both in the short term and long term with emphasis placed on adopting behavior techniques to assist the person. This has merit for the older person living in rural areas. A systematic review on social prescribing highlighted the person-centered model of care can help to alleviate loneliness for the older person when social prescribing is implemented (Percival et al., 2022). Community engagement is essential for social prescribing. Loneliness can seriously occur when there is a lack of engagement and remains a serious public health issue.

Some European countries such as Denmark, Finland, Germany, the Netherlands, Sweden, and England, Scotland, and Wales have a national plan to address loneliness (The Lancet, 2025). Japan has led the way by appointing a Minister for Loneliness (The Lancet, 2025). Unfortunately, not all countries are taking this progressive step.

Methodology

The aim of this review is an attempt to map and synthesize evidence to combat loneliness for the older person living in rural areas. It is an effort to address the scale of loneliness that exists amongst the older persons living in rural areas.

The objective is to explore solutions that may assist in combatting loneliness and highlight key areas such as advocacy and strategies that can focus on reducing loneliness and promote social connection. The methodology chosen was a scoping review. It was deemed most appropriate and as Munn et al. (2018) has shown that scoping reviews are more appropriate where the review is to clarify concepts. A rigorous method was employed to ensure that the results are reliable and to give a foundation to this paper.

A scoping review of the literature was conducted both nationally and internationally to gain an understanding of loneliness amongst the older person. Academic guidelines and protocols were adhered to and the use of appropriate search engines were utilized. An initial scoping phase mapping out the complexities of loneliness amongst the older person was conducted.

The review was guided by the Population-Concept-Context (PCC) framework. Scoping review conventions were adhered as the focus was on breadth of evidence in relation to: The concept of loneliness and social isolation; The older person living in a rural area; Loneliness and ethical considerations.

Inclusion Criteria

- Empirical studies reporting on the views or experiences of older adults; loneliness and social isolation.
- Studies published between the years 2015 and 2025.
- Peer-reviewed articles and relevant grey literature.
- English-language publications only.

Exclusion Criteria

- Studies where the Older Person was omitted.
- Studies focusing exclusively on children, younger adults.

Searches were undertaken in two stages to identify: (1) measures of loneliness with the older person from review articles and grey literature and (2) studies reporting on loneliness and the older person, using the following databases and search strategy:

Cross searched in EBSCO databases SocINDEX; Academic Search Ultimate; APA PsyArticles and APA PsycINFO And CINAHL Ultimate: (aged OR elderly OR "senior citizen" OR "older people" OR "older adult*" OR geriatric OR "old Age") AND (loneliness OR "social isolation" OR "social exclusion" OR lonely OR "Social marginality" OR Socialization) AND (rural OR "rural area*" OR Countryside OR farmer* OR "rural communities" OR "remote areas" OR Rurality OR "Country life") AND (Ireland or Irish or "republic of Ireland" OR Eire) Limiters: Past 10 years; Find all my search terms; 24 in total.

Cross searched in EBSCO databases SocINDEX; Academic Search Ultimate; APA PsyArticles and APA PsycINFO And CINAHL Ultimate: AB (aged OR elderly OR "senior citizen" OR "older people" OR "older adult*" OR geriatric OR "old Age") AND AB (loneliness OR "social isolation" OR "social exclusion" OR lonely OR "Social marginality" OR Socialization) AND AB (rural OR "rural area*" OR Countryside OR farmer* OR "rural communities" OR "remote areas" OR Rurality OR "Country life").

Cross searched in EBSCO databases SocINDEX; Academic Search Ultimate; APA PsyArticles and APA PsycINFO And CINAHL Ultimate: Limits: Past 10 years; USA; UK & Ireland; Europe; English; Find all my search terms 136 in total.

SCOPUS Search: TITLE-ABS-KEY(aged OR "Old people" OR elderly OR "senior citizen" OR "older people" OR "older adult*" OR geriatric OR "old Age") AND TITLE-ABS-KEY(loneliness OR "social isolation" OR "social exclusion" OR lonely OR "Social marginality" OR Socialization) AND TITLE-ABS-KEY(rural OR "rural area*" OR Countryside OR farmer*

OR "rural communities" OR "remote areas" OR Rurality OR "nonUrban" OR "Country life") AND TITLE-ABS-KEY(Ireland or Irish or "republic of Ireland" OR Eire)) AND PUBYEAR > 2015 AND PUBYEAR < 2027: 16 articles retrieved.

ProQuest: Health Research Premium Collection: noft(aged OR "Old people" OR elderly OR "senior citizen" OR "older people" OR "older adult*" OR geriatric OR "old Age") AND noft(loneliness OR "social isolation" OR "social exclusion" OR lonely OR "Social marginality" OR Socialization) AND noft(rural OR "rural area*" OR Countryside OR farmer* OR "rural communities" OR "remote areas" OR Rurality OR "nonUrban" OR "Country life") AND noft(Ireland OR Irish OR "republic of Ireland" OR Eire)Limits applied 2016-2026: 31 articles retrieved.

ProQuest searched: Health Research Premium Collection: abstract(aged OR "Old people" OR elderly OR "senior citizen" OR "older people" OR "older adult*" OR geriatric OR "old Age") AND abstract(loneliness OR "social isolation" OR "social exclusion" OR lonely OR "Social marginality" OR Socialization) AND abstract(rural OR "rural area*" OR Countryside OR farmer* OR "rural communities" OR "remote areas" OR Rurality OR "nonUrban" OR "Country life")Limits applied. 332 articles retrieved.

ProQuest searched Social Science Premium Collection: noft(aged OR "Old people" OR elderly OR "senior citizen" OR "older people" OR "older adult*" OR geriatric OR "old Age") AND noft(loneliness OR "social isolation" OR "social exclusion" OR lonely OR "Social marginality" OR Socialization) AND noft(rural OR "rural area*" OR Countryside OR farmer* OR "rural communities" OR "remote areas" OR Rurality OR "nonUrban" OR "Country life")Limits applied 2016-2026 : 166 Articles retrieved.

Databases searches: SocIndex, CINAHL and Academic Search Premier (EBSCO): Health Research Premier (ProQuest).

Search strategy for concept, loneliness in Ireland and Older Person: AB (Child* OR infant OR Teen* OR Youth OR "Young adult*" OR Adolescen* OR "Middle age*" OR midlife OR mature OR adult OR Elder OR senior OR aged OR geriatric OR "Aged, 80 and over" OR Lifespan OR "life time") AND AB (loneliness OR "social isolation" OR solitar* OR aloneness OR Reclusiv*) AND AB (Ireland OR Irish); *Limiters* - Publication Date: 20050101-20241231; *Results:* SocIndex, CINAHL and Academic Search Premier: 160 articles Health Research Premier: 215 articles.

Search Strategy for concept, loneliness in Europe: AB (Child* OR infant OR Teen* OR Youth OR "Young adult*" OR Adolescen* OR "Middle age*" OR midlife OR mature OR adult OR Elder OR senior OR aged OR geriatric OR "Aged, 80 and over" OR Lifespan OR "life time") AND AB (loneliness OR "social isolation" OR solitar* OR aloneness OR Reclusiv*) AND AB (Europ* OR EU) Limiters - Publication Date: 20050101-20241231; *Results:* SocIndex, CINAHL, and Academic Search Premier: 617 articles Health Research Premier: 769 articles.

Articles were analyzed by reading them as to their suitability and picking what was most relevant to the topic. The steps taken were: 1. An overall review of the articles published; 2. Identifying issues pertinent to loneliness and the older person. The sampling technique was that loneliness was identified as an issue and steps taken to combat same.

The databases were chosen as being the most appropriate and yielding the most relevant information. For the purpose of this paper three themes were developed: (1) Loneliness and social isolation, (2) Loneliness and the older person, and (3) Loneliness and ethical considerations, all in the context of the older person.

Results and discussions

Three areas were identified as most important and relevant to this paper. The concept of Loneliness and Social Isolation; Loneliness and the Older Person living in a rural area; Loneliness and Ethical Considerations. Roberts et al. (2021) has a review protocol that the author endorsed in this paper.

Concept of loneliness and social isolation

With the advancement in industrialization, the concept of loneliness evolved from the 19th centuries. Social connection is a factor in both societal health and well-being (WHO, 2025) and social relationships are crucial for survival (Holt-Lunstad, 2018, 2022;). Loneliness is a subjective experience influenced by social expectations (Heu et al., 2021; Pickering et al., 2023; McDonnell, 2025).

In the 21st century we have an online culture where people base their social connectedness. It is a different kind of community, one based on falseness and insincerity. Plackett et al. (2024) identified two key domains of social connectedness: subjective feelings of loneliness and perceived adequacy of social support. Another explanation is the frequency of contact with others (Haslam et al., 2015). Loneliness emerges and tends to be connected to high levels of depression and anxiety (Holt-Lunstad, 2022; Park et al., 2019; WHO, 2025). Social connectedness varies across population groups and loneliness may also vary with other variables such as age, gender, income status, culture, and ethnicity all having an impact (De Jong Gierveld, 2006; Victor et al., 2005). Social connectedness has a significant impact on the health of those with Chronic Diseases such as Parkinsons (Hanff et al., 2022; Heimrich et al., 2023). Material and social deprivation along with social exclusion are associated with poor health, physical inactivity, poor cognitive function, mood disorders, and pain associated with chronic conditions.

Loneliness can also be explained as “a distressing feeling that accompanies the perception that one’s social needs are not being met by the quantity or especially the quality of one’s social relationships” (Henning-Smith et al., 2023). Rural areas and poor access to healthcare can result in lower health status for the Older Person but, interestingly, work by Herron et al. (2025) and L’Heureux et al. (2022) shows that volunteering and community participation is higher than in urban areas. All of this is good, providing the older person is mobile and has access to transport. Mafla-España et al. (2024) in a study conducted in Spain showed that there is a high prevalence of loneliness amongst the older population living in rural areas, associated with social factors highlighting the importance of nursing care to include assessments and appropriate interventions to address loneliness in the older population.

Maheshkumar and Rajan (2024), in a study conducted in India with secondary data assessing factors that impact on social exclusion, showed that the older person from rural areas, living alone, with poor physical health were severely excluded and loneliness was a major factor. It is important to foster effective strategies to nurture social connection. Communities are at the heart of social connection therefore the importance of strengthening various infrastructures such as libraries, parks, and community centers to enable the older person to have access.

In an Italian study reviewing the older migrant and the lived experience of loneliness 34 in-depth interviews were conducted with Albanian and Moroccan migrants aged 50 and above (Cela & Fokemma, 2017). Participants who had family nearby protected them from social isolation but not from loneliness. The cause of their loneliness correlated with a lack of meaningful relationships. Having more social contact with people outside the family circle could decrease the level of loneliness but issues such as discrimination and lack of language proficiency, if addressed, could assist in decreasing loneliness for the older person. Modernity, industrialization, technological advances and secularization are perceived historically as factors that contributed to

social disconnection (WHO, 2025). The socioecological model identifies factors across the lifespan which could assist in decreasing loneliness for the older person.

Loneliness and the older person living in a rural area

The Irish Longitudinal Study on Aging almost 400,000 (Ward et al., 2024) highlighted that Ireland was no longer a friendly place to live, in fact it was one of the loneliness places to live (Mohan 2025; Eurostat, 2024). Ethnic origin also has an impact on loneliness as highlighted by Scharf et al. (2005) with disconnection significantly correlated along with educational status, housing tenure, and quality of life. The older adult who has lived longer than his friends can also experience loneliness and have poorer social networks. Rural areas can experience a decrease in population quicker than urban areas with younger people leaving for better opportunities highlighting that recognizing loneliness in those areas can be masked by the older person adjusting to their lives in a different way (Skinner et al., 2014).

Güler and Yıldırım (2025), in a study conducted in Turkey, highlighted that the older person living in rural areas experienced loneliness associated with death distress and life satisfaction was poor. However, Byrne and Anaraky (2022) identified that greater social technology was associated with good cognitive function amongst the older person living in rural areas, interestingly showing that racial differences existed between social technology and cognitive functioning not the rural versus urban differences. In Spain, Coll et al. (2017) focused on implementing a social capital-based approach for diminishing loneliness whilst also enriching their lives by participating in other social engagement activities. All of which had a meaningful and positive influence on their lives. Other research conducted in Spain by Francesc et al. (2022) reinforced that loneliness accompanied by poor health can lend itself to greater anxiety for the older person. Their research show that participants reduce their loneliness by their participation in social activities which may reduce mental health issue echoed by Weirich & Benson (2019) with a recommendation that social loneliness tabulations should be included in software programs for healthcare professionals. This may address the issues of loneliness early and implement a plan for care that may enhance the quality of life for the older person.

In South Australia, participation in a community program showed that the older person's quality of life improved and community-based interventions are important drivers in enhancing the wellbeing of the older person (Jardine et al., 2025; Mays et al., 2021). Low income also has a negative effect and can affect loneliness (Mir et al., 2022). Where there is person-centered approach to provide support activities to meet individual needs there is a more positive outcome for the older person as shown by Hughes et al. (2025).

Loneliness and ethical considerations

For community workers addressing the issue of loneliness with the older person raises ethical concerns. It can be morally distressing especially if there are no clear solutions. A challenge for community workers such as public health nurses and health visitors is to know how to connect with the older person and prescribe certain engagement activities that can assist the older person in combatting loneliness. Those activities may also have an ethical component as to their location, and the feasibility of the person attending. It begs the question if the older person will feel safe in that environment. Health status is linked to how the older person is able to engage and participate in various activities.

The digitalization of health care is in its infancy but growing rapidly. Digital health is an area of practice with the development and use of digital technologies to improve health (WHO,

2022). This is based on the transfer of information from the patient to the health care provider which depends on intranet connection but more importantly that the patient has digital skills. This has an ethical component as the older person may not receive the necessary care. The transfer of care to the home assists in freeing up beds in acute hospitals but will only be successful if the older person has the necessary digital skills (Nittari et al., 2020).

Ethical challenges such as consent, maintaining confidentiality, with remote care are a concern. Confidentiality might be difficult to maintain. Telenursing “is the coming together of communication technologies and nursing practice for patient care which enables the delivery of remote nursing care” (Kearns, 2024; Khosravi et al., 2016). In rural locations this is most needed which may assist in addressing the challenges with loneliness. The concept of beneficence embedded in ethics implies that the level of care must be of a high standard recognizing the complexities if the older persons condition deteriorates they will need to be empowered to communicate this information to healthcare providers. Byrne et al. (2023) aimed at exploring perspectives and the view of the factors that influence the pre-acceptability of digital health technology in the aging respiratory patient. Participants in the study discussed the difficulties that they experienced in gaining access to technology and also the lack of availability to the Internet. Each of the participants raised issues regarding the availability of appropriate infrastructures. All of which presents ethical concerns when attempting to provide care remotely and combat loneliness for the older person. Another Irish study by Bantry-White et al. (2018) implemented a befriending intervention that reflected traditional community values. This helped to consider the role of communities in combatting loneliness. The ethical component here is that not all befriending services are well received by all communities. One cannot underestimate a culture in providing services as shown by McHugh Power et al. (2017) who identified four themes which were “presence or absence of others and loneliness; loneliness as a consequence of inactivity; loneliness as a type of vulnerability; and personal preferences, personal characteristics, and loneliness”. This clearly articulates an ethical roadmap that policy makers and public bodies could replicate in communities with respect to culture.

Ethically it helps to plan appropriate policies that can go towards reducing loneliness for the older person living in a rural area. Attendance at religious functions may help to reduce loneliness but only if the older person living in a rural area is mobile and has access to transport (Orr et al., 2019; O’Maoileidigh et al., 2024). The older person at times may not wish to disclose their experience of loneliness or indeed articulate that they are lonely.

Conclusion

Various theories have emerged in relation to loneliness such as a biological universal phenomenon (McHugh Power et al., 2017). An important objective of examining loneliness connected with the older person is to identify specific domains of social isolation pertaining to old age. Loneliness may be addressed by enabling engagement of the older person in various environments. This has also to reflect culture and respect the various ideologies that each culture represents.

Public policy has a key role in reducing loneliness for the older person. There is an ethical, legal, and moral obligation to implement solutions that decrease loneliness for the Older Person. There are readily modifiable factors that can help to alleviate loneliness. The limitation of this review is that it was confined to articles in English only. Rural locations can vary and be defined in different ways in various countries. Other empirical evidence is needed to measure both the impact of loneliness on the older person but also the interventions that can help to alleviate this phenomenon so that the older person has a better quality of life especially for those living in rural

areas. Efforts must be improved so that management strategies that are implemented to combat loneliness are effective. It must also be recognized that different levels of loneliness vary across cultures (Henderson, 2013; Park et al., 2019). Specific and relevant programs are needed to accommodate the various societies.

It must be reiterated that social health is just as important as physical and mental health. Inaction on this important issue is not an option. The profits of social connections are weighty. Public policy implemented by Governments must make social connection a priority. Social connection reduces the risk of loneliness with social isolation increasing the risk. Public policies need to focus on promoting and strengthening social connection that will address improving health and well-being of the older person. The effectiveness of using a social framework may be enhanced but it must also be subjected to regular evaluations at the various stages of life for the older person. Globally, public health endeavors to address social factors that impact on loneliness on the older person in rural areas can no longer wait. It needs urgent addressing by governments.

As highlighted by the WHO (2025) the assessment of loneliness remains vague and its impact on health and wellbeing can go unnoticed. There are solutions that will help to strengthen social connection especially for the older person living in rural areas. Economic resilience needs to be recognized and social disconnection needs urgent addressing, so that globally there is a better connection for everyone, especially the older person.

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