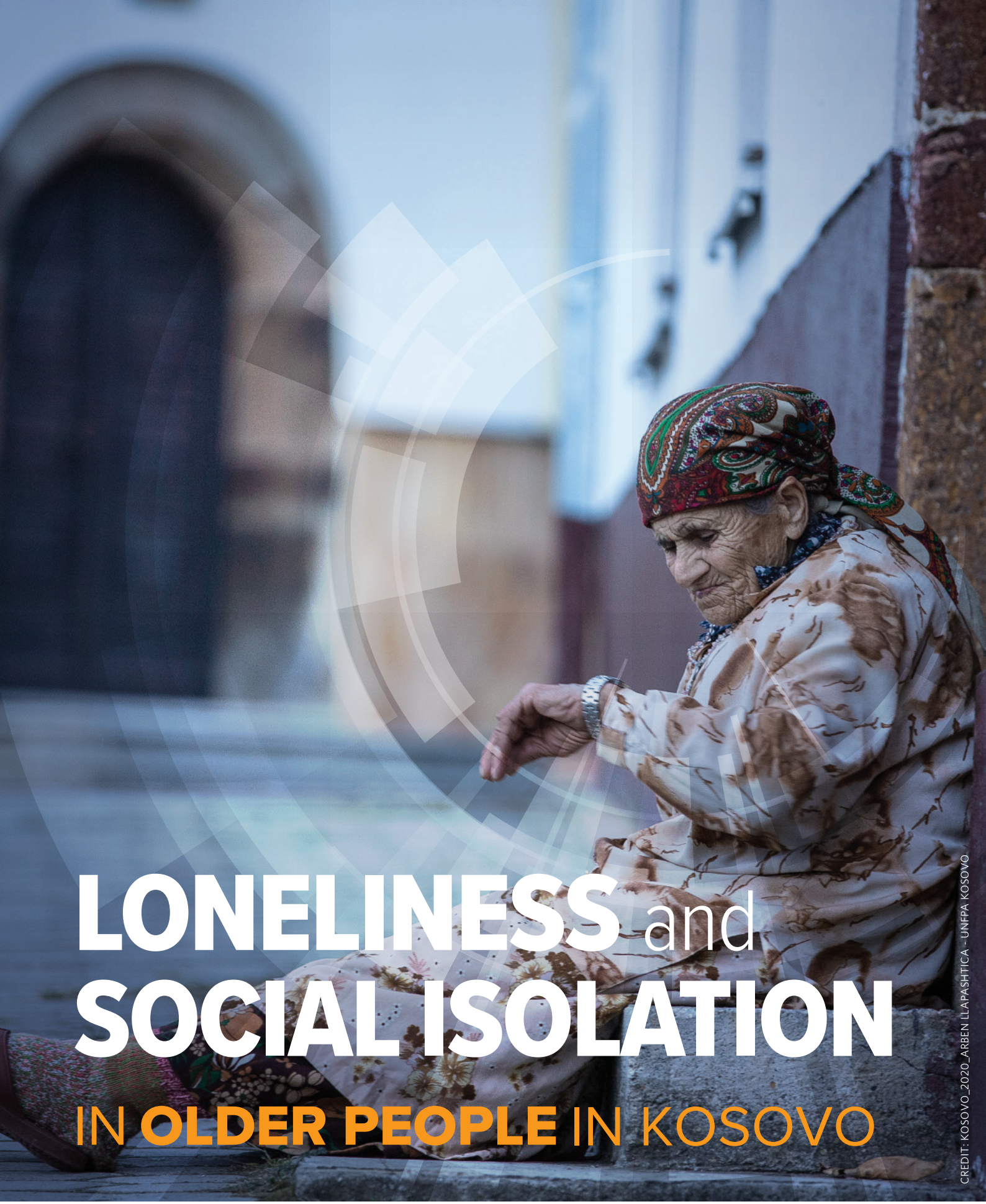

LONELINESS and SOCIAL ISOLATION

IN OLDER PEOPLE IN KOSOVO

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LONELINESS and SOCIAL ISOLATION

IN **OLDER PEOPLE** IN KOSOVO

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EXECUTIVE SUMMARY

Kosovo[1] has the youngest population in Europe. However, with an increased life expectancy, decreased fertility rate, and continuous outward migration of young people, it is not immune to the global trend of an ageing population. While an ageing population reflects the improved living conditions of people, it also reveals various challenges related to the increase in the number of older people, especially challenges related to their health and well-being. Furthermore, these shifts towards an ageing population have given rise to the concept of healthy ageing, which refers to a person's opportunity to have a long healthy life. Thus, it has roots in a healthy lifestyle which also brings quality to a person's extended years of life.

Two key particular health risks for older people are loneliness and social isolation. In line with this, loneliness and social isolation are critical prohibitors of healthy aging. While loneliness is common also among young people (18-25), Research has found that most events resulting in loneliness, such as the death of a partner or friend, financial difficulties, or illnesses, tend to occur in later stages of life, making older people more prone to loneliness. Loneliness has been linked to mortality risk, depression, reduced cognitive and immune functioning; however, no significant effort has been made to address loneliness among older people in Kosovo. While social isolation is easily measured, measuring and addressing loneliness is difficult due to the subjectivity and the various potential risk factors that might contribute to loneliness. This report aims to identify the loneliness scale and risk factors of loneliness in older people in Kosovo, which is crucial in developing interventions to prevent loneliness and ensure healthy ageing. Moreover, this report intends to inform the relevant policymakers, institutions, international organizations, and civil society organizations in Kosovo on applicable policy interventions to address loneliness and preventive measures for healthy ageing in Kosovo.

The data used for this study was initially collected to inform the regional research of University College London (UCL) and the United Nations Population Fund (UNFPA) on loneliness and social isolation in older people in Eastern Europe and Central Asia. Additionally, the survey datasets from Kosovo were used to explore the degree of loneliness and the underlying risk factors that contribute to loneliness in Kosovo.

The survey found that the median loneliness score of older people in Kosovo is eight out of eleven, with eleven being very severe loneliness. Also, more than half of the respondents (58%) scored as being moderately lonely. While 16.72 % scored 0-2, being not lonely at all, only 5.5% fell into the category of very severe loneliness. Furthermore, the survey found that the four primary contributors to loneliness in older people in Kosovo are tangible support, belonging with friends and family, maladaptive social skills, and affectionate support:

1 All references to Kosovo should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

- Tangible support, support for daily tasks and activities, stands as a critical type of social support. Furthermore, in Kosovo, higher tangible support scores were associated with low levels of loneliness. According to our findings, older people who have higher levels of tangible support are less lonely than older people who lack this support.
- The sense of belonging with friends and family is critical to loneliness in older people in Kosovo. Higher sense of belonging with friends and family scores were associated with lower levels of loneliness.
- Maladaptive cognitions, refer to a person's general beliefs about the self, others, the world, and the future, resulting in automatic negative thoughts. According to our study, the higher the level of maladaptive social skills, the higher the loneliness scale.
- Affectionate support refers to the feeling of being loved and receiving affection. In this study, lacking someone to make you feel wanted or loved is associated with a higher loneliness score.

The overall recommendations, detailed in the report, include:

- The Government of Kosovo should develop a Healthy Ageing Strategy and Action Plan;
- The Government of Kosovo should develop additional assisted living facilities in all regions of Kosovo;
- The Government should introduce group Cognitive Behavior Therapy for older people to help them prevent any maladaptive cognitive patterns that harm their social confidence;
- The Government of Kosovo should harmonize the pensions for older adults with the cost of living once a year as overseen by the Law on Pension Schemes.
- The municipalities should start implementing mobile medical services and phone helplines to assist older people in Kosovo. Mobile medical visits would allow these individuals to fulfill their needs that they usually can not due to the lack of social support;
- The municipalities should establish inter-generational community programs. These programs enhance the importance of healthy ageing amongst populations while also promoting intergenerational bonds, eliminating ageism and loneliness among both groups;
- The municipalities should develop targeted group activities for older people, such as handcrafting, pottering, reading, excursions, rather than just providing day centers as venues to meet;

Introduction

Ageing Situation in Kosovo

Kosovo has the youngest population in Europe. According to the Kosovo Agency of Statistics (KAS) data of the last census, 53% of the Kosovar population is under 25 years of age (KAS, 2011). However, as presented in Figure 1, the official data shows that Kosovo's birth rate is declining which indicates that the number of older people in Kosovo is increasing. Several factors

lead to an aging population but the three key ones affecting it are increased life expectancy, decreased fertility rates, and increased out-migration. While in 2018, there were 29,080 births in Kosovo (KAS, 2019a), this number dropped to 26,263 in 2019 (KAS, 2020a). Official projection data show that the Total Fertility Rate (TFR) is expected to decline even more (KAS, 2017c). While in 2011, the mean birth rate was 2.4 births for a woman, there will be a linear decline to 1.5 children for a Kosovar woman in 2031. Furthermore, this TFR will stay at this level, 1.5 children for a woman, from 2031 through 2061 (KAS, 2017c).

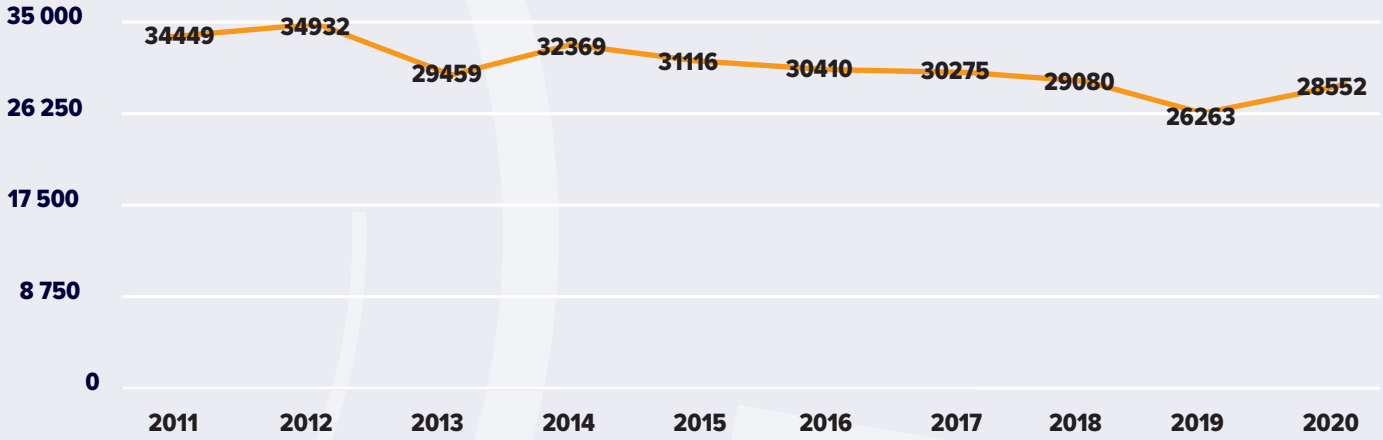

Figure 1. Official Numbers of Births in Kosovo[2]

The outward migration of Kosovar citizens has played a crucial role in Kosovo's demographics. Kosovo experienced the highest peak of its outward migration during 1990 and specifically during 1998/1999 when 51,728 left Kosovo (KAS, 2014c). However, as seen in Figure 2, many citizens still leave Kosovo in search of a better life.

While waves of out-migration are unpredictable since they vary with the political and economic situation, the official data shows that the most outward migrants, legal and illegal, are young individuals in their twenties (KAS, 2014b). Furthermore, during the 2014-2015 exodus, most of the migrants were young individuals in their twenties looking for a better life in Europe (Launey, 2015). The projections expect the young individuals, both sexes, from Kosovo to continue migrating more than other age groups in Kosovo (KAS, 2017b). Thus, this outward migration is critical in birth rates and contributes to Kosovo's aging population.

2 Each point in the graph presents the number of births in Kosovo according to the official yearly Statistics on Births of the Kosovo Agency of Statistics. All the yearly reports are referenced in the reference list.

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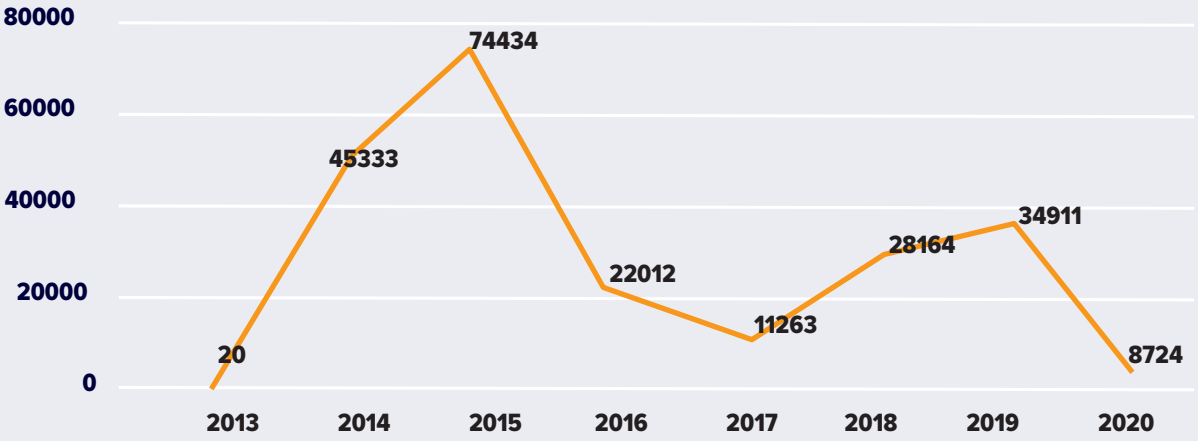

Figure 2. The number of outward -migrations of Kosovar Citizens since 2013[3]

Parallel to this, the KAS official data project an increase in life expectancy for both women and men (2017c). In 2011, the life expectancy was 73.4 for men and 77.0 for women; however, by 2061, it will increase to 81.9 for men and 85.5 for women (KAS, 2017c). Therefore, while currently older people (65+) make 6.7% of the total population in Kosovo, this number will gradually increase. As such, this fall in fertility rate, outward migration of Kosovar youth and enhanced life expectancy increase require a strong focus on healthy and resilient aging policies and practices.

Healthy Ageing- Loneliness and Social Isolation

Healthy aging refers to a person's opportunity to have a long healthy life. According to the World Health Organization (WHO), healthy aging refers to the "process of developing and maintaining the functional ability that enables wellbeing in older age." (2020). In line with this, loneliness and social isolation are critical prohibitors of healthy aging. The scholarship on loneliness recognizes the death of a partner, friend, financial difficulties, or illnesses as crucial determining factors of loneliness. Furthermore, these events and transitions tend to occur in later phases of life (De Jong, 2010), making older people more prone to loneliness.

Scholars make a theoretical distinction between emotional and social loneliness (Weiss, 1973; Masi et al.,2011). Emotional loneliness reflects the quality of a person's relationships, and it arises when a person lacks close relationships and friends (Masi et al,2011). Contrarily, social loneliness reflects a person's quantity of social relations and emerges when a person lacks an extensive social network (Domenech-Abella et al., 2017). While these two dimensions of loneliness might be present in an individual, each of them might affect a person differently. For instance, as mentioned above, the death of a partner/friend might increase emotional loneliness, while an illness might affect a person's social loneliness more.

Social isolation presents the lack of social contacts and reflects the number of social interactions that a person has. Thus, it is a quantitative measure (Gow et al., 2007). The combination of loneliness and social isolation brings several health risks such as depression and reduced cognitive and immune functioning (Beller and Wagner, 2018). Beller and Wagner (2018) also found that structural isolation

3 Each point in the graph presents the number of outward migrations according to the official yearly Report of the Kosovo Agency of Statistic on Population of Kosovo. All the yearly reports are cited in the references list.

and loneliness similarly affect mortality. Thus, the higher the social isolation, the more significant is the effect of loneliness on mortality. Also, the higher the level of loneliness, the more significant the effect of social isolation (Beller and Wagner (2018). However, while social isolation is easily quantified, measuring loneliness is not as easily achievable due to the subjectivity of this measure. Therefore, it is critical to reflect this difference between social isolation and loneliness when developing policy interventions that directly reduce loneliness in older people in Kosovo.

Identifying risk factors of loneliness in older people is crucial in developing interventions to prevent loneliness and ensure healthy ageing. Various factors are related to the perceived quality of a person's social network and loneliness (Hawkley et al., 2008). Lack of social support might be a risk factor for loneliness in older people. Older adults strongly depend on health-related and social services. Thus, social support stands as a critical social indicator of health in elderly populations. It enables these individuals to fulfill their physical and emotional needs (Bryla et al., 2013). Moreover, the overall social support consists of emotional/information, tangible and affectionate support. Emotional support refers to having someone who listens and communicates with you, being empathic. In contrast, tangible support refers to material and financial assistance such as having someone to help with housework, meal preparation, buy medication, etc. Meanwhile, affectionate support means having someone to express love and affection (Bedaso et al., 2021). As such, it is crucial to explore if these dimensions of social support are predictive factors of loneliness among older people in Kosovo.

Maladaptive cognitions have often been related to loneliness. Such maladaptive social cognitions prevent a person from maintaining social connections and living a healthy life (Mann et al., 2017). Another identified potential risk factor for loneliness is the lack of a sense of belonging. The sense of belonging, the degree to which a person feels they belong in a setting, is vital to their well-being. Furthermore, the lack of a sense of belonging might lead to alienation and isolation (Lambert et al., 2013). While various interventions have been presented to address these risks, it is vital to analyze if they pose a significant risk for the loneliness of older people in Kosovo to recommend policy interventions to address these risks.

Legal and Policy Framework Relevant to Older People in Kosovo

Very few laws and regulations in Kosovo refer to older people in Kosovo. The Law on Social and Family Services is the primary Law addressing the well-being of older people in Kosovo. Article 12.3 a. of this Law entitles the Ministry of Labour and Social Welfare to offer care for older people if they do not have family members to take care of them (The Assembly of Kosovo, 2012). Furthermore, theArticle 12.3.c states family members of these older people might participate in offering such services and care for their older family members. This article also notes that the Ministry offers community-house services for people with social assistance who lack such care and support and older people who have family members but want to buy such services (Official Gazzette of Kosovo, 2012). While this Law refers to care services towards older people, it does not specify what services it offers or what it implies with care.

A fundamental Law related to the well-being of older people is the Law on Pension Schemes. Law Nr. 04/L-131 on Pension Schemes Financed by the State regulates the pensions of older people in Kosovo. According to Article 7 of this Law, all Kosovar citizens who possess identification documents and have reached sixty-five (65) are eligible for a basic age pension (The Assembly of Kosovo, 2014).

Thus, all Kosovar citizens of age 65 receive this basic age pension of 75 euros per month. This Law also refers to the height of the pension amount and its harmonization with the cost of living. Article 13 of this Law states that "Depending on budget options, Cost of Living and possible inflation at the end of each year for the next year, the Government of Kosovo upon the proposal of the Ministry of Finance with special decision shall decide for the height of pensions determined with this Law" (The Assembly of Kosovo, 2014). Moreover, Article 14 notes that the Government should make the pensions in line with the cost of living once a year. Point three of this Law states that the Cost-of-Living Index is defined by the Ministry of Finance and reflects the changes in the average cost of living of retired older people (Official Gazette of Kosovo). Yet, the Government has never harmonized the basic age pension with the cost of living.

The Administrative Instruction No. 10/2014 of the Ministry of Labor and Social Welfare fixes the Activities and Requirements of Placement of Residents in House of Elderly Without Family Care, Homes and Community Based. According to Article 5 of this regulation, to become a resident of this house of the elderly, an older person should have no children or adopted children or have only married daughters (Ministry of Labor and Social Welfare, 2014). Thus, this regulation prohibits older adults who choose not to live with their families to live independently in such facilities. Currently there are four Houses of Elderly in Kosovo where one is located in Prishtina, Istog, Skenderaj and Gracanica. These houses have a total capacity of 172 residents which makes a 0.14% of the population of 65+ (Kosovo Initiative for Progress, 2018). Hence, very few older people in Kosovo are eligible to live in these facilities.

From the analysis of the legal framework covering the well-being of older people in Kosovo, it is evident that there is no strategy or action plan to address the healthy aging of individuals in Kosovo. Furthermore, no documents present the Government's standpoint on ensuring that these people have their needs met while also preventing loneliness and social isolation.

The Survey

To better understand the risk factors during aging in Kosovo, we analyzed data initially collected to inform the regional research on this topic. Related to this, UCL and UNFPA developed a follow-up survey to investigate social disconnectedness, including loneliness and social isolation, in older people throughout Eastern Europe and Central Asia (EECA). The questionnaire consisted of questions related to:

1. Participants' level of loneliness.
2. The demographics of lonely people.
3. The availability of social support and social factors that might affect loneliness.

For this study, UBO Consulting conducted a total of 1013 face-to-face interviews with a representative sample of randomly selected old adults between 65-90 years old, with a balanced inclusion of all gender, ethnicities, and settlement areas (urban/rural) in each of the municipalities. The demographic data of the respondents is presented below.

Demographic Profile of Respondents

As presented in Figure 3, more men than women participated in the survey. From the total sample of 1013 interviews, more than half of respondents (n=521) were men, and less than half of the respondents (n=492) were women. Also, no respondents reported having a different gender or preferred not to answer.

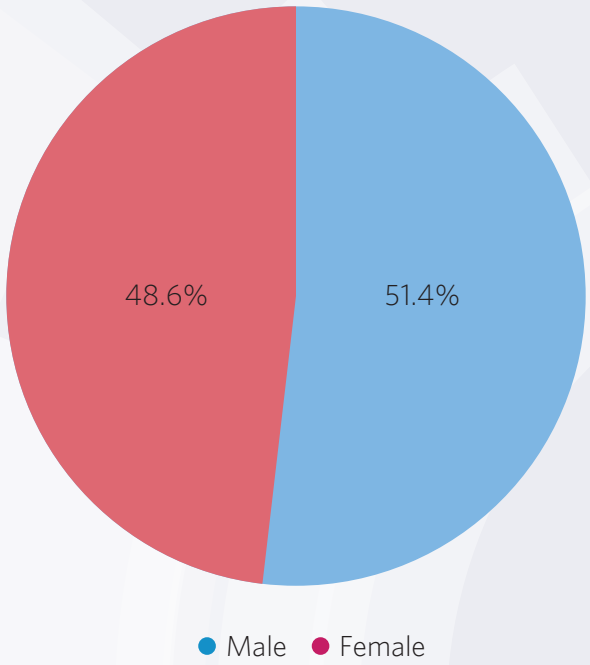

Figure 3. Respondents by gender

The sample also included two types of settlements- those of low density (lower than 300 km2) and those of mid density (between 300 and 2500 km2). As seen in Figure 4, the great part of the respondents (n=757) lived-in low-density settlements while a quarter (n=256) lived in mid density settlements..

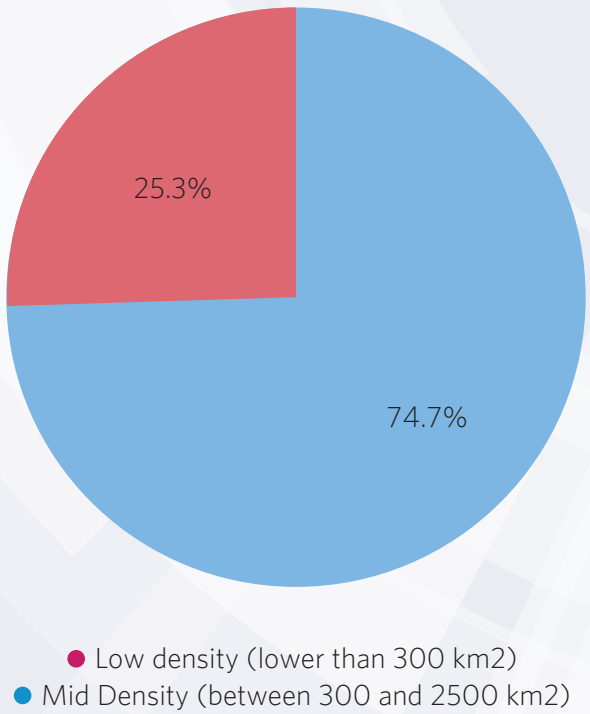

Figure 4. Respondents by type of settlement

survey to investigate social disconnectedness, including loneliness and social isolation, in older

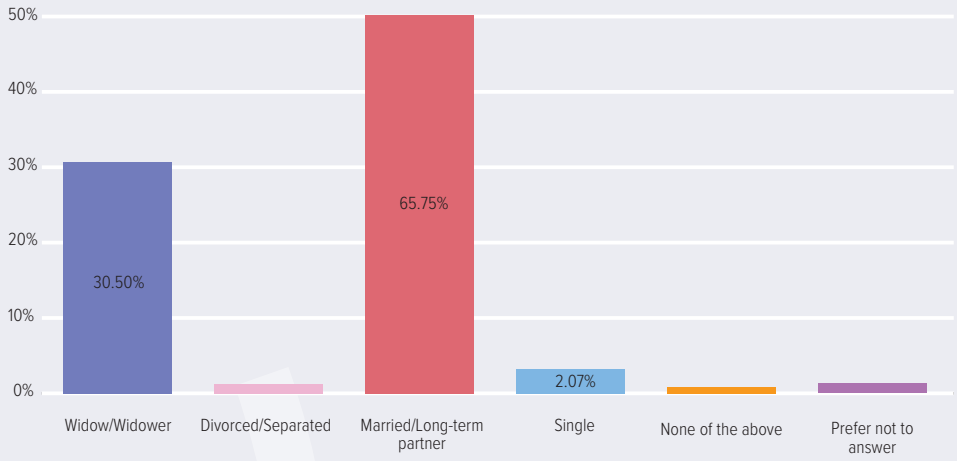

Figure 5. Respondents' marital statusr

As Figure 5 shows, two in three respondents (n=666) were married/had a long-term partner. More than a quarter of respondents (n=309) reported being widows or widowers. Two percent were single (n=21) and less than one percent (n=10) were divorced/separated.

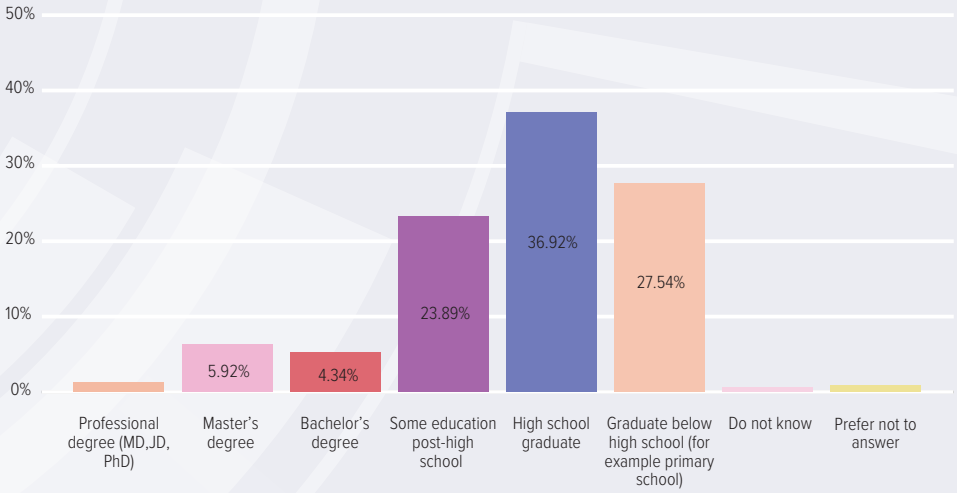

Figure 6. Respondents' highest level of education

The great majority of the respondents had some level of formal education. As seen in Figure 6, less than 40 percent (n=374) of respondents reported high school as their highest level of education. Furthermore, nearly 30 percent of respondents had graduated from primary school (n=279). Also, 23.9 percent (n=242) had completed some education post-high school. On the other hand, only a smaller percentage said they had a master's degree (n=60) and a Bachelor's degree (n=44), whereas less than one percent had a professional degree (n=6).

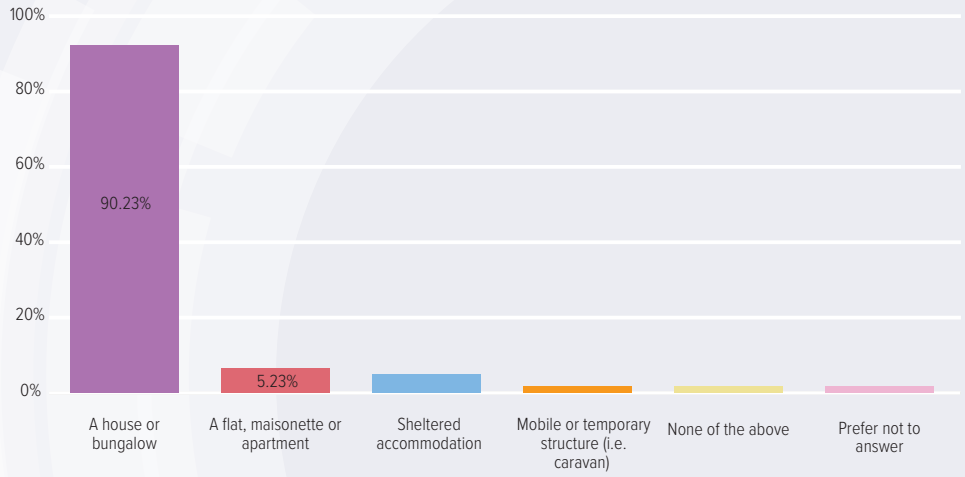

Figure 7. The type of accommodation respondents live in

As depicted from Figure 7, the vast majority of respondents (n=914) stated that they live in a house or bungalow while only 4.55 (n=53) said that they lived in a flat. Less than four percent (3.58%) said that they live in a sheltered accommodation. Meanwhile, less than one percent (n=5) lived in a mobile or temporary structure.

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SURVEY ANALYSIS

Measuring Loneliness

A key goal of this study was to measure the scale of loneliness among older people in Kosovo. The De Jong Gierveld Loneliness Scale has been widely used as a tool to measure the level of loneliness among people. Furthermore, it is a reliable measurement instrument for emotional loneliness (related to the feeling of missing an intimate relationship) and social loneliness (lacking a more comprehensive social network). Thus, the survey consisted of questions of this De Jong Gierveld Loneliness Scale to measure the extent to which older people in Kosovo are lonely. This questionnaire consists of questions where six of them seek to explore social loneliness in a person and five questions addressing emotional loneliness. The sum of these two scores derives from the overall loneliness score of scale zero to eleven. Zero implies that a person is not lonely, while eleven implies severe loneliness. In line with this, this score is divided into ranges where scores 0 to 2 indicate the absence of loneliness, 3 to 8 points to moderate loneliness, scores 9-10 imply severe loneliness; meanwhile, score 11 implies highly severe loneliness.

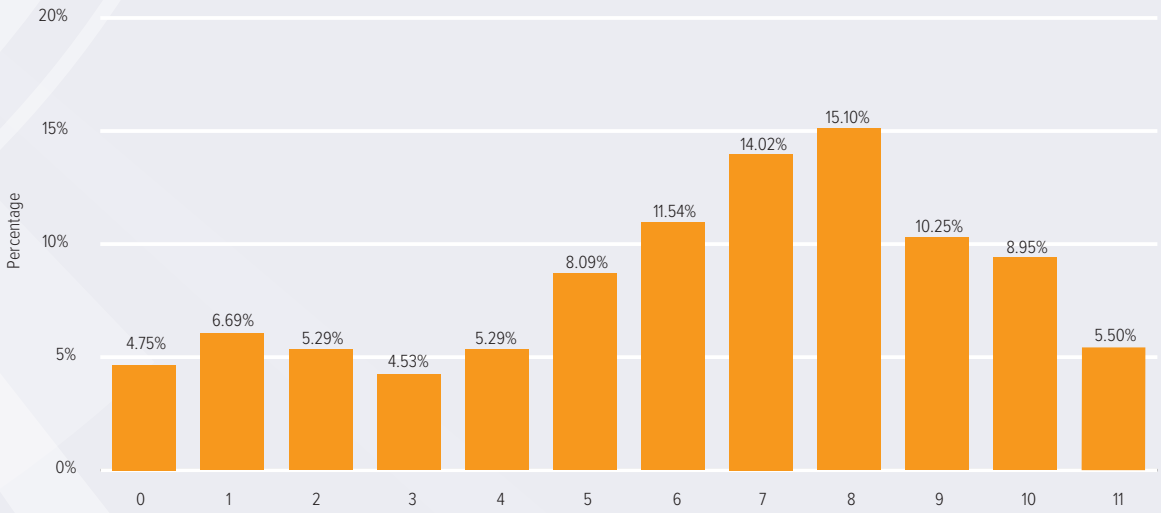

Figure 8. Loneliness score among older people in Kosovo (Each point on the graph indicates the percentage of people with that loneliness score).

In Kosovo, the median loneliness score of older people is eight out of eleven, with eleven being highly severe loneliness. As seen in Figure 8, more than a half of the respondents (58%) scored as being moderately lonely. While 16.72 % scored 0-2, being not lonely at all, nearly a quarter of the respondents fell into the category of severe and very severe loneliness (24.7%). Thus, there is a trend towards loneliness. It was crucial also to explore if this loneliness score varies in age groups, urban/rural zones, gender, education and monthly income.

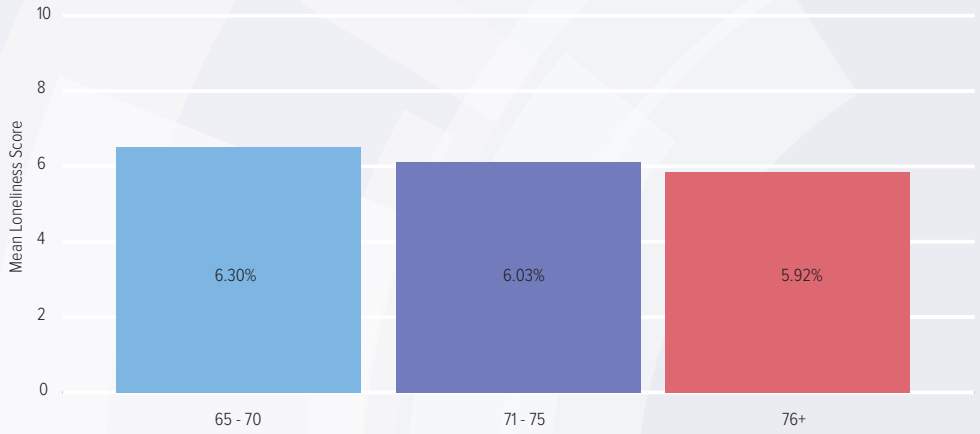

Figure 9. Mean loneliness score of respondents by age group

There are differences in the mean loneliness score of older people of different age groups. As Figure 9 shows, respondents 65-70 have a slightly higher mean loneliness score of 6.3 than respondents of age groups of 71-75 (6.03). On the other hand, respondents, 76+, had a slightly lower loneliness score (mean of 5.92).

Exploring Determining Factors of Loneliness in Kosovo

While the death of a partner, friend, financial difficulties, or illnesses stand as crucial determining factors of loneliness, it was essential to explore how respondents rated their overall health, financial situation and happiness. Therefore, we also asked the respondents whether the respondents experienced such determining factor events in the last two years.

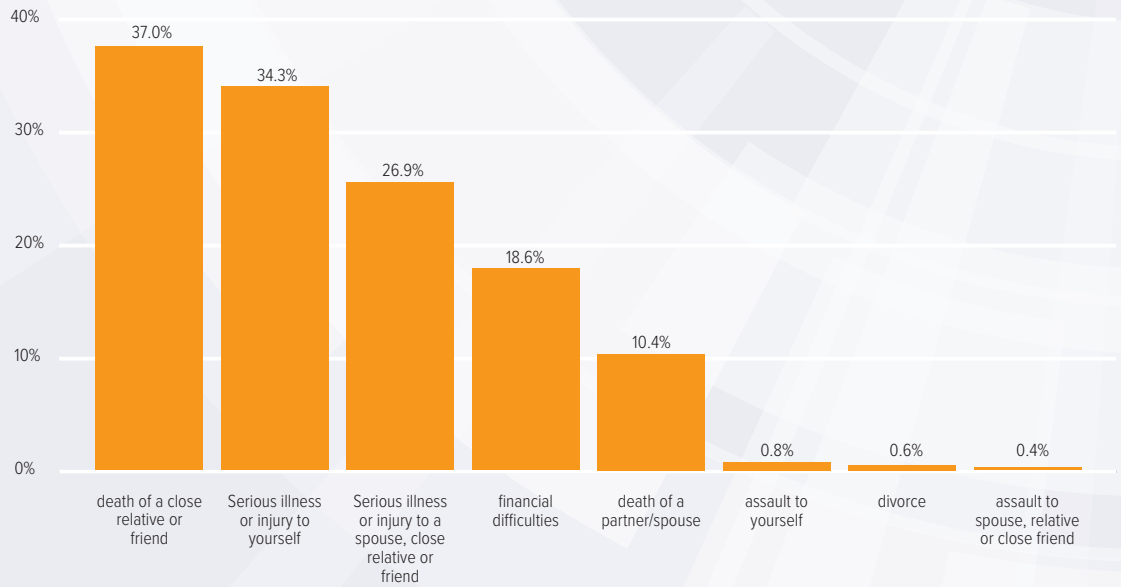

Figure 10. Exploring determining factors of loneliness in older people in Kosovo in the last two years

As presented in Figure 10, almost 40 percent (37%) have experienced the death of a close relative or friend in the last two years. Furthermore, 34% have experienced a severe illness or injury to themselves. A considered number of respondents (26.9%) also reported that they had experienced severe illness, injury of a spouse, close relative, or friend. Less than a quarter of respondents (18.6%) said that they experienced financial difficulties in the last two years.

Instead, a smaller share of respondents (10.4%) said they had experienced the death of a spouse or partner during this period. A minor number of respondents, less than one percent, said they had experienced assault to a spouse, close relative, or friend, assault to themselves, or a divorce. Thus, it appears that most respondents have experienced any of these events that might contribute to loneliness.

It was also important to explore the respondent's satisfaction with their financial situation, overall health and perceived happiness to grasp if they experience any of these factors that might enhance loneliness. Furthermore, we also analyzed these data with respondents' gender, density of settlement and loneliness scale to see if there are any differences within the population. Considering satisfaction with financial situation, nearly half of the respondents noted that they are moderately satisfied with their financial situation (46.2%) while (21.4%) expressed their moderate dissatisfaction with their financial situation.

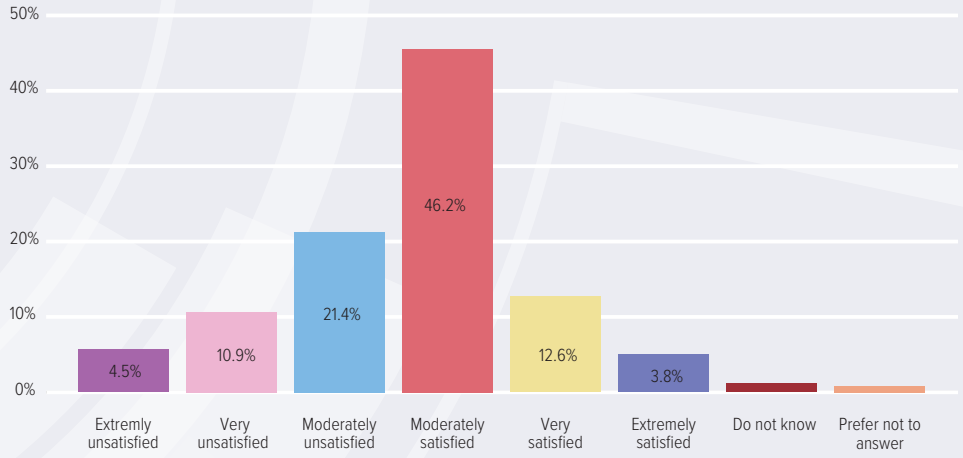

Figure 11. How satisfied are you with your financial situation?

Respondents who are more satisfied with their financial situation, have a lower loneliness scale than respondents who are not satisfied with their financial situation. As shown in Figure 12, respondents who reported being very unsatisfied with their financial situation have a mean 7.76 loneliness, followed by respondents who are highly unsatisfied with a mean loneliness score of 7.4. On the other hand, respondents with the lowest mean loneliness scale (4.8) reported being extremely satisfied with their financial situation.

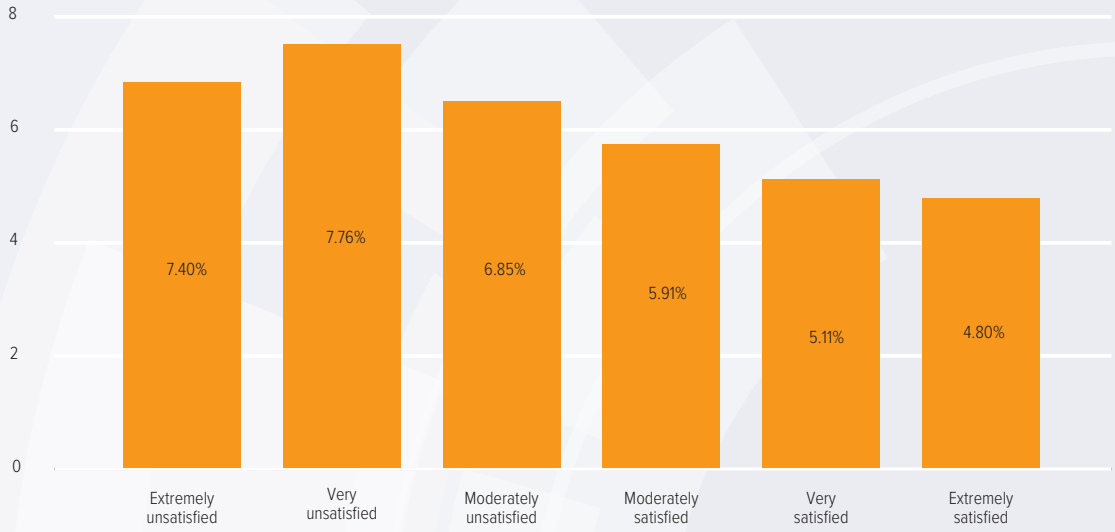

Figure 12. Mean loneliness scale and satisfaction with financial situation

We also asked the respondents to rate their overall health. In line with Figure 13, in general, most respondents were satisfied with their overall health. 34 percent of respondents rated their overall health as good and nearly 40 percent (39.7%) rated their overall health as fair. In contrast, less than 20 percent (19%) rated their overall health as poor.

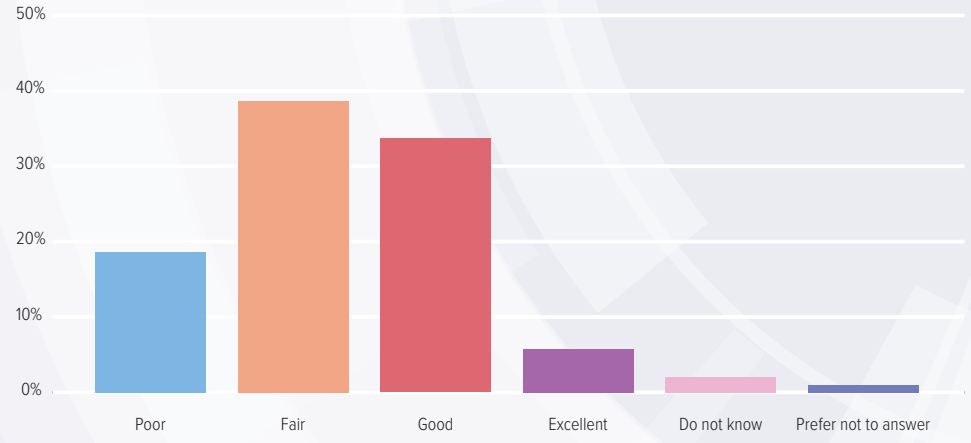

Figure 13. In general, how would you rate your overall health?

Regarding differences in overall health rating by gender, as seen in Figure 14, male respondents tended to rate their health higher (excellent and good) than female respondents. Accordingly, more female respondents than males rated their overall health as fair (two percentage point difference) and poor with a four-percentage point difference.

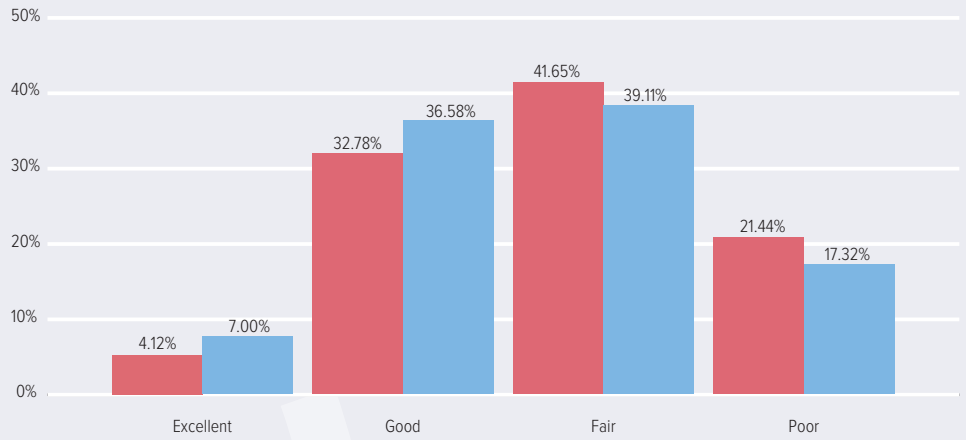

Figure 14. Rating overall health by gender

A higher rating of overall health was associated with a lower mean loneliness scale. Respondents who rated their overall health as excellent and good had lower means of loneliness scale. In contrast, respondents who rated their health as fair and poor, had a higher mean loneliness scale (6.91) and (7.17).

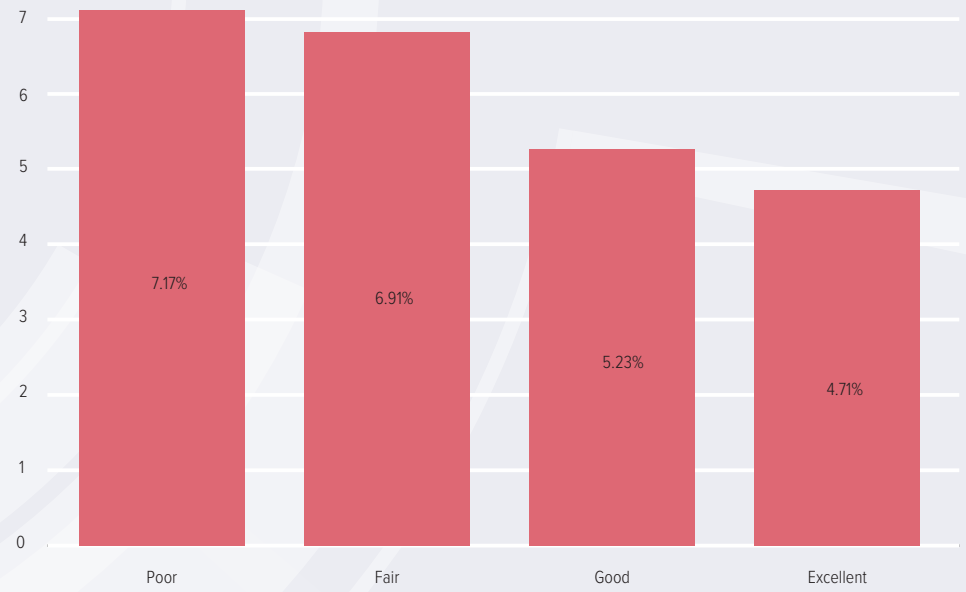

Figure 15. Mean Loneliness Score and Satisfaction with Overall Health

It was of high importance to recognize if respondents perceive themselves as being happy. Respondents were further asked to determine the extent to which they are happy. They rated their level of happiness from being extremely unhappy (1) to being extremely happy (10). In general, the respondents tended to be happy to some extent. Nearly one in four respondents (24%) rated their level of happiness at a level five. Eleven percent stated that they are extremely happy, while only two percent noted being extremely unhappy.

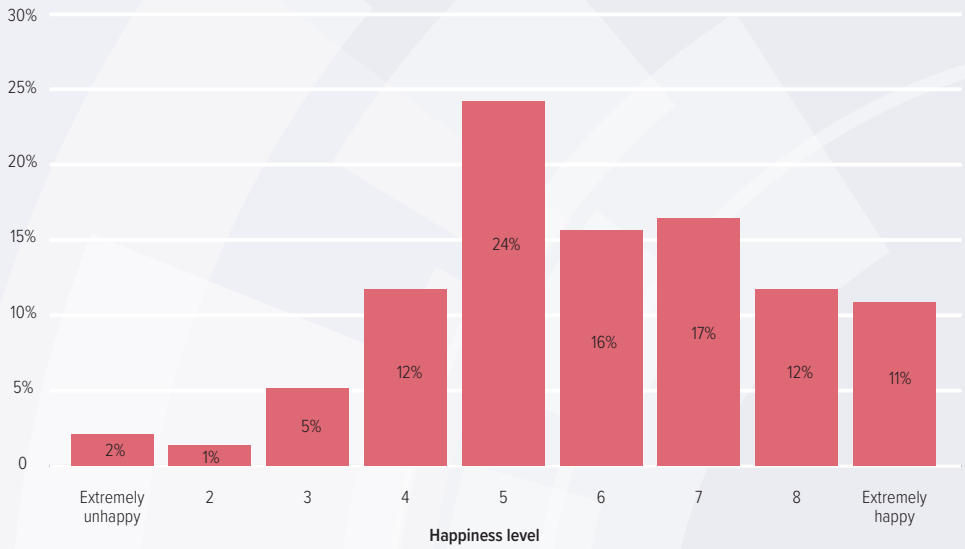

Figure 16. How happy are you?

Women tended to rate their happiness on lower scales (being extremely unhappy to five) than men (Figure 17). On the other hand, men rated their happiness on higher scales (six to extremely happy).

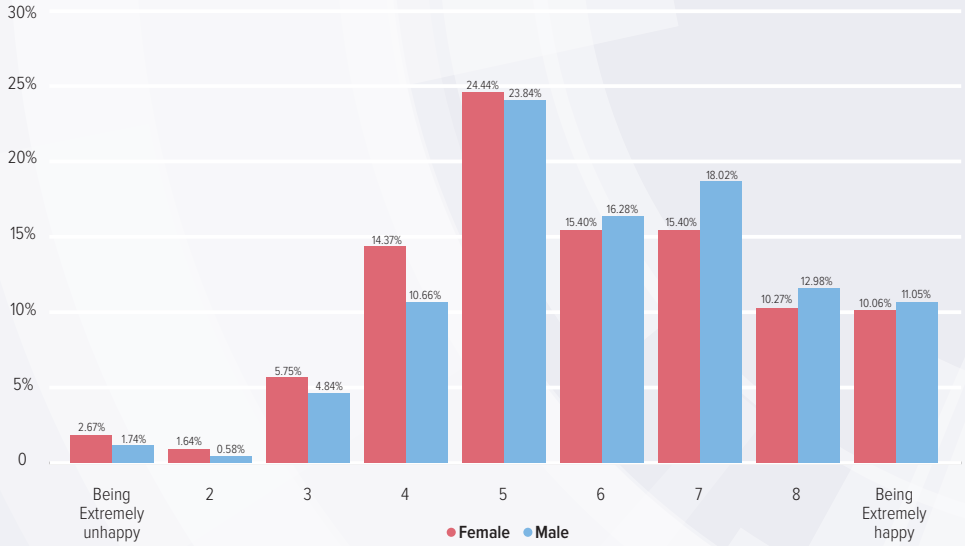

Figure 17. Level of happiness by gender

Respondents with a lower level of happiness reported higher levels of loneliness (Figure 18). For instance, the highest mean loneliness scale (nearly 9) was recorded amongst respondents who reported being extremely unhappy. In contrast, the lowest mean loneliness score (4.4) was recorded on respondents who said there are extremely happy.

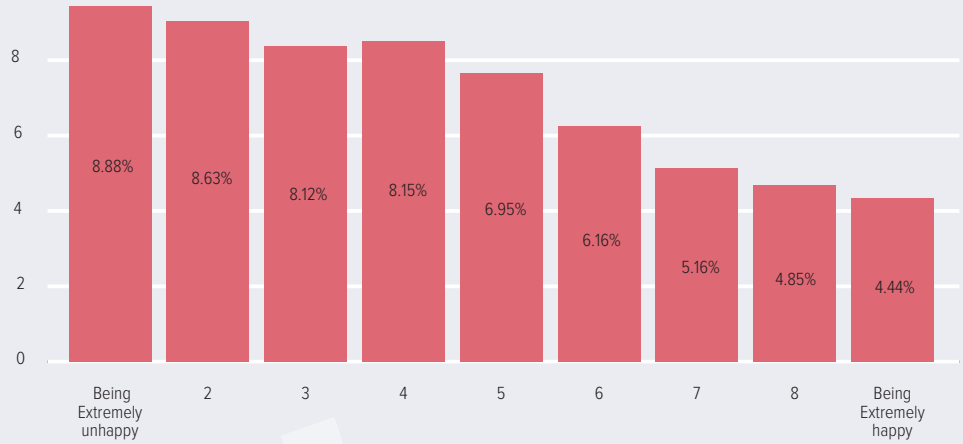

Figure 18. Mean Loneliness Scale with Level of Happiness

Identifying Predictive Risk Factors

A regression model was developed to identify predictive risk factors of loneliness among older people in Kosovo. Nine variables significantly contributed to the loneliness score of older people in Kosovo: tangible support, belonging with friends and family, social confidence, affectionate support; interactions, happiness, max closeness, overall health, and network size. Their relative contribution to loneliness score is presented below in Figure 19.

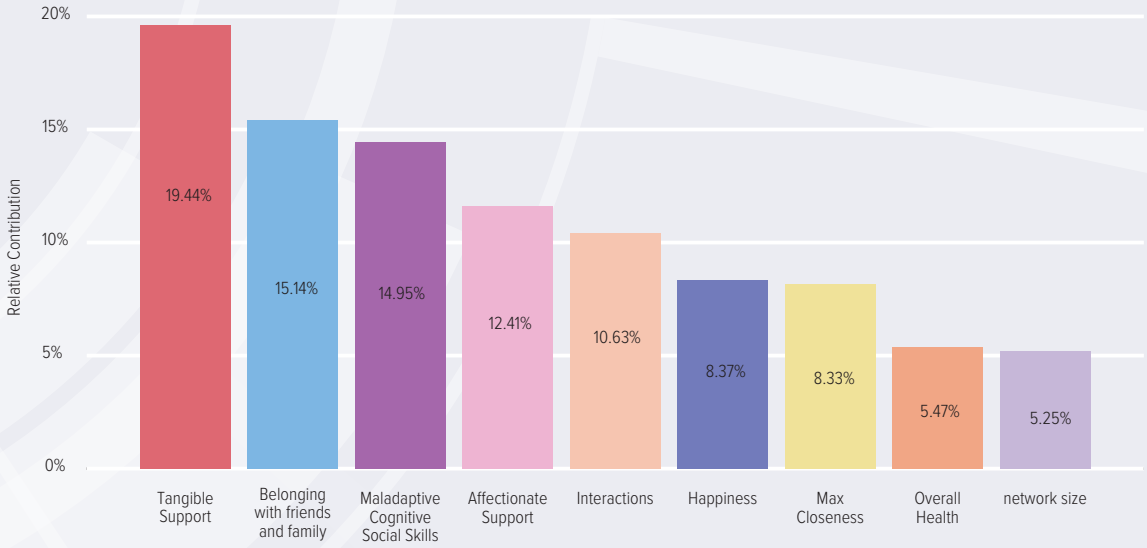

Figure 19. Relative contribution of each risk factor to the loneliness score (out of 100%)

In Kosovo, tangible support, belonging with family and friends; maladaptive social skills and affectionate support have the highest contribution to high loneliness scores across the population. While we previously also recorded the happiness and overall health with the level of loneliness, the regression analysis show that these risk factors are not key contributors to the loneliness score in older people in Kosovo.

On one hand, tangible support, belonging with friends and family and affectionate support have a positive effect in preventing loneliness; thus, the higher their level, the lower is the loneliness score. On the other hand, maladaptive social skills have a positive effect in increasing loneliness where the higher the level of such maladaptive patterns, the higher the loneliness scale.

Tangible Support- Support for daily tasks and activities

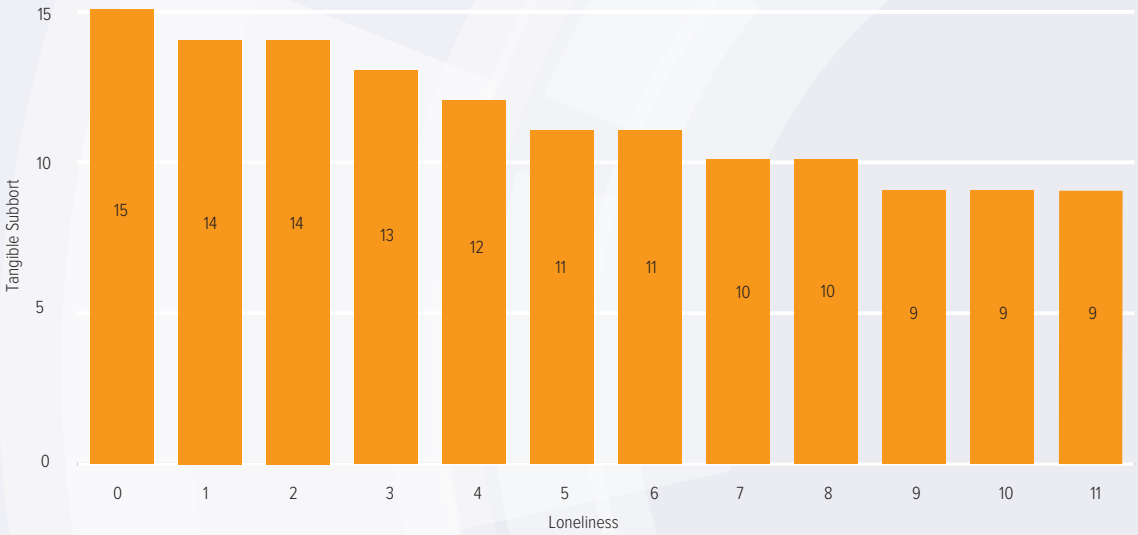

Figure 20. Loneliness score by mean level of tangible support

Tangible support, the provision of direct material aid or other concrete assistance, stands as a critical type of social support. To measure tangible social support, respondents were asked how often they feel like they have someone to help them with the following day-to-day tasks: Take them to the doctor, help with daily chores, to help them to bed if they were confined, prepare meals if they cannot do it themselves. Furthermore, as presented in Figure 19, tangible support is the highest predictive of loneliness in older people (19% relative contribution). Parallel to this, the higher the level of tangible support, the lower the loneliness scale. Moreover, high loneliness scores (9-11) were related to lower levels of tangible support, while low levels of tangible support (0-2) were associated with a high level of tangible support. Thus, in Kosovo, older people who have more tangible support are less lonely than older people who lack this support.

As depicted in the below graph, respondents normally have the social support needed to help them with these day-to-day tasks to a great extent. Nearly 30 percent said that they always have someone to help them if they were confined to bed and help them prepare their meals if they could not do so. Similar to this, high percentage of responses was recorded in options often and some of the time. In contrast, low percentages were recorded in option none of the time.

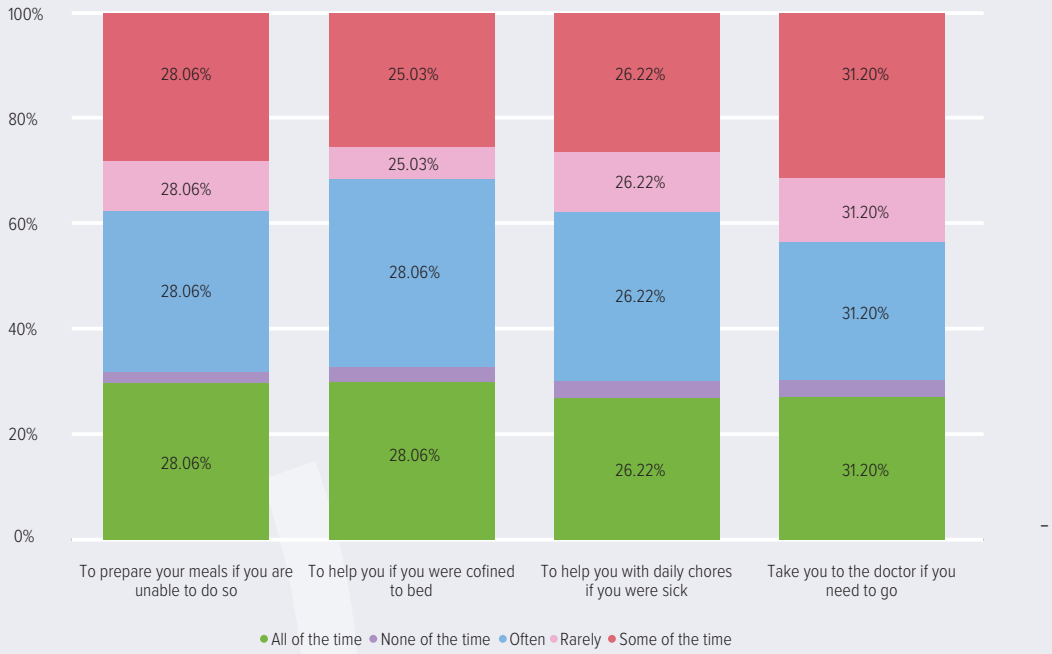

Figure 21. How often do you feel that you have someone to help you with the following day-to-day life tasks if you need it?

There might be various reasons why older people in Kosovo might have this level of tangible support. While tangible support is most often provided by family members, in this research, nearly half of the respondents (47%) reported living in households of 5-7 people. While this is an exciting finding, interventions and policies regarding tangible support for older adults are highly important. The state cannot take for granted that all old adults live in large households where family members can offer tangible support for these old adults.

Recent research has shown that during COVID 19 stay-at-home orders, many older adults did not have the needed tangible support. Thus, formal services should be in place to aid older people with these services while also enhancing the community's social ties. E-health stands as a critical intervention in this regard. The systematic review on e-health interventions for healthy aging found that these interventions improve physical activity in older adults, healthy eating, and psychological outcomes, which might assist older people when they lack tangible support (Buyl et al., 2020). Mobile health social services have also proven to offer support to individuals at risk who lack such support. Therefore, it is crucial to develop such mechanisms that conduct home visits to older adults and assist them.

Another critical intervention is enhancing social ties between people, which aids in providing this tangible support to those lacking it. Through his research on why some regions in Japan had lower mortality levels after the catastrophe of 2011, Aldrich (2014) found that during Tsunami in Japan, communities with stronger social ties experienced fewer losses than those with weaker ones. Moreover, a key element here was that many people mobilized to help, picked and carried older people who could not move, and checked for them in their houses (Aldrich, 2014). Enhancing social ties through community activities is a crucial intervention in providing tangible support among older adults.

Belonging with family and friends

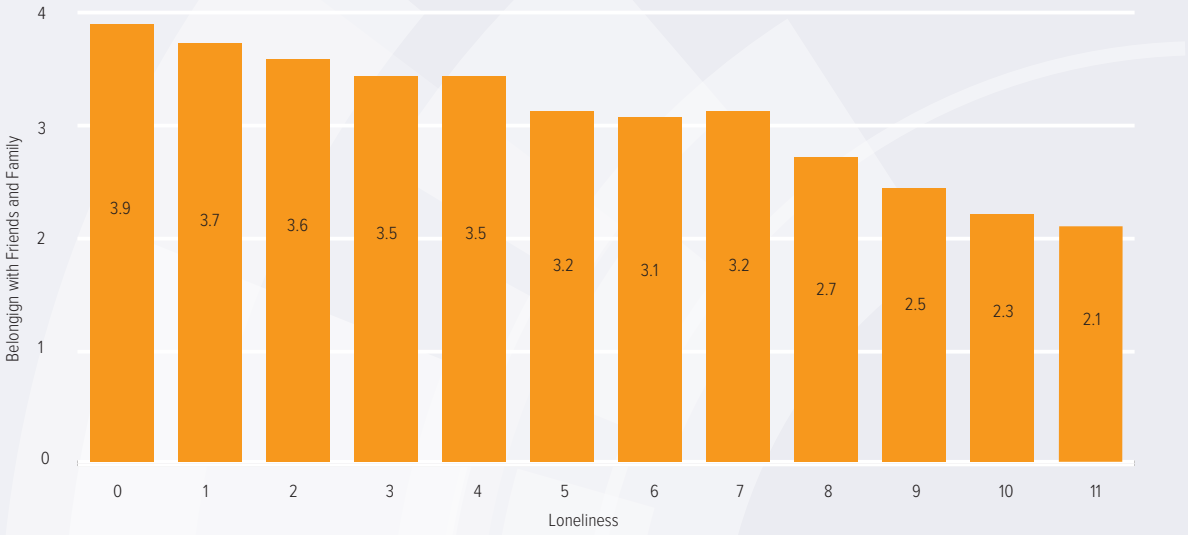

Figure 22. Mean level belonging with friends and family (0 is low belonging with friends and family, and 4 is the highest level of belonging) for each loneliness scale score

The sense of belonging refers to a person's experience of being involved in an environment where they can be themselves and an integral part of that environment (Hagertly et al, 1992). Thus, it results in a secure feeling of fitting in. Furthermore, previous research has found that the sense of belonging is a crucial element of social relationships and is also a predictor and a cause of finding life meaningful (Lambert et al., 2013) Beyond this, the findings show that it also stands as a key predictive risk factor of loneliness among older adults in Kosovo (15%).

The sense of belonging with friends and family stands as a critical relative contributor to loneliness. As presented in Figure 22, higher level of belonging with friends and family scores were associated with lower levels of loneliness. For instance, a higher mean level of belonging with friends and family were associated with lower loneliness scores (0-2), whereas a lower sense of belonging with friends and family was associated with higher levels of loneliness (9-11).

Interventions on enhancing the sense of belonging mainly focus on interventions in colleges or minority communities, leading to a research gap to address the sense of belonging in older adults. Existing interventions refer to increasing social and relationship skills that effectively address feelings of belonging since negative social mindsets might affect feelings of doubt about social belonging (Sander, 2005). Here as well, enhancing social ties might affect positively enhancing the sense of belonging with family and friends.

Maladaptive Cognitive Social Skills

Maladaptive cognitions refer to a person's general beliefs about the self, others, the world, and the future, resulting in automatic negative thoughts (Clark and Beck, 2010). These thinking patterns affect a person's mental health and well-being (Masi et al., 2011). Moreover, the sense of belonging captures a person's relationship with the community and others through support, connectedness, value, respect (Strayhorn, 2012). Thus, maladaptive cognitions affect a person's social confidence. Likewise, lonely individuals have a higher tendency to experience a cognitive decline (Tilvis et al., 2004). As depicted in Figure 23, lower levels of maladaptive cognition social skills are related to lower levels of loneliness scores. Thus, people with higher loneliness scores tend to have higher maladaptive cognitions such as not feeling confident meeting new people, worrying that other people will find them boring or unlikable, feeling nervous when meeting someone whom they do not know well, and thinking that people do not view them positively after speaking with them.

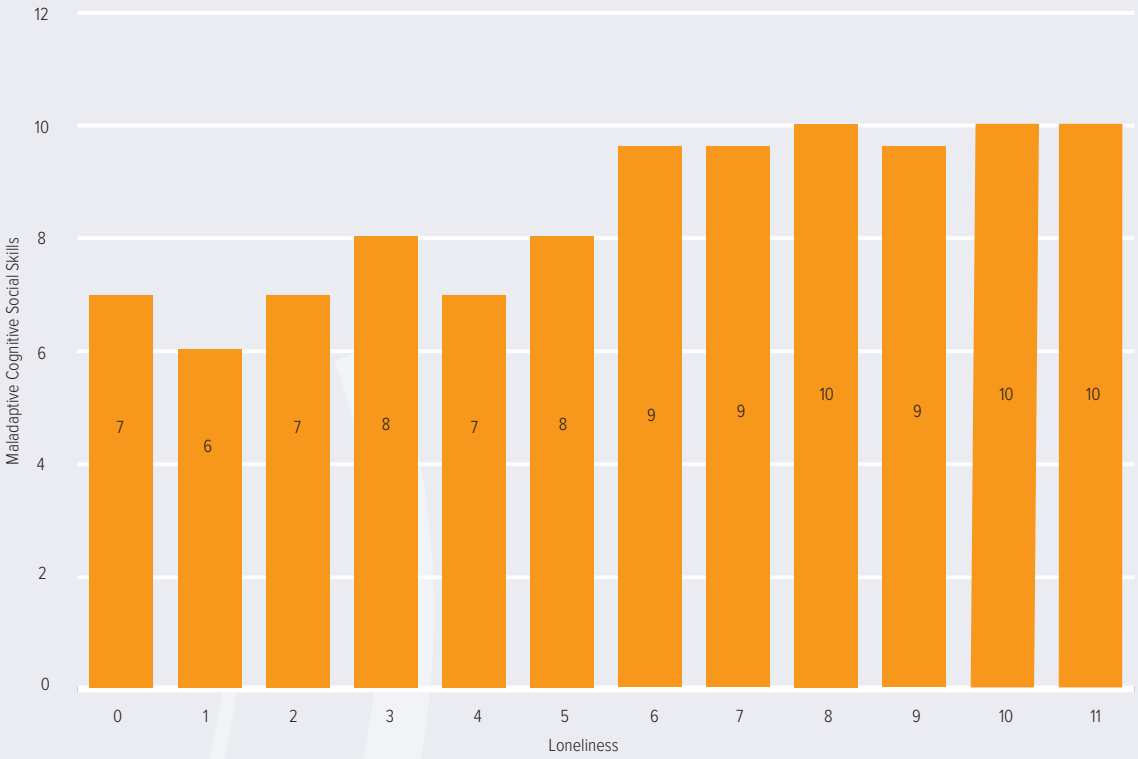

Figure 23. Maladaptive cognitive social skills with Mean Loneliness Score

Systematic reviews on interventions to reduce loneliness found that interventions that addressed maladaptive social conditions had a higher mean effect than other interventions addressing social support, skills, and interventions (Masi et al., 2011). Furthermore, while interventions related to social confidence, social skills differ in their form, most of them include forms of cognitive behavior therapy (CBT) or psychological reframing.

The CBT aims to teach individuals with a high loneliness scale to perceive their negative thoughts not as facts but as a hypothesis to be tested (Young, 1982). Thus, it is crucial to develop social cognitive training for older people in Kosovo. These CBTs should last for months and should be led by a psychiatrist who encouraged the development of positive interpersonal relationships and provided support to confront issues and develop new cognitive and relationship skills. Similar interventions have proven to be effective in various studies (Pinquart and Sorenson, 2003; Marshall et al, 1999).

Affectionate Support

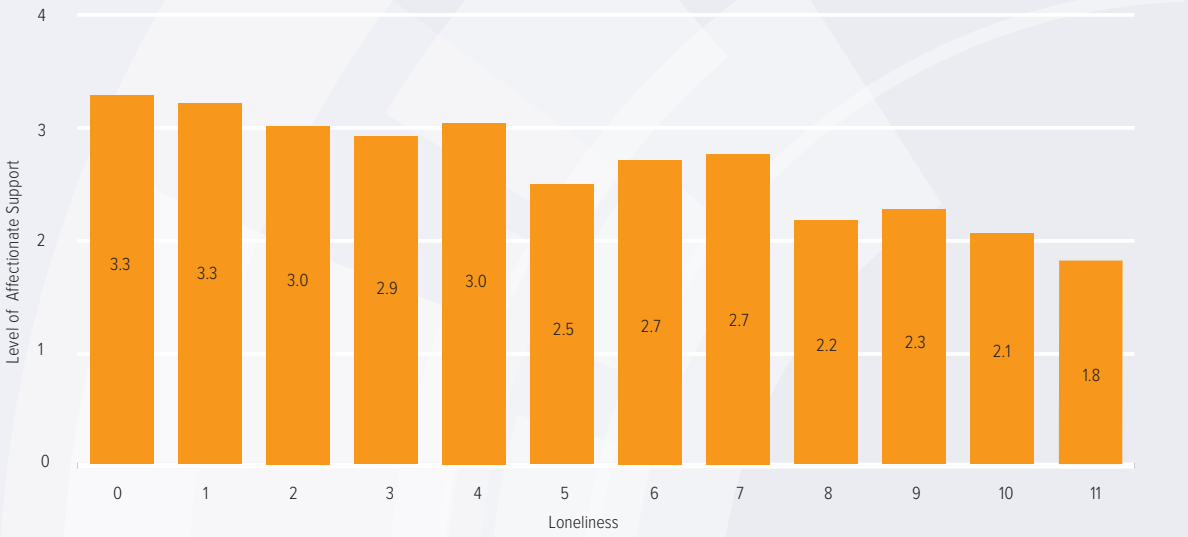

Figure 24. Loneliness score by mean affectionate support level (0 low and 4 high)

Affectionate support refers to the feeling of being loved and receiving affection from other people. Research data showed that in Kosovo, affectionate support is a predictive of loneliness in older people (Figure 24). As depicted from the above graph, lacking someone to make you feel wanted or loved is associated with a higher loneliness score. Moreover, respondents who scored high on affectionate support (3.3) had low levels of loneliness (0-2), while respondents with a lower level of tangible support had a high level of loneliness (9-11). We also noticed slight changes in participants responses by gender.

These findings of affectionate support as a predictive factor of loneliness are in line with the recent research on the effect of Covid 19 pandemic on mental health of older people. Recent research has found that affection deprivation, the perception of a person that she/he receives less affection than needed is positively correlated with loneliness (Hesse et al., 2021). Thus, the higher the affection deprivation, the higher the loneliness scale.

While there is no apparent intervention to enhance affectionate support, previous research has found a moderate correlation between extroversion and affectionate support (Dumitrache et al., 2018). Therefore, future interventions in healthy aging should consider personality traits when drafting policy interventions related to enhancing affectionate support.

Conclusions and Recommendations

The survey found that the median loneliness score of older people in Kosovo is eight out of eleven. Furthermore, more than half of the respondents (58%) scored as being moderately lonely. While 16.72 % scored 0-2, being not lonely at all, only 5.5% fell into the category of very severe loneliness. Correspondingly, the survey found that the four primary contributors to loneliness in older people in Kosovo are tangible support, belonging with friends and family, social confidence, and affectionate support. Therefore, high loneliness scores across the population tended to be related to lower tangible support, lower levels of belonging with friends and family, higher levels of social confidence, and low levels of affectionate support. However, while these factors vary by person, developing policies that support all older people is crucial. For instance, our study found that most older people that participated in this survey reported that they often or always have someone to assist them with critical day-to-day tasks. Yet, the Government should not take for granted that older people have the tangible support they need, since many older people live alone or simply do not want to become a burden to their families.

The Government of Kosovo should enhance its support for older people in Kosovo. The Government's Program for 2021-2025[4] makes minor reference to the older people in Kosovo. Thus, it is evident that this population segment's healthy aging and well-being have not received the deserved focus from the Government yet. While currently, older people make only 6.7% of the population, a national strategy is necessary to ensure that we are well-prepared to accommodate this fragment of the population in the future when people over 65 comprise 20% of the overall population. As such, critical recommendations regarding healthy ageing and preventing loneliness in older people in Kosovo include:

- The Government of Kosovo should develop a Healthy Ageing Strategy and Action Plan

From the legal framework analysis, it is evident that the Government of Kosovo has not yet paid any specific attention to addressing healthy ageing in Kosovo. Thus, it is vital to develop a Healthy Ageing Strategy and Action Plan to ensure the healthy ageing of individuals in Kosovo. Such a Healthy Ageing Strategy would directly focus on policies and direction of our health system resources to improve older people's overall health and independence (Associate Minister of Health, 2016). Also, this strategy would aid in maximizing people's physical and mental health throughout their lives while developing health-smart and resilient communities to help older people age healthily.

A Healthy Ageing Strategy should hold the development of a person's resilience at its chore. A fundamental step towards personal resilience is accepting that disruptions will arise over time which might have adverse effects. Yet, their effects do not have to be deterministic of a person's future (Linkov et al.,2021). As such, a resilient person can overcome the stressful situations in their life and recover, while a less resilient person could find themselves in a poor physical and mental state (Associate Minister of Health, 2016). Therefore, it is essential to develop resilience through physical activity, health literacy, good eating and drinking habits, mental well-being, and social connectedness (Associate Minister of Health, 2016). Thus, resilience helps older people to maintain their critical functions, such as their ability to live independently or engage meaningfully in social activities (Linkov et al., 2021). Undoubtedly, the strategy should be followed by a concrete Action Plan which specifies the steps to achieve healthy ageing.

4 The Office of the Prime Minister (2021) "Program of the Government of Kosovo 2021 – 2025" Available at https://kryeministri.rks-gov.net/wp-content/uploads/2021/05/11052021-OPM-Government-Programe-2021-2025.pdf

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Several states have developed similar strategies to ensure healthy aging for their citizens. Key examples include New Zealand and Queensland State in Australia. Developing such a Healthy Ageing Strategy in Kosovo requires extensive cooperation between relevant stakeholders. Such stakeholders include the Ministry of Health, Labour and Social Welfare, older people in Kosovo, their families, health care professionals, researchers, International Organizations such as the United Nation Population Fund, relevant civil society organizations (CSOs), such as Caritas, that represent and support older people in Kosovo.

- The Government of Kosovo should develop additional assisted living facilities in all regions of Kosovo.

According to the Government's Program for 2021-2025[5], the Government is set to build five additional assisted-living care facilities within these years (2021). While no specific plan has been presented regarding these facilities, it is left to be seen if such facilities will be built. Moreover, the Government should adequately assess the number of identified older people who need such facilities to determine a specific number of facilities that should be established. When developing such facilities, the Ministry of Labour and Social Welfare should amend the requirements for becoming a resident of such facilities while also allowing individuals who have children, sons and daughters, to become residents.

- The Government should introduce group Cognitive Behavior Therapy for older people.

In these group therapies, older individuals will learn to grasp negative thinking patterns as hypotheses rather than facts. Furthermore, group therapy allows them to understand that they are not alone in experiencing loneliness and have power towards these patterns. These group therapies would also aid in enhancing personal resilience in older people and its importance in a person's wellbeing.

- The Government of Kosovo should harmonize the pensions for older adults with the cost of living once a year as overseen by the Law on Pension Schemes.

The Basic pension in Kosovo is meager compared to the cost of living, while it is even insufficient to cover the medication needs of many older people in Kosovo. The Government should harmonize the pensions in line with the Cost-of-Living Index defined by the Ministry of Finance which reflects the changes in the average cost of living retired older people.

- The municipalities should develop targeted group activities for older people.

The existing day centers for older people mostly stand as venues where these people go to hand out or mostly play chess and similar board games. However, during the Focus Group Discussions, participants noted that they would like to participate in targeted group activities rather than have a venue to go to and only spend time together. For instance, handcrafting, pottering and similar activities that serve a direct purpose for them. Additionally, Masi et al., (2011) in their review of interventions to reduce loneliness found that targeted group activities have been more successful

5 Queensland Government (2019) "Healthy Ageing: A strategy for older Queenslanders" https://www.health.qld.gov.au/system-governance/strategic-direction/plans/healthy-ageing

at reducing loneliness that just social events. These group activities should be gender-sensitive, considering the needs and interests of women since they often felt excluded from these activities. Besides, it is essential to develop physical activities groups that would enhance their physical and mental resilience.

"Someone should direct us to our visits and excursions to Prizren, in the castle, and so on. We need someone to guide us and explain us new and interesting things. We need to socialize because now a time of loneliness has come, and it is not like before when people were very friendly and socialized. Sometimes it is hard to pass the time." (Male, Urban)

- The municipalities should start implementing mobile medical services and phone helpline to assist older people in Kosovo.

Mobile medical visits at homes are essential in providing social support to these older people in Kosovo who might need it. Mobile medical visits would allow these individuals to fulfill their needs that they normally can not due to the lack of social support. Interventions related to mobile medical services have proven effective in highly fragile groups such as drug addicts at the verge of relapse, overdose, and people who do not have assistance to go to the healthcare facilities (Yu et al., 2017). Accordingly, it stands as an innovative intervention in promoting well-being among older people.

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- The municipalities should establish inter-generation community programs.

Inter-generation interventions have proven to be an effective intervention in addressing social isolation and loneliness in older people. Parallel to this, they also serve as an intervention to prevent the rise of ageism which might occur with the increased number of older people. Through these inter-generational programs, the older people can share their knowledge, offer expertise, while also young people could help older people to use technology to communicate (Mosor et al., 2019). For instance, a study of intergenerational programs in Japan found that these programs can enforce neighborhood trust while firming intergenerational community ties. These programs would also impact the social support of both generations, preventing social isolation among older people. Moreover, research has found that young people have a higher prevalence of loneliness than other age groups (Achterberg et al., 2020); thus, these programmes might help them as well. Such programs are developed through cooperation with local citizens, senior volunteers, and teachers from the community (Murayama et al., 2019). Parallel to this, another study found that such interventions between older people and kindergarten children were beneficial in enhancing the psycho-motor activities of both generations (Mosor et al., 2019). Furthermore, these programs would help share good habits of healthy ageing and accept ageing as a normal process that all individuals are expected to go through.

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APPENDIX 1: METHODOLOGY

Data Analysis

The data analysis for loneliness and social isolation among older people in Kosovo was in line with the data analysis methodology used for the regional report on the same topic. The Loneliness Scale was measured by using the De Jong Loneliness Scale. Each of the questions of the questionnaire was scored with either 0 or 1, where negative statements (I experience a general sense of emptiness", "I miss having people around," and "Often, I feel rejected) scored one point for the affirmative or neutral items. On the other hand, positive statements (There are plenty of people that I can lean on in case of trouble", "There are many people that I can count on completely, " and "There are enough people that I feel close to") scored 1 point if the answer was negative or neutral. (De Jong Gierveld and Tilburg, 2010). Moreover, these values were firstly summed in the emotional and social loneliness category while they were combined to get the final score, which reflected the loneliness score between 0 and 11 (De Jong Gierveld and Tilburg, 2010). To measure the social support, we used the Medical Outcomes Social Support Survey, where scores were summed, to get the score for tangible, emotional, positive, and affectionate support (Sherbourne and Stewart, 1993). The Beller and Wagner (2018) questionnaire was used to explore the structural isolation in older adults in Kosovo. We used the Harvard Sense of Belonging Survey to measure the scale of belonging (Gehlbach and Brinkworth, 2011). The Family, Friends, and community belonging were calculated through Yorke's (2016) approach, where the level of community or individuals is summed. The cognitive maladaptive social skills were measured by summing the social cognitive questions where the negative items were scored in reverse.

We used the software programs SPSS and Microsoft Excel to analyze the quantitative data collected. The demographic data of the respondents were analyzed through descriptive statistics. A linear regression model was used to identify the significant risk factors for the loneliness of older people in Kosovo. The potential risk factors included the person's household size, hearing difficulties, financial satisfaction, happiness, hearing health, overall health, network size, social confidence, social skills, tangible, affectionate, positive social support, mental health support, belonging to the community, belonging with friends and family and the desired number of interactions. Meanwhile, the relative contributions were calculated by normalizing all significant coefficients for risk factors from the model and then calculating the relative percentage of each factor out of 100%. Cross-tabulation of data was also used to grasp differences in participants' responses related to their gender, marital status, level of education, age group, and type of settlement. While all the data was cross-analyzed, only the data showing a significant difference is presented in the report. The recommendations were developed through analyses of the legal framework, systematic reviews on interventions to reduce loneliness and ensure healthy ageing. Furthermore, the FGD data was used to collect recommendations on activities that older people prefer or tend to avoid drafting recommendations on activities that municipalities should develop to prevent loneliness and social isolation in older people.

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