



Experiences of loneliness in lower- and middle-income countries: A systematic review of qualitative studies

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ABSTRACT

Loneliness is understood as a subjective experience resulting from unmet social relationship expectations. As most loneliness research has been conducted in higher-income-countries, there is limited understanding of loneliness in relation to diverse cultural, economic, and socio-political factors. To address this gap, the present review systematically synthesises existing qualitative studies on the experience of loneliness and social relationship expectations in lower- and middle-income countries (LMICs). Between June and July 2022, six online databases (Embase, Ovid Medline, APA PsycINFO, Global Health, Web of Science, Google Scholar) were searched for peer-reviewed studies from LMICs on loneliness using qualitative methods. There were no restrictions on publication date, language, or study setting. Studies that solely focused on social isolation or were conducted with children (<16 years) were excluded. Risk of bias was assessed with the Critical Appraisal Skills Programme. After deduplication, a total of 7866 records were identified and screened for inclusion, resulting in 24 studies published between 2002 and 2022. The included studies represent data from 728 participants in 15 countries across West Africa (Ghana, Nigeria, Niger, Mali), East Africa (Uganda, Kenya), North Africa (Egypt), West Asia (Iran), South Asia (India, Pakistan, Sri Lanka) and Southeast Asia (Myanmar, Cambodia, Indonesia, Philippines). Data were analysed combining inductive and deductive coding, summarised using narrative synthesis, and examined by geographical region. Common features of loneliness included rejection, overthinking, and pain. Loneliness was related to depression across regions. Whereas loneliness tended to be distinguished from social isolation in studies from Africa, it tended to be related with being alone in studies from Asia. Poverty and stigma were common barriers to fulfilling social relationship expectations. This review illustrates how loneliness and expectations are contextually embedded, with some expectations possibly being specific to a certain culture or life stage, having implications for assessment of and interventions for loneliness worldwide.

1. Introduction

Over the past years, loneliness has been shown to have detrimental outcomes for people's health and well-being. Studies from various regions of the world provide evidence for the prevalence of loneliness (Surkalim et al., 2022) as well as the association with ill mental health, physical and cognitive impairment, and mortality, especially among chronically lonely individuals (Gao et al., 2021; Gyasi et al., 2022; Pengpid and Peltzer, 2023; Smith et al., 2021). These findings suggest

that loneliness is not only a problem in higher-income countries (HIC) but also prevalent in settings that are less represented in the current scientific literature, e.g., in lower- and middle-income countries (LMICs). To address the issue of loneliness and its adverse health outcomes globally, while working towards the UN sustainable development goal 3 "good health and well-being" (UN General Assembly, 2015), efforts to understand the extent to which experiences of loneliness are contextually determined are needed. Indeed, as anthropologists Oza-wa-de Silva and Parsons (2020) argue, loneliness may only be

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understood in relation to society and culture, as “culture shapes expectations, experiences and expressions of loneliness” (p.614). Hence, similar to the understanding of depression (Haroz et al., 2017), loneliness may be understood differently in certain cultures in LMICs, compared to the current scientific understanding of loneliness that is predominantly shaped by contributions from scholars and studies in HICs. To achieve a more diverse and global understanding, qualitative studies, compared to quantitative studies, can offer in-depth insights into human experiences such as loneliness while considering the cultural influences that shape loneliness.

To date, several studies have synthesised qualitative literature on the experience of loneliness. Over a decade ago, a narrative review was published on the relationship between culture and loneliness, indicating that loneliness may be a universal human experience but expressed and coped with differently across cultures (van Staden and Coetzee, 2010). More recently, two systematic reviews have focused on the experience of loneliness amongst older people, which only included one study from a LMIC (Kitzmüller et al., 2018; Shorey and Chan, 2021). The most recent and comprehensive systematic synthesis of loneliness across the lifespan excluded studies that were not published in English and were conducted in clinical settings (e.g., nursing homes) as well as samples adjacent to clinical populations (e.g., in the context of care, bereavement, or abuse) (McKenna-Plumley et al., 2023). All three studies from LMICs (Heravi-Karimooi et al., 2010; Kwegyir Tsiboe, 2021; Ojembe and Ebe Kalu, 2018) that were included in McKenna-Plumley and colleagues’ (2023) review focused on how the socio-political landscape (e.g., discrimination, inadequate resources) related to loneliness, suggesting that the political and economic context may be particularly relevant for understanding loneliness in LMICs. Accordingly, a recent review about loneliness during the Covid-19 pandemic suggested that there is a lack of loneliness research among populations who may be most vulnerable to loneliness, including those with lower income, poor health, and limited internet access (Dahlberg, 2021). Taken together, current reviews on the experience of loneliness mainly focus on studies conducted with healthier and wealthier populations, thus limiting the global and contextual understanding of loneliness.

Our recent lifespan developmental theory of loneliness, the Social Relationship Expectations (SRE) Framework considers contextual factors such as poverty and ill health (Akhter-Khan et al., 2023). The SRE framework uses the “core mechanism” of loneliness—the subjective discrepancy between expected and actual social relationships (Peplau and Perlman, 1982)—to define six expectations that people have for their social relationships, including proximity, support, intimacy, fun, generativity, and respect (Akhter-Khan et al., 2023). According to the SRE framework, the content and fulfilment of these six expectations (with the latter two hypothesised to be more relevant towards the end of the lifespan) depend on personal factors (e.g., functional limitations, role loss), cultural factors (e.g., cultural aging concepts), and socio-political factors (e.g., poverty, migration). The SRE was designed to redress bias in the psychological literature—which has tended to focus upon research carried out in high income, Western countries in order to understand and theorise loneliness. In the critical review of the literature which informed our conceptualization of “expectations”, we prioritised empirical evidence from low and middle-income countries. Focusing on SREs, in addition to loneliness itself, has the advantage of clearly identifying the contextually specific barriers to fulfilling expectations but also the opportunities to realising them, to ultimately inform targeted, context-specific interventions for chronic loneliness.

In the present study, we aim to systematically synthesise literature on the experience of loneliness in LMICs using both data- and theory-driven approaches to analysis. To the best of our knowledge, this is the first systematic review about experiences of loneliness that specifically focusses on studies from LMICs. Although the categorisation of LMICs is rightly contested (Khan et al., 2022), we argue that the importance of poverty for mental health (Lund et al., 2011), combined with the lack of understanding of loneliness from less scientifically

represented cultures, justify this category for the scope of this review. The main review questions were (i) how is loneliness experienced in LMICs and (ii) how may contextual (geographical and cultural) factors affect the experience of loneliness and social relationship expectations. Whereas research question (i) will be addressed with an inductive approach, research question (ii) will use the SRE framework as foundation for the deductive coding framework, to test the theory’s validity in studies from LMICs. Although initially developed to understand older people’s loneliness, applying this novel framework can test the relevance of the SRE for research on loneliness across the lifespan and enrich the SRE by contributing more examples of expectations, barriers, and avenues to fulfilment from under-researched populations.

2. Methods

2.1. Search

This systematic review followed PRISMA guidelines (Supplementary Material 1); A protocol was preregistered on *blinded for review*. The literature search included loneliness or any related term/synonym of it (loneliness/lonely, alone, social isolation), text words related to qualitative or anthropological studies, and a list of LMICs (Supplementary Material 2). We searched the following electronic databases: Ovid MEDLINE, PsycINFO, Embase, and Global Health, and Web of Science. Additionally, we screened the first 90 pages of Google Scholar searches. To identify any relevant studies that were not included in the initial search, we scanned reference lists of the included studies and relevant systematic reviews using forward and backward citation chaining. Articles were searched from inception until June/July 2022. No language restrictions were set.

2.2. Eligibility criteria

Studies with qualitative data on loneliness of participants aged 16 years and older from LMICs (World Bank, 2022) were included. This includes peer-reviewed original qualitative, mixed-method, or multi-method studies. Books, commentaries, letters, editorials, abstracts, dissertations, and conference proceedings were not included. Only studies that focused on the subjective experience of loneliness were included, not those that only reported on objective social isolation or social connectedness. Studies with migrants living in HICs as well as case studies with <2 participants were excluded. Participants with an average age of <16 years were also excluded.

2.3. Screening

After deduplication of articles in Ovid, titles and abstracts of all retrieved articles were downloaded and stored in a reference management software (Zotero). Using Rayyan, the remaining duplicates were identified before one reviewer screened all titles and abstracts (*blinded*) and another reviewer independently screened one third (38.2%) of all titles and abstracts (*blinded*). Then, the full text of any potentially relevant titles and abstracts identified by at least one reviewer were downloaded and assessed for eligibility by two independent reviewers (*blinded*). Any disagreements were discussed between the two reviewers and two additional reviewers were consulted in cases where consensus could not be reached (*blinded*).

2.4. Data extraction

The following data were extracted by two reviewers (*blinded*) from all articles that meet inclusion criteria: (i) country and region of the world (including urban and rural settings) (ii) context setting (clinical, war, displacement, peri- and post-natal); (iii) sex and age of the participants; (iv) nationality and/or ethnicity; (v) religious distinction; (vi) methodological approach; (vii) features of loneliness that were

mentioned in the article (participants' quotes or authors' summaries in the results section); (viii) main themes; (ix) authors' affiliations; and (x) strength and limitations identified by authors. Features of loneliness that were extracted were either explicitly related to loneliness as mentioned by the authors or participants or represented as descriptions of personal experience by the participants. Focusing on features of loneliness can help to improve measurements of loneliness in different cultures (e.g., similar to features of depression, Haroz et al., 2017).

2.5. Risk of bias

Three reviewers (*blinded*) independently assessed the quality of included studies using the Critical Appraisal Skills Programme (CASP) for qualitative studies (https://casp-uk.b-cdn.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf). All articles were assessed by two independent reviewers and the authors did not participate in the quality assessment of their own articles. Disagreements in ratings were discussed between the three reviewers and advised by two additional reviewers (*blinded*).

2.6. Synthesis

The results section of each article was extracted to a word document and imported to NVivo (version R14.23.0); for less structured ethnographic publications, the whole article was extracted. The analysis plan for the thematic synthesis followed an iterative approach of group meetings to discuss the theoretical framework and the coding process. To analyse the data, we used a combination of indicative and deductive

coding. While the experience of loneliness was analysed using inductive codes (research question (i)), deductive codes were derived from the SRE framework (Akhter-Khan et al., 2023) to analyse the contextual factors as well as contents, barriers, and avenues to fulfilling SREs (research question (ii), [Supplementary Material 3](#)). *Blinded* coded all articles independently; one fourth of the articles was additionally coded by *blinded*. Codes were compared and discussed before the final themes were developed. Results were narratively synthesised and tabulated.

3. Results

3.1. Overview of included studies

Fig. 1 depicts the results from the screening process in a PRISMA flow diagram. From the electronic search, 11,648 articles were identified, of which 7866 titles and abstracts were screened after deduplication. After initial screening, 199 articles were assessed as potentially eligible and were screened as full texts. Of these, 180 articles were excluded due to having a wrong outcome (e.g., isolation, Dev et al., 2019), loneliness not being the main focus (e.g., Buser et al., 2021), the article not being conducted in a LMIC, being a wrong publication type (e.g., dissertations, editorials), having a wrong study design (i.e., no qualitative data), or focusing on the wrong population (e.g., children <16 years old). Five studies were additionally identified as eligible by Google Scholar and hand searches. In total, 24 articles were included in this systematic review ([Supplementary Material 4](#)).

Table 1 gives an overview of the 24 studies, which include data from 728 participants in 15 LMICs from six geographical regions: see Fig. 2 for

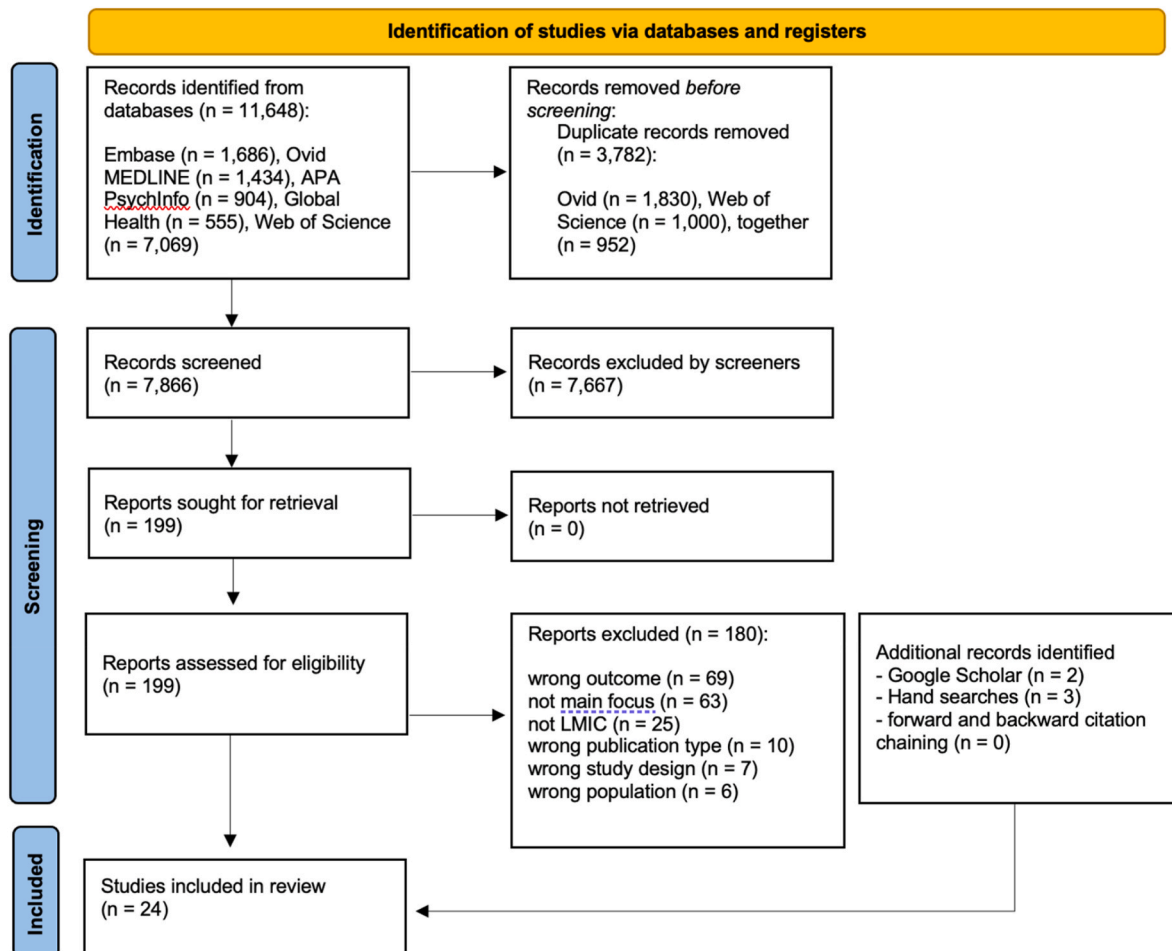


Fig. 1. PRISMA flow-diagram.

Table 1
Summary characteristics of included studies.

| # | Author/Year | Country | Methodological approach | Participants | Research questions/aims | Main themes |
|----|-------------------------------|---------------|--|---|--|--|
| 1 | Akhter-Khan et al., 2022 | Myanmar | Qualitative semi-structured interviews; thematic analysis | Convenience sampling (N = 8, 50% female); aged 56–96; Community-based sample selected by local NGOs in Myeik and Ye townships | To explore how older adults cope with loneliness in southern Myanmar | Having a resilient mindset; praying and meditating; having a prosocial mindset; having basic material needs met; keeping an active lifestyle; caring for others; having a supportive social environment |
| 2 | Akhter-Khan et al., 2022 | Myanmar | Mixed methods: Myanmar Aging Survey 2012 and semi-structured interviews; content analysis (Mayring) with deductive and inductive codes, based on quantitative findings | Convenience sampling (N = 8, 50% female); aged 56–96; Community-based sample selected by local NGOs in Myeik and Ye townships | To understand predictors of loneliness among older people in Myanmar | Social determinants; family; community and social support; health; interactions with religion and underlying mechanisms |
| 3 | Bashir (2017) | Pakistan | Semi-structured in-depth interviews and observations; thematic analysis | Purposive sample (N = 20, 30% female), aged 60+; Clinical setting, long-term care facility residents in Lahore | To understand the psychological experience of residents living in an old age home | Cultural factors; economic factors; emotional factors |
| 4 | Dijkxhoorn et al. (2022) | India | a) Semi-structured interviews, life history timelines, b) focus group discussions (FGD); thematic analysis with phenomenological perspective; development of framework | Purposive and maximum variation sampling of caregivers of persons with mental illness making use of a non-governmental clinic in Chennai a) (N = 29, 62.1% female), mean age: 48.8; b) FGD with caregivers (N = 21, 61.9% female), mean age: 52.4; FGD with mental health professionals: N = 39 | To understand the lived experience of caregivers of people with mental illness in a low-income setting with particular focus on stigma, loneliness, lost opportunities, and caregiver growth | Embarrassment and losing honour; fear; awareness of mental illness in the community, stigma, and social exclusion; reduced social interaction and loneliness; lost opportunities; caregiver growth |
| 5 | Donkor et al. (2017) | Ghana | Qualitative in-depth interviews; thematic content analysis; bio-psychosocial model | Clinically-based sample of women who are treated for infertility in the Greater Accra Region (N = 15, 100% female), aged 27–42 | To explore psychological experiences of women with infertility using the psychological component of the bio-psychosocial model as an organizing framework | Psychological experiences: loneliness; anxiety; depression; lack of concentration; worrying; and reduced sexual satisfaction |
| 6 | Heravi-Karimooi et al. (2010) | Iran | In-depth interviews; hermeneutic phenomenology | Purposive sampling (N = 13, 69% female) of community-based older people who were lonely (UCLA loneliness score >34) in urban Tehran, aged 68–87 | To explore the lived experiences of Iranian older people on loneliness | An aversive emotional state; isolated from intimate relationships; being deprived from social and external support systems; being abused and neglected |
| 7 | Heravi-Karimooi et al. (2012) | Iran | Semi-structured in-depth interviews; phenomenological approach with Colaizzi method | Purposive sampling (N = 14, 64.3% female) of community-based older people in urban Iran who were lonely (UCLA loneliness score >34) and experienced domestic abuse, aged 75–89 | To explore the experience of loneliness in Iranian abused older people | Feeling of pain and suffering; feeling of being an outsider; feeling of deprivation |
| 8 | Heu et al. (2021) | Egypt, India* | Semi-structured in-depth interviews; thematic analysis, combining a theoretical (i.e., deductive) approach with inductive analysis | Purposive and snowball sampling (N = 19, 52.6% female) of community-based participants in both urban and rural areas, aged 24–44 | To examine whether the meaning of loneliness is comparable across cultures with different levels of social embeddedness | Definitions of loneliness; types of loneliness; causes and remedies; and aspects that have been considered less in the loneliness literature (i.e., loneliness despite fulfilling social relationships, higher independence and social withdrawal as remedies) |
| 9 | Jabraeili et al. (2018) | Iran | Focused ethnography using observations and interviews; Roper and Shapira's 5-step framework | Clinically based sample of mothers (N = 19, 100% female) with a child at the neonatal unit of the Children's Hospital of the Tabriz Medical University in East Azarbaijan Province, aged 14–33 | To explore the emotional caregiving experiences of mothers in an Iranian Neonatal Unit | Fear; loneliness; competence; and pleasure |
| 10 | Kimera et al. (2020) | Uganda | Photovoice with five focus group discussions; preliminary data analysis with participants; hermeneutic phenomenological | Purposive sampling (N = 11, 54.5% female) of youth living with HIV recruited from a hospital-based peer support group in Kabarole, Western Uganda, aged 15–19 | To understand lived experiences and effects of HIV-related stigma | Being devalued; experiencing fear; experiencing injustice; lacking future perspectives; feeling lonely |
| 11 | Kwegyir Tsiboe, 2021 | Ghana | Semi-structured interviews; Phenomenological study with interactionist perspective; | Purposive and snowball sampling (N = 10, 60% female) of community-based | To explore the nature or experiences of loneliness among older people in rural Ghana to primarily inform | Having no one; vulnerability; and relief |

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Table 1 (continued)

| # | Author/Year | Country | Methodological approach | Participants | Research questions/aims | Main themes |
|----|-------------------------------|-------------|---|--|--|---|
| | | | thematic analysis with a gerontological viewpoint | older people in rural Emmena, Ashanti region, aged 60-80 | policy, further research directions and academic debates. | |
| 12 | McKay and McKenzie (2020) | Cambodia | Semi-structured interviews; inductive method: thematic analysis with constant comparative method | Convenience sampling (N = 20, 100% female) of community-based participants who moved to urban areas to work in Cambodian garment factories, aged 18-43 | To gain an understanding of the lives of female garment factory workers | Migration: the transition and motivation; family arrangements; support networks, safety and trust; economic management and financial systems |
| 13 | Miltiades (2002) | India | Semi-structured interviews; cultural specificity approach | Snowball sampling (N = 46, 52% female) of community-based parents living in Calcutta with an adult child living in Boston, aged 50-94 | To examine the effect an adult child's emigration has on the familial support system available to the parents left behind, and on the parent's psychological well-being | Family structure and living arrangements; social support network; extended families; spousal support; relationship with non-immigrant children; in-home paid help; and psychological effect of adult child's emigration |
| 14 | Mohammadi et al. (2015) | Iran | Semi-structured interviews; inductive content analysis | Purposive sampling (N = 10, 100% female) of community-based women with HIV who were experiencing domestic violence, recruited through a counselling centre affiliated to the Tehran University of Medical Sciences, aged 24-45 | To explore the lived experience of domestic violence in Iranian HIV-infected women | Regretful past; disappointing future; loneliness; and no other option |
| 15 | Nzabona et al. (2016) | Uganda | Mixed methods: a) survey questionnaire, b) focus group discussions with older people and c) qualitative key informant interviews; thematic analysis (Patton) | Random sampling using a household list: b) community-based sample, aged 60+ (N = 80), c) N = 12 (50% female) | To contribute to the current knowledge base on loneliness by providing evidence for diverse risk factors of later-life loneliness in Uganda | Prevalence of loneliness; predictors of loneliness; mitigating loneliness |
| 16 | Ojembe and Ebe Kalu (2018) | Nigeria | Semi-structured interviews; descriptive phenomenological approach, interactionist perspective; inductive thematic analysis | Purposive and snowball sampling (N = 12, 58% female) of community-based older people who experienced loneliness in the past 12 months, aged 58-88 | To describe the existence of loneliness among older adults in Nigeria, recognize its factors, attempting to identify context-dependent solutions to loneliness within this population | Perception and existence of loneliness; factors for loneliness; and context-dependent coping strategies |
| 17 | Pike and Crocker (2020) | Kenya | Ethnography (participant observation, ethnographic interviews, focal follows, physical and psychosocial health assessments, standardized surveys), thematic analysis | Parents and teens (N = 131) from three Turkana pastoralist communities in Northern Kenya recruited by Turkana research assistants between 2014 and 2018 | To explore how Turkana pastoralists in Northern Kenya experience the emotion of loneliness in relation to displacement | - |
| 18 | Rasmussen (2020) | Niger, Mali | Ethnography (longitudinal qualitative field research, participant observation, guided conversations, structured interviews, collection of life history narratives, case studies, transcription, analyses of verbal art) | Semi-nomadic Tuareg society of northern Niger and Mali (between 1983 and 2017) | To explore the meanings of loneliness and ways of coping with it in a Muslim, Tuareg society of Mali and Niger through analysis of this emotion in symbol, subjective perception, and social experience; To explore the connections between modes of travel and local concepts of loneliness | Patterns of mobility and travels, geographic and spiritual; cosmology, gender, and travel; border-crossing; solitude, depression, "secret" love, and local concepts of loneliness; and "mental" or non-organic illnesses, altered states of consciousness, and loneliness |
| 19 | Sadati et al. (2022) | Iran | Semi-structured telephone interviews; content analysis; reflexive method | Snowball sampling (N = 24, 62.5% female) of participants living in Fars, Khorasan, Razavi, and Yazd provinces who had fully recovered from COVID-19 after treatment, aged 18-77 | To survey and analyse the experience of stigma among patients with coronavirus disease 2019 in Iran | Fear and rejection; discrimination; loneliness |
| 20 | Schröders et al. (2021) | Indonesia | Focus group discussions; Social constructivism; Grounded Theory (Corbin and Strauss) underpinned by a Goffmanian perspective of symbolic interactionism: open, axial, and selective coding | Non-probability, random, and purposive sampling (N = 48, 52% female) of older adult children through community health volunteers in four villages in Gunung Kidul, Yogyakarta Special Region, aged 50+ | To explore the process by which rural Indonesian older adult children experience their own aging, thereby gaining insights into how this newly evolving reality impacts the traditional ways of old-age care provision | Bargaining for a sense of security; aging in a welt of chronic insecurity; OACs: a generation "betwixt and between" expected demands and unmet expectations; landscapes of loneliness; and compromising against conventions |
| 21 | Sharma and Subramanyam (2020) | India | Mixed methods: a) cross-sectional survey guided by Meyer's Minority Stress Model, b) focus group discussion, c) in-depth interviews; convergent | Recruitment of community-based Indian gay and bisexual men through dating app Grindr and LGBTQ offline | To understand how minority stressors among older queer men in India are formed and what their influences are on mental health | Shaping of internalized homophobia and its consequences; negotiating ageist discourse; addressing loneliness and depression; the |

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Table 1 (continued)

| # | Author/Year | Country | Methodological approach | Participants | Research questions/aims | Main themes |
|----|------------------------|-------------|--|--|---|---|
| | | | parallel design; thematic narrative analysis method | group in Mumbai, b) N = 7, c) N = 35 (100% men); aged 40+ | | role of (hetero-homo) companionship at later life; and sexual behaviour in late life |
| 22 | Tharayil (2010) | Philippines | Open-ended interviews, checklists, and projective techniques; Grounded Theory; comparison of themes between least and most lonely participants | Clinical sample (N = 35, 100% men) of men with schizophrenia who felt lonely (UCLA loneliness scale) and hospitalized at the National Center for Mental Health and Plainview Home Care Psychiatric Center Manila, aged 27–44 | To explore the perceived family life experiences in the family of origin among hospitalized lonely adult Filipino males with schizophrenia during a period of remission of their overt psychotic features | Perceived childhood experiences related to family; negative perceptions of current family life experience; positive perceptions of family |
| 23 | Van der Geest (2004) | Ghana | Ethnography (interviews, short meetings, observations, focus groups, questionnaires) | Purposive and snowball sampling (N = 35, 51% women) of community-based people considered as old by others in rural Kwahu-Tafo, Eastern Ghana. | To describe life conditions of older people in a rural community of Ghana: What “deficiency” in the social network of elderly people in Kwahu is felt as particularly painful? | Wisdom and respect as cultural expectations regarding aging and older people |
| 24 | Wijesiri et al. (2019) | Sri Lanka | Mixed methods: a) quantitative use of UCLA loneliness scale, b) qualitative interviews; qualitative descriptive approach: inductive content analysis | b) Random sampling and purposive selection (N = 15, 60% female) of clinically based permanent residents at 3 old age care homes (governmental, non-governmental, private) in Colombo with the highest loneliness scores (UCLA score >60), aged 65-80 | To explore loneliness in older people (aged 65+) living in care homes in Colombo, Sri Lanka: to investigate the degree of loneliness, investigate associations between loneliness and socio-demographic variables, describe the experience of loneliness and describe the strategies used by older people to alleviate their loneliness | Coping with the inner pain: (i) loneliness means emotional suffering; (ii) alleviating loneliness |

Note. * The study by Heu et al. (2021) was conducted in five countries, however, only participants from India and Egypt were included in this review, as the others were from higher income contexts (Austria, Bulgaria, and Israel).

more detail. A third of studies were conducted by authors who were all affiliated with a university in the country of the study setting, around another third were conducted by authors from both HICs and LMICs, with the rest led by researchers based in HICs. Most studies were conducted with community-based samples ($n = 17$). The remainder were carried out in clinical settings (eg. people living with HIV). Older people were the group most commonly studied: samples of older people were the focus of half of the articles included. Other groups included gay and bisexual men, people living with COVID-19, youth caregivers, people experiencing domestic violence, migration/displacement. Ten studies used semi-structured (in-depth) interviews, one study used focus group discussions only and eight studies employed a combination of qualitative methods including semi-structured interviews, focus group discussions, observations, projective techniques, and photovoice. Four studies employed mixed-methods of which two had a quantitative focus.

3.2. Quality assessment

Table 2 gives an overview of the quality assessment for each study (for details, see Supplementary Material 5). Key to whether we included articles was if there were statements of research aims and findings, and if we considered the research design appropriate to address the aims of the research. Based on these criteria, no articles were excluded. Nevertheless, in some of the articles, research questions were stated rather vaguely (e.g., Bashir, 2017; Donkor et al., 2017; Ojembe and Ebe Kalu, 2018). This hampered applying other CASP criteria, such as if research findings could clearly be linked back to the research question. Furthermore, several articles lacked a clear rationale for choosing qualitative rather than quantitative research or a specific method such as semi-structured interviews (e.g., McKay and McKenzie, 2020; Miltiades, 2002; Nzabona et al., 2016). That is, the methodology of these studies seemed reasonable, but not clearly explained. Although not crucial for

inclusion or exclusion, understanding how author subjectivity shaped their focus and approach is critically important in the interpretation of results and discussion.” Some authors mentioned researcher characteristics (e.g., linguistic skills; country of origin) (e.g., Jabraeili et al., 2018; Wijesiri et al., 2019), but the relation to research participants or potential influences of researchers’ background characteristics on their interpretations of findings were rarely discussed. Relatedly, some studies lacked information on how ethical concerns were dealt with (e.g., informed consent; confidentiality, anonymity) (e.g., Bashir, 2017; Miltiades, 2002; Van Der Geest, 2004). Overall, the quality of the studies that were assessed by the CASP could be evaluated as medium to high. However, qualitative studies where the data analysis was not sufficiently rigorous (Sadati et al., 2022; Tharayil, 2010) as well as non-ethnographic studies that lacked information on multiple criteria (Bashir, 2017; Donkor et al., 2017; Miltiades, 2002) were given less weight during narrative synthesis of this review.

In the following section, we will first present the results on the features of loneliness that were inductively derived, followed by an overview of contextual factors as well as contents, barriers, and avenues to fulfilling the six different SREs. For each section, we highlight culturally specific experiences of loneliness and geographical differences in the contents, barriers, and avenues of the expectations.

3.3. Experiences of loneliness

Loneliness as subjective state. Table 3 and Table 4 depict the relative frequencies of loneliness features and regional differences identified across the studies. Overall, the experience of loneliness was described as subjective. Explicitly, the distinction between loneliness as subjective experience and being alone as objective state was reported in 8 studies (Akhter-Khan et al., 2022; Heu et al., 2021; Kimera et al., 2020; Ojembe and Ebe Kalu, 2018; Pike and Crocker, 2020; Rasmussen, 2020; Sharma

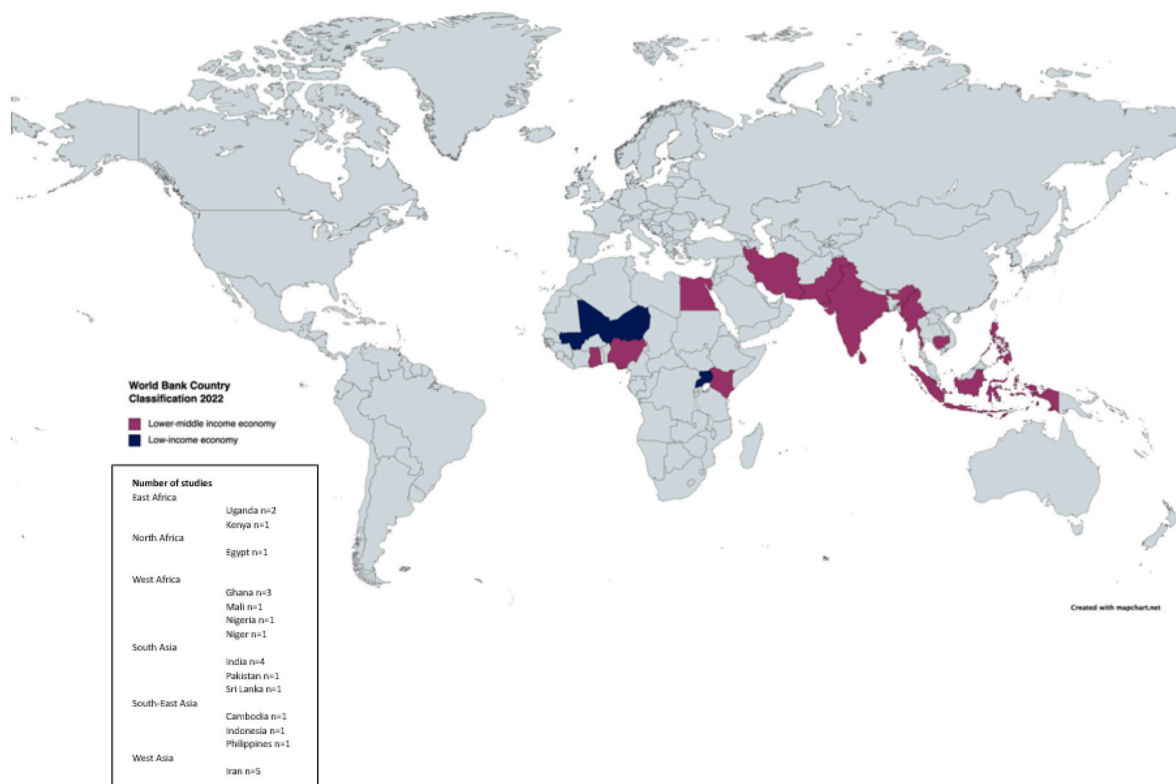


Fig. 2. World map highlighting countries from included studies.

and Subramanyam, 2020; Van Der Geest, 2004). When examining the relative frequencies of loneliness experiences by geographical region (Table 4), *being alone* was reported more often in Southeast Asia, whereas it was understood as distinct from social isolation in East and West Africa. The distinction between being alone and loneliness is also represented linguistically, such as in Burmese (being alone (*tajau' hte: nei ta*) versus loneliness (*ahiti: kjan chin*)) (Akhter-Khan et al., 2022) and Turkana (subjective isolation (*nathil*) versus being alone and scared (*nasilakuj*)) (Pike and Crocker, 2020). Yet, in some languages, loneliness is often indirectly conveyed by metaphors, such as with imagery from spiritual travel among Tuareg in Niger and Mali (Rasmussen, 2020), or associated with having no one (*onnibie*) in Ghana (Van Der Geest, 2004). Further, studies from Myanmar, India, Egypt, Cambodia, Iran, and Kenya suggested that being alone can cause loneliness (Akhter-Khan et al., 2022; Heu et al., 2021; McKay and McKenzie, 2020; Pike and Crocker, 2020), e.g., when caring for someone alone in Iran (Jabraeili et al., 2018) or being left by one's children in India (feeling lonely "maternally") (Miltiades, 2002). Whereas loneliness was mostly understood as an adverse experience, being alone was sometimes seen as beneficial.

"I do feel lonely at times. But given that I have lived alone for so long, there is a part of me that loves solitude. Solitude is different from loneliness. You can be with your friends and still feel lonely." (Mohit, 52 years, India) (Sharma and Subramanyam, 2020).

Rejection as a feature of loneliness. Loneliness was described as a sense of rejection, feeling like an outsider, alienated, closed off, blamed, and abandoned in 10 studies (Akhter-Khan et al., 2022; Heravi-Karimooi et al., 2010, 2012; Heu et al., 2021; Pike and Crocker, 2020; Rasmussen, 2020; Sadati et al., 2022; Schröders et al., 2021; Sharma and

Subramanyam, 2020; Wijesiri et al., 2019). For example, in a study from Iran conducted in 2020 during the Covid-19 pandemic, participants with a Covid-19 infection reported being avoided by everyone and receiving hateful calls by people who blamed them for infecting others with the virus, resulting in a deep sense of self-disgust and loneliness (Sadati et al., 2022). In Indonesia, older adults who were carers for their parents' loneliness was sometimes characterised as being a consequence of social stigma: not fitting with prevailing sociocultural norms, with insufficient economic support from families and government, left this group of carers feeling excluded from social gatherings:

"I was abandoned. (...) left behind, like I was not a human anymore." (FGD, man from Wonosari, Indonesia) (Schröders et al., 2021, p.16, p.16)

Loneliness and mental health symptoms. Loneliness was closely related to symptoms of depression (Bashir, 2017; Donkor et al., 2017; Heravi-Karimooi et al., 2010; Heu et al., 2021; Rasmussen, 2020), and sometimes described as cause of depression and suicidal thoughts (Miltiades, 2002; Wijesiri et al., 2019). The close relationship between loneliness and depression was particularly prevalent in studies from South Asia and West Africa (Table 4). In Tuareg language, for instance, *essuf* (feeling in solitude) is closely related to *tamazai* (depression) (Rasmussen, 2020). Specifically, overthinking, hopelessness, and sadness were often associated with the expression of loneliness. Participants from 7 studies reported either *thinking too much*, worrying, and ruminating as part of feeling lonely, or tried to distract themselves from such thoughts when they were alone and had nothing to do (Heravi-Karimooi et al., 2012; Kimera et al., 2020; Miltiades, 2002; Ojembe and Ebe Kalu, 2018; Sadati et al., 2022; Schröders et al., 2021; Wijesiri et al., 2019).

Table 2
Quality assessment of included articles using the Critical Appraisal Skills Programme (CASP) for qualitative studies.

| Studies (N = 24) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Akhter-Khan, Drewelies & Wai, 2022 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Akhter-Khan et al., 2022 ^b | ✓ | ✓ | ✓ | ✓ | ? | ? | ? | ? | ✓ |
| Bashir (2017) | ✓ | ✓ | ✓ | ✓ | ? | ? | x | ? | ✓ |
| Dijkxhoorn et al. (2022) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Donkor et al. (2017) | ✓ | ✓ | ✓ | ✓ | ? | ? | ✓ | ✓ | ? |
| Heravi-Karimooi et al. (2010) | ✓ | ✓ | ✓ | ✓ | ✓ | ? | ? | ✓ | ✓ |
| Heravi-Karimooi et al. (2012) | ✓ | ✓ | ✓ | ? | ? | ? | ✓ | ✓ | ✓ |
| Heu et al. (2021) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jabraeili et al. (2018) | ✓ | ✓ | ✓ | ? | ? | x | ✓ | ✓ | ✓ |
| Kimera et al. (2020) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kwegyir Tsiboe, 2021 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| McKay and McKenzie (2020) | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ |
| Miltiades (2002) | ✓ | ✓ | ✓ | ✓ | ✓ | x | x | ? | ✓ |
| Mohammadi et al. (2015) | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ |
| Nzabona et al., 2016 ^b | ✓ | ✓ | ✓ | ✓ | ? | x | ✓ | x | ✓ |
| Ojembe and Ebe Kalu (2018) | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ |
| Pike and Crocker, 2020 ^a | ✓ | ✓ | ✓ | ? | ? | ? | ✓ | ✓ | ✓ |
| Rasmussen, 2020 ^a | ✓ | ✓ | ✓ | ? | ? | x | ? | ? | ✓ |
| Sadati et al. (2022) | ✓ | ✓ | ✓ | ✓ | ✓ | x | ? | x | ✓ |
| Schröders et al. (2021) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sharma and Subramanyam (2020) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tharayil (2010) | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | x | ✓ |
| Van Der Geest, 2004 ^a | ✓ | ✓ | ✓ | ✓ | ✓ | x | x | ? | ✓ |
| Wijesiri et al. (2019) | ✓ | ✓ | ✓ | ✓ | ✓ | x | ✓ | ✓ | ✓ |

Note. The CASP for qualitative studies includes ten criteria. Response options are ✓ - yes, ? - can't tell, and x - no. Studies that did not report formal ethics approval but considered informed consent and confidentiality received a ✓ on item 7. Studies without considering both consent and confidentiality received an x. We do not report evaluations of the final criterion ('How valuable is the research?') as it assessed aspects of the research that were unrelated to the quality of the data we analysed (e.g., theoretical and practical implications, future directions).

^a Ethnographic studies.

^b Studies with a mixed methods design and a quantitative focus.

“Loneliness is the worst thing someone will experience. To be alone makes your thought go up and down, thinking good and very bad things like even wishing for death. In fact, it makes you helpless (...).” (Mrs Fatima, 84 years old, Nigeria) (Ojembe and Ebe Kalu, 2018)

Hopelessness and sadness were described as part of feeling lonely, where people felt a sense of helplessness and emptiness, and a desire to give up (Heravi-Karimooi et al., 2012; Heu et al., 2021; Ojembe and Ebe Kalu, 2018; Pike and Crocker, 2020; Sadati et al., 2022), or were crying and felt a heavy weight on their shoulders or pressing on their chest (Donkor et al., 2017; Heravi-Karimooi et al., 2010, 2012; Heu et al., 2021; Wijesiri et al., 2019). Moreover, feeling anxious and scared about the future was also related to loneliness (Heravi-Karimooi et al., 2012; Heu et al., 2021; Wijesiri et al., 2019). Similarly, participants from 6 studies experienced loneliness as *painful* emotional suffering, which could not be cured by medicine (Heravi-Karimooi et al., 2010, 2012; Heu et al., 2021; Schröders et al., 2021; Van Der Geest, 2004; Wijesiri et al., 2019). Despite the close associations to mental health problems such as depression and *anxiety*, loneliness was understood as distinct from more severe mental health problems (e.g., “insanity”, Rasmussen, 2020).

“The most painful thing in my life is my loneliness. Loneliness is a very bad experience.” (75-year-old widow, Iran) (Heravi-Karimooi et al., 2012)

Chronicity of loneliness. Seven studies gave varied definitions of the timing and persistency of loneliness, i.e., as a situational, transient state or persistent condition (Akhter-Khan et al., 2022; Heravi-Karimooi et al., 2012; Heu et al., 2021; Kwegyir Tsiboe, 2021; Rasmussen, 2020;

Table 3
Frequencies and description of loneliness features.

| Frequency N (%) | Features | Description of features |
|-----------------|---------------------------|---|
| 10 (41.7) | Rejection | Feeling like an outsider, alienated, closed off, blamed, abandoned |
| 8 (33) | ≠ Social isolation | Loneliness as different to solitude, objective isolation or being alone |
| 7 (29.2) | Related to depression | Loneliness closely related to depression, also as antecedent for depression |
| 7 (29.2) | Overthinking | Distracting from thoughts, having time to think when not busy/alone, rumination, brooding, worrying, wondering, empty mind |
| 6 (25) | Pain | Aversive negative feelings, emotional suffering, no medicine for loneliness/pain, inner pain |
| 6 (25) | Being alone | Isolation, maternally lonely, caring for someone alone, separation from family, being alone as trigger for loneliness |
| 5 (20.8) | Hopelessness | Helpless, giving up, end of the world, emptiness |
| 5 (20.8) | Sadness | Crying, feeling heavy, shattered, nostalgic |
| 5 (20.8) | Persistency | Impermanence, temporarily emotionally lonely, situational and persistent feelings, latently present, some forms of <i>essuf spirit</i> taking over long-term, deeply buried in the heart, agency vs. no agency to change loneliness |
| 3 (12.5) | Timing | Lonely in specific situations: holidays and weekends, evenings when home alone, during the day when children are at work |
| 3 (12.5) | Disappointed expectations | Unmet desires, relational impairment between self and outside world, shortcomings in relationships |
| 3 (12.5) | Unlucky destiny | Fate, misfortune, consequence of bad life |
| 3 (12.5) | Anxiety | Scared, fear, anxious about the future |
| 2 (8.3) | Travels | Expressed by geographical and spiritual travels, travelling in a foreign country |

Table 4
A. Top 5 most frequent loneliness features by continent, B. Top 3 most frequent loneliness features by geographical region.^a

| | Asia (n = 16) | | | Africa (n = 9) | |
|---|----------------|--------------|--------------|--------------------|--------------------|
| 1 | Rejection | | | ≠ Social isolation | |
| 2 | Being alone | | | Rejection | |
| 3 | Overthinking | | | Overthinking | |
| 4 | Depression | | | Depression | |
| 5 | Pain | | | Hopelessness | |
| | Southeast Asia | South Asia | West Asia | West Africa | East Africa |
| 1 | Rejection | Depression | Rejection | ≠ Social isolation | ≠ Social isolation |
| 2 | Being alone | Rejection | Overthinking | Depression | Rejection |
| 3 | Persistency | Overthinking | Pain | Travels | Overthinking |

Note. ^aDue to the limited number of studies from North Africa (n = 1), this study was not included here.

Schröders et al., 2021; Wijesiri et al., 2019). Prolonged feelings of loneliness were described as “latently present” (Heu et al., 2021, p.393) or “deeply buried in your heart” (Schröders et al., 2021, p.15). Such prolonged feelings of loneliness were sometimes explained as unlucky destiny (Heravi-Karimooi et al., 2010), karma (Akhter-Khan et al., 2022), or consequences of a bad life (Van Der Geest, 2004). In most cases, however, loneliness was characterised as a transient or situational occurrence, triggered by holidays and weekends (e.g., Heravi-Karimooi et al., 2012), evenings alone at home, and situations when family members were working during the day (e.g., Kwegyir Tsiboe, 2021) where participants were left on their own with their own worries/ruminations. In Myanmar, situational loneliness was understood and managed according to Buddhist notions of impermanence, i.e., the idea

that “nothing is stable, nothing will last forever” (Akhter-Khan et al., 2022, p.251). Throughout this article, we’ve distinguished between “chronic” and “situational” loneliness to describe the two categories of experience outlined above.

Personal coping strategies for loneliness. Several studies highlighted the various coping strategies that people employed to overcome loneliness. Personal coping strategies included acceptance, actively reducing loneliness, spiritual rituals, solitude, and self-healing. Acceptance was mentioned in six studies across ages and geographical regions (Akhter-Khan et al., 2022; Heu et al., 2021; Kimera et al., 2020; Mohammadi et al., 2015; Sharma and Subramanyam, 2020; Wijesiri et al., 2019). Accepting one’s loneliness and current situation (instead of denying it) was also described as necessary requirement to reduce loneliness and considered the first part of the *resilient mindset* reported by Akhter-Khan et al. (2022). Actively reducing loneliness was described as the “mindset of trying” (kjou: za: chin te. sei’) by older women in southern Myanmar (Akhter-Khan et al., 2022, p. 251), characterized by seeing no benefits in loneliness and thus fighting against it. “Distracting the mind” (Schröders et al., 2021, p. 15) was key to reducing loneliness and included watching TV, getting out of the house, and engaging in daily activities such as house work or gardening (Akhter-Khan et al., 2022; Heu et al., 2021; Kwegyir Tsiboe, 2021; Schröders et al., 2021; Wijesiri et al., 2019). Religious and spiritual rituals were commonly reported as a way to facilitate acceptance (e.g., by praying and meditating), prosocial attitudes (e.g., harmony, agreeableness, flexibility), and actively reducing loneliness (e.g., by participating in musical spirit possession exorcism rituals) (Akhter-Khan et al., 2022; Kwegyir Tsiboe, 2021; Rasmussen, 2020; Schröders et al., 2021; Wijesiri et al., 2019). Interestingly, two studies with participants from India and Egypt reported solitude as an effective coping strategy for loneliness (Heu et al., 2021; Sharma and Subramanyam, 2020). By engaging in self-healing practices (e.g., writing, reflecting), participants felt that time alone promoted their emotion regulation, empathy, compassion, and optimism (Heu et al., 2021; Sharma and Subramanyam, 2020).

3.4. Social Relationship Expectations

In the following section, we provide an overview of contextual factors affecting loneliness and SREs (Table 5) and describe how these contextual factors affect the SRE contents (Table 6), barriers (Fig. 3), and avenues to fulfilling the expectations. Only 3 of the 24 studies explicitly defined loneliness as resulting from unfulfilled SREs, e.g., as unmet desires or shortcomings in relationships, all of which had first authors from HIC (Akhter-Khan et al., 2022; Heu et al., 2021; Rasmussen, 2020). Still, each SRE was mentioned in more than half of all included studies, with support (n = 22), proximity (n = 20), and intimacy (n = 20) mentioned in most studies, followed by respect (n = 17), generativity (n = 13), and fun (n = 13). Possible regional differences were observed in the SRE for generativity, which was not reported in any of the five studies from West Asia (Iran) or the study from Egypt. Whereas studies mentioned over 4 different SREs on average, four studies reported all six SRE (Akhter-Khan et al., 2022; Dijkxhoorn et al., 2022; Kwegyir Tsiboe, 2021; Van Der Geest, 2004). The various instances of contents, barriers, and avenues for SRE illustrate how each of the six expectations relates to loneliness, either as a source (i.e., a disappointed expectation) or a buffer (i.e., a fulfilled expectation) of loneliness.

Contextual factors related to loneliness and SRE. Table 5 provides an overview of examples for contextual factors relating to loneliness and SRE. Among these contextual factors, poverty/socio-economic status (SES) was the most frequently mentioned across studies, followed by stigma, health, and cultural ideas about ageing. In over half of included studies, participants struggled to secure their livelihoods due to poverty or limited job opportunities. Whereas health and cultural ideas about ageing were mostly mentioned in studies with older adults, stigma was prevalent in studies across the lifespan. Health was an important contextual factor related to (in)dependence and an increased

Table 5
Contextual factors related to loneliness and social relationship expectations.

| Frequency (N, %) | Contextual factors | Features | Citations |
|------------------|-----------------------------|---|--|
| 14 (58.3) | Poverty/SES | <ul style="list-style-type: none"> Not meeting basic needs (e.g., food, housing, hygiene) Limited access to health services and social security systems Low social status due to being poor Not having money to participate in social activities Limited employment opportunities (e.g., for older people and women) Not being able to support children’s education Having debt | Akhter-Khan et al., 2022; Akhter-Khan et al., 2022; Bashir (2017); Dijkxhoorn et al. (2022); Heu et al. (2021); Heravi-Karimooi et al. (2010); Heravi-Karimooi et al. (2012); McKay and McKenzie (2020); Nzabona et al. (2016); Pike and Crocker (2020); Rasmussen (2020); Schröders et al. (2021); Van der Geest (2004); Wijesiri et al. (2019) |
| 11 (45.8) | Stigma | <ul style="list-style-type: none"> Inability to marry, divorce, or remarry Discrimination due to lack of awareness for illnesses (e.g., mental health, HIV/AIDS, Covid-19) Ageism (e.g., elder abuse) Sexual discrimination (e.g., LGBTQ) Loneliness as shameful | Dijkxhoorn et al. (2022); Heravi-Karimooi et al. (2010); Heravi-Karimooi et al. (2012); Kimera et al. (2020); Kwegyir Tsiboe (2021); Mohammadi et al. (2015); Nzabona et al. (2016); Rasmussen (2020); Sadati et al. (2022); Schröders et al. (2021); Sharma and Subramanyam, 2020 |
| 11 (45.8) | Health | <ul style="list-style-type: none"> Precondition for functional and financial (in)dependence Barrier to participating in religious and social activities Facing illness and death Not able to visit places Lack of attention, care, and support from others due to disability | Akhter-Khan et al., 2022; Akhter-Khan et al., 2022; Bashir (2017); Heravi-Karimooi et al. (2010); Heravi-Karimooi et al. (2012); Donkor et al. (2017); Kimera et al. (2020); Kwegyir Tsiboe (2021); Ojembe and Ebe Kalu (2018); Schröders et al. (2021); Van der Geest (2004) |
| 11 (45.8) | Cultural ideas about ageing | <ul style="list-style-type: none"> Ideal: Being supported by family members and not living in a care home when retired Ideal: Older people as source for wisdom and knowledge Being outdated and old-fashioned (e.g., not being up to date with modern and cultural events) Older people not being invited to join activities (e.g., sports, social events) Difficulties finding a new partner Older bodies as unattractive Difficulties finding ways to contribute (e.g., employment, | Akhter-Khan et al., 2022; Akhter-Khan et al., 2022; Bashir (2017); Heravi-Karimooi et al. (2012); Kwegyir Tsiboe (2021); Nzabona et al. (2016); Ojembe and Ebe Kalu (2018); Schröders et al. (2021); Sharma and Subramanyam, 2020; Van der Geest (2004); Wijesiri et al. (2019) |

(continued on next page)

Table 5 (continued)

| Frequency (N, %) | Contextual factors | Features | Citations |
|------------------|------------------------|--|--|
| 6 (25) | Living area | <ul style="list-style-type: none"> volunteering), feeling irrelevant, having no voice Ideal: close-nit community (e.g., knowing neighbours) with secure open living conditions (spending time outside the home) and accessible shops and services City life as crowded, stressful, anonymous, and not safe Rural area as inconvenient, long distances between houses, less access to media and entertainment (i.e., boring), and lack of electricity and water (e.g., accessible sanitary facilities) Cultural inappropriateness of living in a care facility | <p>Akhter-Khan et al., 2022; Bashir (2017); Kwegyir Tsiboe (2021); McKay and McKenzie (2020); Nzabona et al. (2016); Van der Geest (2004)</p> |
| 6 (25) | Migration/displacement | <ul style="list-style-type: none"> Psychological burden due to separation from family members (e.g., migration of adult children, spiritual travel) Culture shock following urban migration (often due to economic pressure) Displacement (e.g., due to land rights, political conflict, natural disasters) leading to disconnection from place, animals, wild food, and neighborhoods | <p>Akhter-Khan et al., 2022; Kwegyir Tsiboe (2021); McKay and McKenzie (2020); Miltiades (2002); Pike and Crocker (2020); Rasmussen (2020)</p> |
| 6 (25) | Violence | <ul style="list-style-type: none"> Emotional exhaustion resulting from elder abuse (e.g., disrespect, neglect, loss of dignity, emotional/physical/financial abuse) Trapped in (physically, sexually, and financially) abusive romantic relationships Political violence (e.g., military occupation, government-sponsored kidnapping, inter-community conflict, radical groups like ISIS) Sexual abuse of vulnerable populations (e.g., LGBTQ, with mental ill health) by family members, neighbours, and strangers | <p>Heravi-Karimooi et al. (2010); Heravi-Karimooi et al. (2012); Mohammadi et al. (2015); Pike and Crocker (2020); Rasmussen (2020); Tharayil (2010)</p> |
| 5 (20.8) | Social network changes | <ul style="list-style-type: none"> Death of loved ones in older age Receiving fewer visitors and invitations | <p>Akhter-Khan et al., 2022; Dijkxhoorn et al. (2022); Heu et al. (2021); Ojembe and Ebe Kalu (2018);</p> |

Table 5 (continued)

| Frequency (N, %) | Contextual factors | Features | Citations |
|------------------|-------------------------|--|---|
| 5 (20.8) | Future time perspective | <ul style="list-style-type: none"> to social events (e.g., as older adult carer) Actively reducing social contacts to cope with loneliness Awareness of death approaching Disappointing future ahead (e.g., no purpose in life) Reduced parental investment due to terminal illness limits future outlook and aspirations (e.g., for youth with HIV) Unaddressed aging process by left-behind older parents Wish to die soon instead of migrating to emigrant children Worries about funeral | <p>Schröders et al. (2021) Bashir (2017); Miltiades (2002); Mohammadi et al. (2015); Kimera et al. (2020); Van der Geest (2004)</p> |

expectation for functional support, which, if not met, could lead to loneliness. Similarly relevant to older people, studies clearly illustrated a discrepancy between traditional values of how older adults are seen in certain cultures (e.g., as a source of wisdom)—and therefore, expectations for the direction of intergenerational interactions—and the reality of negative experiences that older people faced when trying to participate and contribute (e.g., social and economic exclusion, Van Der Geest, 2004). Participants reported feeling discriminated due to age and sexuality (e.g., Sharma and Subramanyam, 2020), illness (e.g., HIV, Covid-19, mental health, Dijkxhoorn et al., 2022; Kimera et al., 2020; Sadati et al., 2022), and deviation from cultural norms (e.g., talking about loneliness or remarrying after bereavement in Iran, Heravi-Karimooi et al., 2012), which often led to social exclusion and exacerbated loneliness. Other contextual factors affecting loneliness and SRE included urban/rural residence, migration/displacement, experiencing violence, social network changes, and future time perspective (Table 5).

Contextual factors shaping contents of expectations. Table 6 summarises the various contents of the six SREs. The expectations for support and generativity were most frequently mentioned across studies, highlighting the importance of care relationships (both providing and receiving care) for loneliness. Having a social support network available and being looked after by someone during times of illness or financial hardship was a key expectation mentioned in several studies across both continents (Akhter-Khan et al., 2022; Akhter-Khan et al., 2022; Heravi-Karimooi et al., 2010; Kimera et al., 2020; Miltiades, 2002; Ojembe and Ebe Kalu, 2018; Sharma and Subramanyam, 2020; Wijesiri et al., 2019). Still, people expected support from specific people in certain situations. For instance, whereas mothers of new-borns in Iran expected support from their own mothers (Jabraeili et al., 2018), older parents had strong expectations for support from their children, including emotional, physical, and financial support, in Myanmar, Ghana, Iran, and Pakistan (Akhter-Khan et al., 2022; Bashir, 2017; Heravi-Karimooi et al., 2010, 2012; Kwegyir Tsiboe, 2021). However, simply receiving financial support from children was not enough to fulfill the expectation for support among older people in Nigeria:

“I can’t remember the last time, my son or even his friends visited me, he lives 5 minutes away by car. They are only interested in sending me money, which is not really what I need.” (Mrs Nena, 72 years; Ojembe and Ebe Kalu, 2018, p.648).

Next to receiving support, 8 studies reported that participants voiced their expectation to contribute to their families and relatives (e.g.,

Table 6
Contents of social relationship expectations across included studies.

| Social relationship expectation | Content of SRE | Studies | |
|--|---|---|---|
| Proximity | <ul style="list-style-type: none"> Co-residing with one's family | Tharayil (2010); Bashir (2017); Miltiades (2002); McKay and McKenzie (2020); Akhter-Khan et al., 2022; | |
| | <ul style="list-style-type: none"> Living in the community | Rasmussen (2020); Akhter-Khan et al., 2022; | |
| Support | <ul style="list-style-type: none"> Constant companionship (e.g., being visited by family members and sharing meals) | Pike and Crocker (2020); Nzabona et al. (2016); Heravi-Karimooi et al. (2010); Van der Geest (2004); Ojembe and Ebe Kalu (2018) | |
| | <ul style="list-style-type: none"> Having time alone | Heu et al. (2021) | |
| | <ul style="list-style-type: none"> Children taking care of their parents (emotional, physical, and financial care) | Kwegyir Tsiboe, 2021; Akhter-Khan et al., 2022; Heravi-Karimooi et al. (2012); Heravi-Karimooi et al. (2010); Bashir (2017) | |
| | <ul style="list-style-type: none"> Having social support network available | Nzabona et al. (2016); McKay and McKenzie (2020); Kimera et al. (2020); Akhter-Khan et al., 2022; Sharma and Subramanyam (2020); Miltiades (2002) | |
| | <ul style="list-style-type: none"> Being looked after by someone (e.g., family members, neighbours) when sick | Wijesiri et al. (2019); Ojembe and Ebe Kalu (2018); Heravi-Karimooi et al. (2010) | |
| | <ul style="list-style-type: none"> Not wanting financial support from children | Ojembe and Ebe Kalu (2018); Miltiades (2002) | |
| | <ul style="list-style-type: none"> Having someone to support with newborn childcare (especially one's own mother) | Jabraeili et al., 2018 | |
| | <ul style="list-style-type: none"> Caring for and about what spouses want and enjoy | Miltiades (2002) | |
| | <ul style="list-style-type: none"> Having a close relationship with friends and family members, especially with children | Ojembe and Ebe Kalu (2018) | |
| | Intimacy | <ul style="list-style-type: none"> Having a romantic relationship despite being HIV positive | Kimera et al. (2020) |
| <ul style="list-style-type: none"> Consulting others when having problems, making decisions, or feeling sad | | Heu et al. (2021); Donkor et al. (2017) | |
| <ul style="list-style-type: none"> Wanting to remarry after bereavement or separation (e.g., feeling incomplete without maternal love (wife, mother)) | | Heravi-Karimooi et al. (2010); Heravi-Karimooi et al. (2012); Van der Geest (2004); Rasmussen (2020) | |
| <ul style="list-style-type: none"> Sexuality as less important and emotional intimacy (e.g., romance, companionship) as more important in older age (although less so among homosexual individuals) | | Heravi-Karimooi et al. (2010); Sharma and Subramanyam (2020) | |
| <ul style="list-style-type: none"> Conveying emotions by non-verbal, embodied gestures (e.g., massage) | | Rasmussen (2020) | |
| <ul style="list-style-type: none"> Showing affection and staying married during difficult times (seen as duty in arranged marriages) | | Miltiades (2002); Sharma and Subramanyam (2020) | |
| Fun | | <ul style="list-style-type: none"> Accessibility to news, radio, and TV for entertainment and keeping up to date | Akhter-Khan et al., 2022; Kwegyir Tsiboe (2021) |
| | | <ul style="list-style-type: none"> Engaging in recreational community activities (e.g., sports groups) | Akhter-Khan et al., 2022; Kwegyir Tsiboe (2021) |
| | | <ul style="list-style-type: none"> Attending large social events (e.g., weddings) | Pike and Crocker (2020) |

Table 6 (continued)

| Social relationship expectation | Content of SRE | Studies |
|---------------------------------|---|--|
| Generativity | <ul style="list-style-type: none"> Social gatherings with peers (e.g., safe spaces for LGBT community) | Sharma and Subramanyam (2020) |
| | <ul style="list-style-type: none"> Contributing to the family (e.g., grandparental caregiving) | Kwegyir Tsiboe, 2021; McKay and McKenzie (2020); Bashir (2017); Akhter-Khan et al., 2022; Van der Geest (2004) |
| Respect | <ul style="list-style-type: none"> Playing with and cuddling children | Donkor et al. (2017) |
| | <ul style="list-style-type: none"> Contributing to society (e.g., volunteering and donating) | Akhter-Khan et al., 2022 |
| | <ul style="list-style-type: none"> Sharing advice with younger generations and contributing skills and experience (e.g., fixing shoes) | Akhter-Khan et al., 2022; Van der Geest (2004) |
| | <ul style="list-style-type: none"> Wanting one's children to be happy, enjoy education, and have a good life | Miltiades (2002) |
| | <ul style="list-style-type: none"> Providing care by doing household chores for one's relative (e.g., cooking) out of affection and responsibility | Miltiades (2002); Dijkxhoorn et al. (2022) |
| | <ul style="list-style-type: none"> Being listened to as older person when sharing wisdom and life advice | Van der Geest (2004) |
| | <ul style="list-style-type: none"> Not being feared or rejected due to having an illness (e.g., Covid-19; mental health illness) | Sadati et al. (2022); Dijkxhoorn et al. (2022) |
| | <ul style="list-style-type: none"> Being protected from social stigma (e.g., towards homosexual people) by laws | Kwegyir Tsiboe, 2021 |
| | <ul style="list-style-type: none"> Being appreciated and loved by others | Akhter-Khan et al., 2022 |
| | <ul style="list-style-type: none"> Not communicating (one's or others') emotions too openly (e.g., loneliness) | Rasmussen (2020) |

caregiving) or to society (e.g., volunteering) (Akhter-Khan et al., 2022; Bashir, 2017; Dijkxhoorn et al., 2022; Donkor et al., 2017; Kwegyir Tsiboe, 2021; McKay and McKenzie, 2020; Miltiades, 2002; Van Der Geest, 2004). Interestingly, an age-related shift in the expectations was observed in several studies, lending support to the SRE framework, which proposes that people at the end of the lifespan shift their focus to certain expectations (i.e., respect and generativity) (Akhter-Khan et al., 2023). For example, the desire to provide a better future for their emigrated children (generativity) was a stronger priority for older adults in India than their desire to co-reside with them (proximity) and receive support (Miltiades, 2002). Similarly, retired adults from Ghana were less interested in engaging in fun activities such as sports but rather had expectations for generativity and wanted to continue contributing to society (e.g., by taking care of grandchildren), which was often not possible due to ageist expectations and urban migration (Kwegyir Tsiboe, 2021).

(...) So after retirement, you are just cut off. Even my son thinks I am weak. So he and his wife manage to take care of their children in the city. This has made me idle over the years. I can cook and do other things but that is not what I really want to do. (Participant 06, 70–80 years old, female; Kwegyir Tsiboe, 2021, p.488).

Contextual barriers to fulfilling expectations. Fig. 3 presents an overview of barriers for each SRE. The most frequently mentioned barriers to fulfilling SREs related to proximity, intimacy, and respect. Migration was one of the most common barriers to fulfilling the SRE for proximity. Urban migration for better livelihoods, jobs, care services, and education opportunities was a common reason for loneliness across studies, both for migrants and those left behind (e.g., Akhter-Khan et al., 2022;

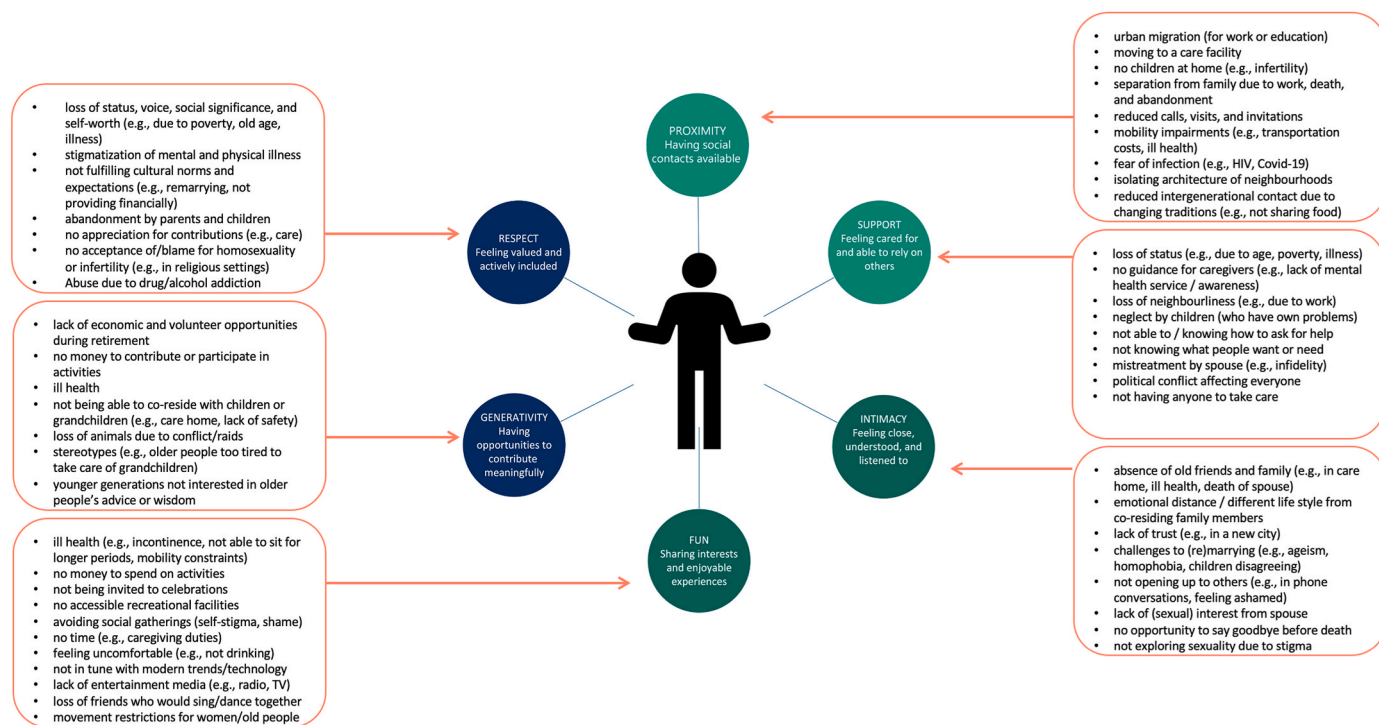


Fig. 3. Barriers to fulfilling social relationship expectations.

Kwegyir Tsiboe, 2021; McKay and McKenzie, 2020). In the case of migrant female factory workers in Cambodia, the need for fulfilling basic needs and having a job in the city was stronger than the expectation for proximity (i.e., moving home to be with family), which left participants feeling lonely (e.g., McKay and McKenzie, 2020). Living alone was commonly due to separation from family members (e.g., due to travel, work, abandonment, infertility, conflict, illness) or death of a spouse or friends (more so in case of multiple spouses, Kwegyir Tsiboe, 2021), which affected mostly older people (especially when they received few phone calls or visits, e.g., Heravi-Karimooi et al., 2010; Van Der Geest, 2004). Stigma against people with infectious diseases (e.g., HIV, Covid-19) or mental health problems led to exclusion as well as physical and emotional distance, even by close family members (e.g., Dijkxhoorn et al., 2022; Kimera et al., 2020; Sadati et al., 2022). Changing traditions (e.g., not sharing food with others, Van Der Geest, 2004), neighbourhood architecture (e.g., homesteads separated by long distances or fences, Nzabona et al., 2016), and mobility impairments (e.g., transportation costs, disability, Bashir, 2017; McKay and McKenzie, 2020) were additional barriers to proximity, and more specifically, to intergenerational connection.

Instances of barriers to fulfilling the SRE of respect occurred in 16 studies—as Van der Geest (2004) explicitly stated: “it is not difficult to determine which discrepancy is felt as the most unacceptable and painful by the elderly people I met in Kwahu-Tafo: respect.” (p.93). We defined lack of respect (dis-respect) inclusively: a sense of being dis-respected was the end result of a range of social responses (mistreatment, abuse, rejection) to various personal characteristics: poverty, stigma, and unmet cultural expectations. Specifically, lack of understanding of mental health problems (e.g., Dijkxhoorn M.A. et al., 2022; Tharayil, 2010), infectious diseases leading to discrimination (e.g., Kimera et al., 2020; Sadati A.K. et al., 2022), and women being blamed for infertility (Donkor et al., 2017) meant that participants felt dis-respected by family members and communities. Examples of losing respect because participants' actions deviated from cultural expectations included men not providing financially in West Africa (Rasmussen, 2020; Van Der Geest, 2004) and bereaved older people remarrying in Iran and Ghana (Heravi-Karimooi et al., 2012; Kwegyir Tsiboe, 2021). In

Pakistan, older people felt disrespected due to not being cared for by their children and instead, being sent to old age homes (Bashir, 2017). In India, a lack of respect for individual sexual preferences (perceived as deviance) led to forced conformity with cultural expectations (e.g., getting married to a woman). This had negative effects for homosexual men, which prevented them from having fulfilled relationships (Sharma and Subramanyam, 2020).

Another part of not fulfilling the expectation for respect was the experience of feeling unvalued, not seen, worthless, and lacking a sense of social significance—feelings that were commonly reported by vulnerable participants. For example, younger people with HIV in Uganda felt that others did not invest in them and their futures, as their illness resulted in death, making them feel useless (Kimera et al., 2020). Similarly, exclusion of homosexual men in rural Ghana led to feelings of irrelevance, disgrace, shame, and suicide attempts (Kwegyir Tsiboe, 2021). Frequent conflict in northern Kenya has led to loss of animals, which, for a Turkana pastoralist means to be a “man without animals” (*ekebotonit*) who becomes erased from society and has no say or purpose (Pike and Crocker, 2020, p.668). Moreover, older people reported feeling unvalued for their contributions because their children did not appreciate the care provided to them; Others did not ask older people for advice anymore, leading to reduced social status and significance (Heravi-Karimooi et al., 2012; Van Der Geest, 2004; Wijesiri et al., 2019). Generally, there was a reported lack of accessible volunteer opportunities and places to share their knowledge and skills with younger generations to give older people opportunities to feel respected, valued, and seen (Akhter-Khan et al., 2022; Ojembe and Ebe Kalu, 2018; Van Der Geest, 2004).

Finally, an important barrier to intimacy, support, and generativity was the inability to communicate needs, open up to others, or ask for help (Heravi-Karimooi et al., 2012; Heu et al., 2021; McKay and McKenzie, 2020; Sharma and Subramanyam, 2020). Reasons for not opening up were, for instance, feeling ashamed (e.g., about feeling lonely, Heravi-Karimooi et al., 2012), lack of trust (Heravi-Karimooi et al., 2010; McKay and McKenzie, 2020), or losing face if one acted against traditional roles (Van Der Geest, 2004). This inability to communicate expectations not only led to people not getting the help

they required but also made them feel even lonelier as others did not ask about their needs, leaving them feeling uncared for or misunderstood. For example, in Ghana, older participants felt lonely because their children assumed they would be too tired to take care of their grandchildren, even though they wished to contribute with grandparental caregiving (Kwegyir Tsiboe, 2021). Caregivers (mostly female) rarely asked for and did not receive the support they needed from others (e.g., Dijkxhoorn et al., 2022; Jabraeili et al., 2018; Miltiades, 2002).

Neither asking about nor sharing expectations with others was characteristic of a general trend described in studies across several countries towards a shift in focus away from social units (e.g., families and communities) to individual lives and trajectories (e.g., Mohammadi et al., 2015; Van Der Geest, 2004). For example, older people observed a reduced motivation for reciprocal care relationships among neighbours (e.g., not sharing food in Uganda; Nzabona et al., 2016), between family members (e.g., lack of filial piety and reciprocity in Pakistan and Iran, Bashir, 2017; Heravi-Karimooi et al., 2010) and in Sri Lankan care homes (e.g., Wijesiri et al., 2019), as people were occupied with work and dealing with their own problems (e.g., in cases of political violence and financial hardship in Kenya, Pike and Crocker, 2020).

Contextual avenues for fulfilling expectations. Avenues for realising support and fun were most frequently mentioned across studies. To fulfil the SRE for support, studies mentioned opportunities at the personal, societal, and structural level. On the personal level, older participants from Myanmar reported that positive attitudes towards others (e.g., being agreeable, not being too proud) facilitated receiving support (Akhter-Khan et al., 2022). In countries where formal social care systems were not established, especially in rural areas, people felt well supported by their neighbours, friends, likeminded people from their community, and their extended family members (mostly female), who provided donations and made visits when people were experiencing poverty or illness, providing both functional and emotional support (Akhter-Khan et al., 2022; Akhter-Khan et al., 2022; Heravi-Karimooi et al., 2010; McKay and McKenzie, 2020; Nzabona et al., 2016; Sharma and Subramanyam, 2020). Beyond the family and neighbourhood support network, people relied on paid caregivers and stock-friendships (i.e., friendships that are cultivated through the exchange of livestock in times of displacement and violence) (Miltiades, 2002; Pike and Crocker, 2020). On the structural level, participants mentioned the need for better infrastructure (e.g., schools and hospitals) in rural areas in order to reduce the need for urban migration, thereby making co-residence of older people with their children more likely (Kwegyir Tsiboe, 2021).

The second most frequently mentioned avenue to fulfil SREs related to realising fun. An active lifestyle was characterized by participating in free recreational activities (e.g., tennis, dancing, singing), staying up to date with current events (e.g., phone, TV, radio, music), engaging in economic and volunteer activities (e.g., passing on skills, arts and crafts), attending family functions and religious events, and garden work – anything to pass the time to prevent boredom and loneliness (Akhter-Khan et al., 2022; Dijkxhoorn et al., 2022; Kwegyir Tsiboe, 2021; Nzabona et al., 2016; Ojembe and Ebe Kalu, 2018; Wijesiri et al., 2019). Participants in Nigeria suggested a co-produced recreational centre for older people to engage in fun activities and shared interests as suitable alternative to old-age homes that were commonly associated with shame (Ojembe and Ebe Kalu, 2018).

Other avenues for fulfilling the SREs of intimacy and proximity included free transportation services to commute between home and work for female migrant factory workers in Cambodia (McKay and McKenzie, 2020), regular visits by friends of children who emigrated in Nigeria (Ojembe and Ebe Kalu, 2018) as well as using phones to communicate with family members who were far away in South Asia (Miltiades, 2002; Wijesiri et al., 2019). Men who had to hide their sexual identity in India used online dating to establish emotional and sexual connections (Sharma and Subramanyam, 2020). For fulfilling generativity, key avenues included: intergenerational co-residence facilitating grandparental care in India (Miltiades, 2002) and among Turkana

pastoralists in Kenya (Pike and Crocker, 2020), job opportunities enabling income generation in Cambodia (McKay and McKenzie, 2020) and proximity with neighbours supporting cooking and sharing food with others in Nigeria (Nzabona et al., 2016). Whereas younger people with HIV in Uganda were able to fight against stigma by engaging in activism (Kimera et al., 2020), older people with health impairments in Myanmar could contribute to their communities in small ways by giving leftovers to animals or telling jokes to cheer people up (Akhter-Khan et al., 2022). Finally, several studies reported ways in which participants found avenues to feeling valued and respected. Among those were the use of non-self-stigmatizing language (e.g., not “being old” but “having grown” in Ghana, Van Der Geest, 2004), the active appreciation of caregivers in India (Dijkxhoorn et al., 2022; Miltiades, 2002), as well as proactively moving to environments where participants enjoyed a higher status (e.g., Kenyan pastoralist women moving from husband’s to son’s household, Pike and Crocker, 2020) or experienced less stigmatization (e.g., by changing schools after HIV diagnosis in Uganda, Kimera et al., 2020). Improving awareness and knowledge about loneliness (Akhter-Khan et al., 2022), mental health (Dijkxhoorn et al., 2022), and infectious diseases (Kimera et al., 2020) were mentioned as important mechanisms for reducing stigma, increasing respect, and (re)forming social connections that encourage close confidential relationships.

4. Discussion

Given the limited research on the understanding of loneliness globally and the disparity between contributions from HICs and LMICs, the present systematic review aimed to synthesise qualitative studies about the experiences of loneliness and social relationship expectations (SRE) from LMICs. Combining inductive and deductive approaches, this review explored both local contextualised understandings of loneliness (e.g., Ozawa-de Silva and Parsons, 2020) as well as the cognitive definition of loneliness that is dominant in the scientific literature (i.e., as resulting from unmet social relationship expectations) (Peplau and Perlman, 1982) and defined as the core mechanism of loneliness in the Social Relationship Expectations Framework (Akhter-Khan et al., 2023). In the following discussion, we present the reviews’ main findings and elaborate how the inductively derived features of loneliness relate to the deductively coded SRE contents, barriers, and avenues, while identifying the contribution of contextual factors in LMICs.

Consistent with research that has shown different patterns of experience/behaviours according to whether loneliness is transient (short-term) or chronic (longer-term) (eg. Archer Lee et al., 2022) and varied associations between transient (short-term) and chronic (longer-term) loneliness and health outcomes (eg. depression Wolska and Creaven, 2023), we identified two clear broad categories of experience, to which participants ascribed different explanatory models. Transient loneliness was characterised by experiences known to be episodic (at least in retrospect), with clear trigger points, end points and remedies, whereas chronic loneliness was more complex and murky in origin, with a more pervasive and long-lasting presence, which often slowly crept up on people and was difficult to shift. Loneliness was defined in line with the commonly used definition as resulting from a discrepancy between expected and actual relationships in only three studies. Still, most studies reported instances of unmet relationship expectations as the immediate reason or trigger for feeling lonely, supporting the current predominant cognitive definition of loneliness, while at the same time illustrating how causes, definitions, and consequences of loneliness are closely entangled. Each of the six expectations defined in the SRE framework (proximity, support, intimacy, fun, generativity, and respect) were present in over half of the studies, providing evidence for the theory’s validity in diverse cultural contexts and across the lifespan. Here, we summarise the most common features of loneliness and barriers to fulfilling SREs.

The main inductively derived feature of loneliness was *rejection*, while *respect* was one of the most mentioned SREs that was not met due

to barriers including poverty, stigma, and unmet cultural expectations. Accordingly, the item “I often feel rejected” is part of one of the most commonly used scales for measuring loneliness, the De Jong Gierveld Loneliness Scale (De Jong Gierveld and Van Tilburg, 2010). From the studies, it was evident that a sense of rejection resulted from disrespectful responses to personal characteristics (especially among stigmatized groups) by other individuals or society at large. In a sense, people facing stigma in a culture with strong expectations about romantic relationships (e.g., among homosexual or bereaved people) had to decide between fulfilling the SRE for either respect or intimacy. Stigmatization is the process by which individuals have their identity “spoiled” because of their association with a particular (set of) characteristics (Goffman, 2009). The purpose of stigma is to position individuals/groups who are perceived as a threat to social order as deviant outsiders, alienated from society. Although a formal link between stigma and loneliness is new in the (social) scientific literature, it is evident that there is conceptual overlap between the experience of loneliness and stigma. This intersection is perhaps particularly salient when stigma is something that is acquired later in the life-course, as is often the case among people living with HIV, older people, where individuals might be particularly cognisant of what they have lost since acquiring the characteristic which led to a “spoiled identity” (Azhar et al., 2020; Mayston et al., 2023).

One potential solution to address the barriers to fulfilling the expectation for respect, and thus reducing loneliness, is to combat stigma against loneliness, mental health, ageing, poverty, LGBTQ, infertility, and infectious diseases (e.g., Covid-19, HIV). Our findings are in line with a recent study in rural Ethiopia where mental health related stigma were recursively related with social isolation and economic exclusion (Demissie et al., 2021), supporting recent developments in the field of global mental health to focus on social determinants and implementing anti-stigma interventions in LMICs (Gronholm et al., 2023).

Another common feature of loneliness was the evident connection to depression. *Sadness, hopelessness, pain, and overthinking* were all closely related to loneliness across regions. This finding is consistent with a global systematic synthesis of depression by Haroz et al. (2017), showing that social isolation/loneliness was a frequent symptom of depression in the majority of studies with non-Western populations, despite not being considered as symptom in clinical diagnostic criteria. Moreover, the review also found that “thinking too much” was a common feature of depression in Southeast Asia and Sub-Saharan African populations (Haroz et al., 2017), a symptom that has long been identified as essential indicator of mental illness in Zimbabwe (Patel et al., 1995). Participants in qualitative studies living with depression commonly identify “thinking too much” as being particularly problematic and a key driver of the social isolation (“staying at home” (Familiar et al., 2013) that is perceived to be synonymous with depression (Mayston et al., 2020): “*too many thoughts detach [separate] you from people. You will be there [at home], you don’t even want anyone to call you.*” (from Okello & Ekblad, 2006- a study conducted in Uganda on lay concepts of depression). In addition, in many communities around the world, people living with more obvious severe depression are sometimes ostracised, thereby contributing to social isolation, and potential loneliness (Okello and Ekblad, 2006). Where documented, the content of ruminations among people living with loneliness or depression is illustrative of the intersecting concerns associated with each state. For example, in a study about conceptualisations of depression, older people in Tanzania described loneliness (expressed mainly through dissatisfaction with relationships with children: reduced contact, geographical distance, lack of respect), as a key antecedent of “thinking too much” (Howorth et al., 2019). A recent qualitative study with Thai and Myanmar older adults suggests that thinking too much about unmet relationship expectations may be the trigger for feeling lonely (*blinded for review*). Although loneliness was described as situational state, often occurring in situations where people had nothing to

do, several of the studies included here described the existence of chronic loneliness. Chronic loneliness has shown to have worse health outcomes than transient loneliness and may be more closely related to depression (e.g., Martín-María et al., 2021). Future studies will need to further investigate the conceptual relationship between loneliness and depression in LMICs, as they share common features, most notably *overthinking*.

Whilst in our synthesis, grandparental caring, job opportunities and activism were highlighted as constructive ways of combatting loneliness, by feeling valued and respected, literature focussed on other themes (eg. caregiving, depression), demonstrates that the relationship between loneliness, depression and the activities and roles that can address the expectation of generativity is complex. For example, for older people, the provision of care for grandchildren can be a positive experience; but only under particular conditions-where it is taken on as a choice, with sufficient material and emotional support (Rutagumirwa et al., 2020; Kasedde et al., 2014). Older people have an expectation of reciprocal care, eg. in Tanzania, receiving material and non-material resources from close family members, including *kuwajulia hali* (compassionate communication) without having to ask for it (Rutagumirwa et al., 2020). Concomitantly, the absence of reciprocal care is seen to precede depression, social alienation and economic insecurity. We observed regional differences in the features of loneliness, which we intend to interpret with caution due to our limited selection of included studies. Whereas loneliness was described as distinct from social isolation mainly in studies from East and West Africa, loneliness was perceived to be related to and triggered by *being alone* in studies from Southeast Asia. Regional differences may potentially be due to different cultural conventions, e.g., the tendency to believe that being alone is bad or dangerous in more socially embedded settings, whereas it is more conventional to be alone (with animals) in nomadic societies (e.g., Turkana pastoralists in West Africa, Tuareg in East Africa; Pike and Crocker, 2020; Rasmussen, 2020). Interestingly, our review also found that intentionally taking time to reflect in solitude may function as a coping mechanism for loneliness in places where it is conventionally uncommon to be alone (e.g., in socially embedded cultures; Heu et al., 2021). Nevertheless, being separated from family members and not being able to fulfil the expectation for proximity was consistently discussed as associated with loneliness across studies and geographical regions. Changing traditions (e.g., living in long-term care homes instead of intergenerational households) and urban migration for educational and economic opportunities were frequently mentioned barriers to proximity. These changes indicate a rapid trend towards a more individualistic focus on people’s lives that was mentioned across settings and may be a more prominent source for loneliness in LMICs, where cultural expectations about relationships and living arrangements may persist, in the midst of rapid cultural change.

Finally, this review sheds light on the important link between loneliness and social determinants of mental health, specifically poverty (Lund et al., 2011, 2018). In over half of included studies, participants struggled to secure their livelihoods due to poverty or limited job opportunities, which was a common motive for migration. This is consistent with a recent cohort study from the US showing a two-fold risk of feeling persistently lonely among participants living below the poverty line during the Covid-19 pandemic, compared to other loneliness trajectories (Kotwal et al., 2022). Poverty is a problem that is closely associated with loneliness and represent a barrier to fulfilling SREs globally and our review suggests that the link between loneliness and poverty is equally important in LMICs.

4.1. Limitations

Our deductive analytical approach for our second research question inevitably shaped our results, as did our positionality: several of the authors have a background in public mental health or clinical psychology. If this review were conducted with a critical sociological lens, it is

possible that the discussion would be more heavily weighted towards the formative role of social and structural production of loneliness. The SRE positions cultural concepts, migration and displacement and poverty as contextual factors which influence relationship expectations, which is how they are presented here: as authors we have elected to focus on the consequences of these contextual factors, as they were described by participants, eg. Disrespect due to poverty. We acknowledge that some of our categorisations eg. *Respect*, are broad in terms of causal pathways but there is commonality in terms of how people describe and experience their loneliness, characterised by a gap between their expectation of being *respected* and their experiences (being *disrespected*). To a certain degree, our results are the result of a lack of in-depth studies across various settings: the true extent to which categorisations hold as concepts across different sociocultural contexts is currently unclear. We present the current analyses as a starting point, a work in progress that will inevitably evolve over time.

The present systematic review was limited to synthesizing studies that were published in peer-reviewed journals. Generally, drawing conclusions from qualitative syntheses requires caution due to not having access to the original data, instead, having to rely on what authors selected to be relevant for an academic article with strict word limits. Grey literature searches may have led to the inclusion of more articles with important information on loneliness, especially given the additional barriers to peer-reviewed publications in LMICs (e.g., English language proficiency, limited funding; [Amano et al., 2023](#)), and should be considered in future reviews. Further, the ability to make cross-cultural comparisons across the lifespan for the features of loneliness and SREs was limited by several factors: (i) Most included studies were conducted with older adults and no study was identified as eligible from a LMIC in Central/South America (e.g., Bolivia, Nicaragua); (ii) Most features of loneliness were translated to English in the articles, which may lead to inaccuracies in translation and interpretation of local concepts; (iii) Half of the included studies had first authors who were from HIC or based at HIC institutions, which may indicate prior expectations that may have changed the way authors interpreted and reported about loneliness in their articles. Another limitation refers to the applicability of the quality assessment tool that was chosen to assess the risk of bias of included studies. During the quality assessment of the articles, it became clear that the CASP seemed less suitable to assess ethnographic articles ([Van der Geest, 2004](#); [Pike and Crocker, 2020](#); [Rasmussen, 2020](#)). Methods and analyses of these authors' year-long fieldwork were not described in detail in the specific articles we included, hampering the application of some of the CASP criteria. Similarly, the CASP may not have been the most useful tool to assess the rigor of data analysis for the mixed-methods studies with a more quantitative focus ([Akhter-Khan et al., 2022](#); [Nzabona et al., 2016](#)). When synthesizing interdisciplinary qualitative studies, it will be important to develop and apply adequate and flexible assessment tools that can be used for several article formats, including ethnographic studies.

4.2. Future directions

Approximately one third of the included studies were published in the last couple of years, suggesting an increasing interest in loneliness research in LMICs. This positive trend and need for more qualitative studies from LMICs is supported by our findings indicating that (unmet) cultural expectations were contextually specific, yet underinvestigated sources for loneliness and unmet SRE (e.g., the cultural expectation to not remarry after bereavement). We also identified a pressing need for more research and interventions among populations affected by within- and across-country migration (i.e., migrants and those left behind), as increasing urban migration (due to economic opportunities, climate change, and conflict) was a reoccurring barrier to meeting SREs (e.g., to be cared for by own children in older age or provide grandparental support). Interestingly, the expectations for support (e.g., receiving

care) and generativity (e.g., providing care) were most frequently mentioned across studies, which may hint to the importance of unpaid productive activities, including caregiving and volunteering, for alleviating loneliness. And yet, as researchers, we must be mindful of how and where we focus our attention shapes our results. For example, in this synthesis of studies about loneliness, we treated older people as caregivers and older people as recipients of care as distinct roles/relationships, associated with two different SREs: generativity and support. However, as demonstrated by our contextualisation of these findings with the broader literature, the role of caregiving is much more ambiguous when considered through the lens of the caregiving literature. Future studies will need to further investigate these complex relationships, not only to find ways to value people's contributions to ultimately provide a sense of purpose and meaning in life but also to understand the material and non-material conditions which are necessary as a foundation for these roles, particularly for those at the end of the lifespan. Further primary qualitative studies will also be necessary to understand to what extent the inclusive categorisations outlined here, make conceptual sense. Eg. do the diverse experiences we have grouped together because of similarities in the way participants have described and labelled them, ie. As (dis)respect have a sound theoretical basis?

The SRE framework proved to be useful for qualitative data analysis and synthesis of loneliness research. Applying the framework to qualitative data can provide a broader perspective on the context of the study population ([Table 5](#)), while focusing on the core mechanism of loneliness, i.e., a result from unmet expectations, and systematically identify *what* people expect from their relationships ([Table 6](#)). With the six proposed expectations, using the framework can not only facilitate identifying barriers to the fulfilment of SREs in specific contexts ([Fig. 3](#)), but also compare avenues for fulfilment across cultural contexts, e.g., in cross-cultural settings or studies conducted in the context of migration. Identifying which barriers and avenues to fulfilling expectations exist in a certain population, can fruitfully inform the local implementation and scalability of loneliness interventions. In sum, our review made clear that interventions for loneliness will need to be adapted to local contexts and that their development can be facilitated by applying the SRE framework to future qualitative investigations in both higher- and lower-income settings.

Author statement

SA – Conceptualization, Data curation, Formal analysis, Funding acquisition, Methodology, Project administration, Visualization, Writing - original draft, Writing - review & editing; WE – Data curation, Formal analysis, Writing - review & editing; MP – Conceptualization, Methodology, Supervision, Writing - review & editing; VL – Conceptualization, Formal analysis, Methodology, Writing - review & editing; IP – Data curation, Writing - review & editing; AR – Conceptualization, Data curation, Writing - review & editing; RM – Conceptualization, Formal analysis, Methodology, Supervision, Writing - review & editing; LH – Conceptualization, Data curation, Formal analysis, Methodology, Supervision, Project administration, Writing - review & editing.

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Declaration of competing interests

The authors declare that they have no conflicts of interests to disclose.

Data availability

We have attached the extracted data in the supplementary material.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.socscimed.2023.116438>.

References

- Akhter-Khan, S.C., Drewelies, J., Wai, K.M., 2022a. Coping with loneliness in southern Myanmar. *Asian Anthropology* 21 (4). <https://doi.org/10.1080/1683478X.2022.2115623>.
- Akhter-Khan, S.C., Prina, M., Wong, G.H.-Y., Mayston, R., Li, L., 2023. Understanding and addressing older adults' loneliness: the social relationship expectations framework. *Perspect. Psychol. Sci.* 18 (4), 762–777. <https://doi.org/10.1177/17456916221127218>.
- Akhter-Khan, S.C., Wai, K.M., Drewelies, J., 2022b. Loneliness in Myanmar's older population: a mixed-methods investigation. *J. Cross Cult. Gerontol.* 37 (3), 315–337. <https://doi.org/10.1007/s10823-022-09459-x>.
- Amano, T., Ramírez-Castañeda, V., Berdejo-Espinola, V., Borokini, I., Chowdhury, S., Golivets, M., González-Trujillo, J.D., Montaña-Centellas, F., Paudel, K., White, R.L., Veríssimo, D., 2023. The manifold costs of being a non-native English speaker in science. *PLoS Biol.* 21 (7), e3002184. <https://doi.org/10.1371/journal.pbio.3002184>.
- Archer Lee, Y., Lay, J.C., Pauly, T., Graf, P., Hoppmann, C.A., 2022. The differential roles of chronic and transient loneliness in daily prosocial behavior. *Psychol. Aging* 37 (5), 614–625. <https://doi.org/10.1037/pag0000681>.
- Azhar, S., Gandham, S., Vaudrey, J., Oruganti, G., Samuel, R.S., 2020. "They kept away": social isolation of cisgender women living with HIV in Hyderabad, India. *Clin. Soc. Work. J.* 48, 64–76.
- Bashir, F., 2017. This solitude is my life... A case study of psychological experiences of residents of an old age home in lahore. *International Journal of Research in Humanities and Social Studies* 4 (4). <https://doi.org/10.22259/ijrhss.0404004>.
- Buser, J.M., Bakari, A., Seidu, A.-A., Paintsil, V., Osei-Akoto, A., Amoah, R., Otoo, B., Moyer, C.A., 2021. Stigma associated with sickle cell disease in Kumasi, Ghana. *J. Transcult. Nurs. : Official Journal of the Transcultural Nursing Society* 32 (6), 757–764. <https://doi.org/10.1177/10436596211008216>.
- Dahlberg, L., 2021. Loneliness during the COVID-19 pandemic. *Aging Ment. Health* 25 (7), 1161–1164. <https://doi.org/10.1080/13607863.2021.1875195>.
- De Jong Gierveld, J., Van Tilburg, T., 2010. The De Jong Gierveld short scales for emotional and social loneliness: tested on data from 7 countries in the UN generations and gender surveys. *Eur. J. Ageing* 7 (2), 121–130. <https://doi.org/10.1007/s10433-010-0144-6>.
- Demissie, M., Hanlon, C., Ng, L., Fekadu, A., Mayston, R., 2021. Why doesn't God say "enough"? Experiences of living with bipolar disorder in rural Ethiopia. *Soc. Sci. Med.* 270, 113625. <https://doi.org/10.1016/j.socscimed.2020.113625>.
- Dev, A., Kivland, C., Faustin, M., Turnier, O., Bell, Leger, M.D., 2019. Perceptions of isolation during facility births in Haiti—A qualitative study. *Reprod. Health* 16 (1), 185. <https://doi.org/10.1186/s12978-019-0843-1>.
- Dijkxhoorn, M.A., Padmakar, A., Bunders, J.F.G., Regeer, B.J., 2022. Stigma, Lost Opportunities, and Growth: Understanding Experiences of Caregivers of Persons with Mental Illness in Tamil Nadu, India. *Transcultural Psychiatry*, (Dijkxhoorn, Padmakar, Bunders, Regeer) the Banyan Academy of Leadership in Mental Health. Vrije Universiteit Amsterdam, Netherlands. <https://doi.org/10.1177/13634615211059692>.
- Donkor, E.S., Naab, F., Kussiwaah, D.Y., 2017. "I am anxious and desperate": psychological experiences of women with infertility in the Greater Accra Region, Ghana. *Fertility Research and Practice* 3, 6. <https://doi.org/10.1186/s40738-017-0033-1>, 101671668.
- Familiar, I., Sharma, S., Ndayisaba, H., Munyentwari, N., Sibomana, S., Bass, J.K., 2013. Community perceptions of mental distress in a post-conflict setting: a qualitative study in Burundi. *Global Publ. Health* 8 (8), 943–957.
- Gao, Q., Prina, A.M., Prince, M., Acosta, D., Sosa, A.L., Guerra, M., Huang, Y., Jimenez-Velazquez, L.Z., Llibre Rodriguez, J.J., Salas, A., Williams, J.D., Liu, Z., Acosta Castillo, I., Mayston, R., 2021. Loneliness among older adults in Latin America, China, and India: prevalence, correlates and association with mortality. *Int. J. Publ. Health* 66, 604449. <https://doi.org/10.3389/ijph.2021.604449>.
- Gronholm, P.C., Bakolis, I., Cherian, A.V., Davies, K., Evans-Lacko, S., Girma, E., Gurung, D., Hanlon, C., Hanna, F., Henderson, C., Kohrt, B.A., Lempp, H., Li, J., Loganathan, S., Maulik, P.K., Ma, N., Ouali, U., Romeo, R., Rüschi, N., et al., 2023. Toward a multi-level strategy to reduce stigma in global mental health: overview protocol of the Indigo Partnership to develop and test interventions in low- and middle-income countries. *Int. J. Ment. Health Syst.* 17 (1), 2. <https://doi.org/10.1186/s13033-022-00564-5>.
- Gyasi, R.M., Peprah, P., Abass, K., Pokua Siaw, L., Dodzi Ami Adjakloe, Y., Kofi Garsonu, E., Phillips, D.R., 2022. Loneliness and physical function impairment: perceived health status as an effect modifier in community-dwelling older adults in Ghana. *Preventive Medicine Reports* 26, 101721. <https://doi.org/10.1016/j.pmedr.2022.101721>.
- Haroz, E.E., Ritchey, M., Bass, J.K., Kohrt, B.A., Augustinavicius, J., Michalopoulos, L., Burkey, M.D., Bolton, P., 2017. How is depression experienced around the world? A systematic review of qualitative literature. *Soc. Sci. Med.* 183, 151–162. <https://doi.org/10.1016/j.socscimed.2016.12.030>.
- Heravi-Karimooi, M., Anosheh, M., Foroughan, M., Sheykhi, M.T., Hajizadeh, E., 2010. Understanding loneliness in the lived experiences of Iranian elders. *Scand. J. Caring Sci.* 24 (2), 274–280. <https://doi.org/10.1111/j.1471-6712.2009.00717.x>.
- Heravi-Karimooi, M., Rejeh, N., Foroughan, M., Vaismoradi, M., 2012. Experience of loneliness in Iranian abused elders. *Int. Nurs. Rev.* 59 (1), 139–145. <https://doi.org/10.1111/j.1466-7657.2011.00932.x>.
- Heu, L.C., Hansen, N., Zomeren, M., Levy, A., Ivanova, T.T., Gangadhar, A., Radwan, M., 2021. Loneliness across cultures with different levels of social embeddedness: a qualitative study. *Pers. Relat.* 28 (2), 379–405. <https://doi.org/10.1111/per.12367>.
- Howorth, K., Paddick, S., Rogathi, J., Walker, R., Gray, W., Oates, L., Andrea, D., Safic, S., Urasa, S., Dotchin, C., 2019. Conceptualization of depression amongst older adults in rural Tanzania: a qualitative study. *Int. Psychogeriatr.* 31 (10), 1473–1481. <https://doi.org/10.1017/S1041610218002016>.
- Jabraeili, M., Hassankhani, H., Negarandeh, R., Abbaszadeh, M., Cleveland, L.M., 2018. Mothers' emotional experiences providing care for their infants within the culture of an Iranian neonatal unit. *Adv. Neonatal Care* 18 (4), E3–E12. <https://doi.org/10.1097/ANC.0000000000000530>.
- Kasedde, S., Doyle, A.M., Seeley, J.A., Ross, D.A., 2014. They are not always a burden: older people and child fostering in Uganda during the HIV epidemic. *Soc. Sci. Med.* 113, 161–168.
- Khan, T., Abimbola, S., Kyobutungi, C., Pai, M., 2022. How we classify countries and people—and why it matters. *BMJ Glob. Health* 7 (6), e009704. <https://doi.org/10.1136/bmjgh-2022-009704>.
- Kimera, E., Vindevogel, S., Reynaert, D., Justice, K.M., Rubaihayo, J., De Maeyer, J., Engelen, A.-M., Musanje, K., Bilsen, J., 2020. Experiences and effects of HIV-related stigma among youth living with HIV/AIDS in Western Uganda: a photovoice study. *PLoS One* 15 (4), e0232359. <https://doi.org/10.1371/journal.pone.0232359>.
- Kitzmüller, G., Clancy, A., Vaismoradi, M., Wegener, C., Bondas, T., 2018. "Trapped in an empty waiting room"—the existential human core of loneliness in old age: a meta-synthesis. *Qual. Health Res.* 28 (2), 213–230. <https://doi.org/10.1177/1049732317735079>.
- Kotwal, A.A., Batio, S., Wolf, M.S., Covinsky, K.E., Yoshino Benavente, J., Perissinotto, C.M., O'Connor, R.M., 2022. Persistent loneliness due to COVID-19 over 18 months of the pandemic: a prospective cohort study. *J. Am. Geriatr. Soc.* <https://doi.org/10.1111/jgs.18010>.
- Kwegyir Tsiboe, A., 2021. Exploring the nature of loneliness among older people in rural Ghana. *Am. J. Fam. Ther.* 49 (5), 480–498. <https://doi.org/10.1080/01926187.2020.1837034>.
- Lund, C., Brooke-Sumner, C., Baingana, F., Baron, E.C., Breuer, E., Chandra, P., Haushofer, J., Herrman, H., Jordans, M., Kiely, C., Medina-Mora, M.E., Morgan, E., Omigbodun, O., Tol, W., Patel, V., Saxena, S., 2018. Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews. *Lancet Psychiatr.* 5 (4), 357–369. [https://doi.org/10.1016/S2215-0366\(18\)30060-9](https://doi.org/10.1016/S2215-0366(18)30060-9).
- Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., Knapp, M., Patel, V., 2011. Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. *Lancet* 378 (9801), 1502–1514. [https://doi.org/10.1016/S0140-6736\(11\)60754-X](https://doi.org/10.1016/S0140-6736(11)60754-X).
- Martin-Maria, N., Caballero, F.F., Lara, E., Doménech-Abella, J., Haro, J.M., Olaya, B., Ayuso-Mateos, J.L., Miret, M., 2021. Effects of transient and chronic loneliness on major depression in older adults: a longitudinal study. *Int. J. Geriatr. Psychiatr.* 36 (1), 76–85. <https://doi.org/10.1002/gps.5397>.
- Mayston, R., Frissa, S., Tekola, B., Hanlon, C., Prince, M., Fekadu, A., 2020. Explanatory models of depression in sub-Saharan Africa: synthesis of qualitative evidence, 1982. *Soc. Sci. Med.* 246. <https://doi.org/10.1016/j.socscimed.2019.112760>, 112760.
- Mayston, R., Fernandes, L., Fernandes, D., Dias, A., Prince, M., Sequeira, M., 2023. Living with a "big illness" in Goa, India, Unmaking and Remaking of Life-World: Depression, Stigma & HIV in the HAART Era. <https://doi.org/10.21203/rs.3.rs-3424790/v1>.
- McKay, F.H., McKenzie, H.J., 2020. Life outside the garment factories: the lived experiences of Cambodian women garment factory workers. *Int. J. Migrat. Health Soc. Care* 16 (4), 415–427. <https://doi.org/10.1108/IJMHS-03-2019-0041>.
- McKenna-Plumley, P.E., Turner, R.N., Yang, K., Groarke, J.M., 2023. Experiences of loneliness across the lifespan: a systematic review and thematic synthesis of qualitative studies. *Int. J. Qual. Stud. Health Well-Being* 18 (1), 2223868. <https://doi.org/10.1080/17482631.2023.2223868>.
- Miltiades, H.B., 2002. The social and psychological effect of an adult child's emigration on non-immigrant Asian Indian elderly parents. *J. Cross Cult. Gerontol.* 17 (1), 33–55. <https://doi.org/10.1023/A:1014868118739>.
- Mohammadi, N., Kochak, H.E., Gharacheh, M., 2015. The lived experience of domestic violence in Iranian HIV-infected women. *Global J. Health Sci.* 7 (5), 43–50. <https://doi.org/10.5539/gjhs.v7n5p43>.
- Nzabona, A., Ntozi, J., Rutaremwa, G., 2016. Loneliness among older persons in Uganda: examining social, economic and demographic risk factors. *Ageing Soc.* 36 (4), 860–888. <https://doi.org/10.1017/S0144686X15000112>.

- Ojembe, B.U., Ebe Kalu, M., 2018. Describing reasons for loneliness among older people in Nigeria. *J. Gerontol. Soc. Work* 61 (6), 640–658. <https://doi.org/10.1080/01634372.2018.1487495>.
- Okello, E.S., Ekblad, S., 2006. Lay concepts of depression among the baganda of Uganda: a pilot study. *Transcult. Psychiatr.* 43 (2), 287–313. <https://doi.org/10.1177/1363461506064871>.
- Ozawa-de Silva, C., Parsons, M., 2020. Toward an anthropology of loneliness. *Transcult. Psychiatr.* 57 (5), 613–622. <https://doi.org/10.1177/1363461520961627>.
- Patel, V., Gwanzura, F., Simunyu, E., Lloyd, K., Mann, A., 1995. The phenomenology and explanatory models of common mental disorder: a study in primary care in Harare, Zimbabwe. *Psychol. Med.* 25 (6), 1191–1199. <https://doi.org/10.1017/S003329170003316X>.
- Pengpid, S., Peltzer, K., 2023. Prevalence and associated factors of incident and persistent loneliness among middle-aged and older adults in Thailand. *BMC Psychology* 11 (1), 70. <https://doi.org/10.1186/s40359-023-01115-4>.
- Peplau, L.A., Perlman, D., 1982. *Loneliness: A Sourcebook of Current Theory, Research and Therapy*. John Wiley and Sons.
- Pike, I.L., Crocker, R.M., 2020. “My own corner of loneliness:” Social isolation and place among Mexican immigrants in Arizona and Turkana pastoralists of Kenya. *Transcult. Psychiatr.* 57 (5), 661–672. <https://doi.org/10.1177/1363461520938286>.
- Rasmussen, S.J., 2020. Images of loneliness in Tuareg narratives of travel, dispersion, and return. *Transcult. Psychiatr.* 57 (5), 649–660. <https://doi.org/10.1177/1363461520920322>.
- Rutagumirwa, S.K., Hutter, I., Bailey, A., 2020. “We never graduate from care giving roles”: cultural schemas for intergenerational care role among older adults in Tanzania. *Journal of cross-cultural gerontology* 35 (4), 409–431. <https://doi.org/10.1007/s10823-020-09412-w>.
- Sadati, A.K., Parvizi, M.M., Forouhari, S., Hosseini, S.A., Bahmanzadegan, M.H., Jafferany, M., 2022. A qualitative study on stigmatization associated with COVID-19. *The Primary Care Companion for CNS Disorders* 24 (2). <https://doi.org/10.4088/PCC.21m03174>.
- Schröders, J., Nichter, M., San Sebastian, M., Nilsson, M., Dewi, F.S.T., 2021. ‘The devil’s company’: a grounded theory study on aging, loneliness and social change among ‘older adult children’ in rural Indonesia. *Frontiers in Sociology* 6, 659285. <https://doi.org/10.3389/fsoc.2021.659285>.
- Sharma, A.J., Subramanyam, M.A., 2020. Psychological wellbeing of middle-aged and older queer men in India: a mixed-methods approach. *PLoS One* 15 (3), e0229893. <https://doi.org/10.1371/journal.pone.0229893>.
- Shorey, S., Chan, V., 2021. The experiences and needs of Asian older adults who are socially isolated and lonely: a qualitative systematic review. *Arch. Gerontol. Geriatr.* 92, 104254. <https://doi.org/10.1016/j.archger.2020.104254>.
- Smith, L., Blosska, J., Jacob, L., Barnett, Y., Butler, L., Trott, M., Odell-Miller, H., Veronese, N., Kostev, K., Bettac, E.L., Godier-McBard, L., Koyanagi, A., 2021. Is loneliness associated with mild cognitive impairment in low- and middle-income countries? *Int. J. Geriatr. Psychiatr.* 36 (9), 1345–1353. <https://doi.org/10.1002/gps.5524>.
- Surkalim, D.L., Luo, M., Eres, R., Gebel, K., van Buskirk, J., Bauman, A., Ding, D., 2022. The prevalence of loneliness across 113 countries: systematic review and meta-analysis. *BMJ* 376, e067068. <https://doi.org/10.1136/bmj-2021-067068>.
- Tharayil, D.P., 2010. Perceptions of family of origin among lonely adult Filipino males with schizophrenia: a qualitative analysis. *Am. J. Men’s Health* 4 (2), 111–123. <https://doi.org/10.1177/1557988308330771>.
- UN General Assembly, 2015. *Transforming Our World: the 2030 Agenda for Sustainable Development*. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N15/291/89/PDF/N1529189.pdf?OpenElement>.
- Van Der Geest, S., 2004. “They don’t come to listen”: the experience of loneliness among older people in Kwahu, Ghana. *J. Cross Cult. Gerontol.* 19 (2), 77–96. <https://doi.org/10.1023/B:JCCG.0000027846.67305.f0>.
- van Staden, W.(C.W.), Coetzee, K., 2010. Conceptual relations between loneliness and culture. *Curr. Opin. Psychiatr.* 23 (6), 524–529. <https://doi.org/10.1097/YCO.0b013e32833f2ff9>.
- Wijesiri, H.S.M.S.K., Samarasinghe, K., Edberg, A., 2019. Loneliness among older people living in care homes in Sri Lanka. *Int. J. Older People Nurs.* 14 (4) <https://doi.org/10.1111/opn.12253>.
- Wolska, K., Creaven, A.M., 2023. Associations between transient and chronic loneliness, and depression, in the understanding society study. *Br. J. Clin. Psychol.* 62 (1), 112–128. <https://doi.org/10.1111/bjc.12397>.
- World Bank, 2022. *World Bank Country and Lending Groups*. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>.