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Research Paper

Role of Social Support in Handling Loneliness among Male and Female Adolescents during the COVID-19 pandemic

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ABSTRACT

COVID-19 has created fear and anxiety among every member of the society. It has shaken everyone including adolescents who often think they are invincible. Due to the pandemic adolescents were forced to go into social isolation and the subsequent lockdown has kept them indoors. This kind of lockdown has deprived adolescents to meet their friends or take part in social activities. In moment of crisis, social support becomes very crucial to fight loneliness. The aim of the study was to assess the role of social support in handling loneliness among male and female adolescents during the pandemic. The sample comprised of 369 which included male and female adolescents. Data was collected using convenient sampling technique. The instruments used were UCLA Loneliness Scale by Russell, Peplau and Ferguson, (1978) and Multidimensional Scale of Perceived Social Support by Zimet, Dahlem, Zimet and Farley, (1988). Demographic data was gathered by using Google form. By using Pearson's Product Correlation, a negative correlation was found between social support and loneliness (-0.464) and through Chi Square method a significant difference was found between social support and birth order (8.774 and the obtained value was .067 which was significant at 0.05 level of significance, ($p < 0.05$)

Keywords: *Social Support, Loneliness, Adolescents, COVID-19, Pandemic*

Pandemics like COVID-19 tend to affect quality of life in an individual causing social dysfunction. It is not just a medical phenomenon, but it affects every aspect of person's life which include social, emotional, psychological and physiological. Stigmatization, xenophobia, mass hysteria, anxiety and panic are the common fallouts of COVID-19. It is not only the older population that is affected by COVID-19, but it shook even the younger population which includes children and adolescents. As COVID-19 cases increased it was seen and heard how people started hoarding medical supplies isolate themselves physically, restrict social interaction and entering a constant state of health anxiety (Duan & Zhu, 2020). The parents started to protect their children and adolescent for the fear that they might be infected with COVID-19.

Adolescence period is categorized from 13 to 20 years. Adults fail to understand them as they are in the period of transition from childhood to adulthood. Due to this transition, they

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engage in behaviours that endanger their lives. Adolescents are full of life and they believe that they can do anything at any time and as a result of which they often succumb to, many injuries. They think they are invincible and feel nothing can happen to them. Adolescents often think that they are confident and capable of achieving whatever they want in spite of the challenges they have to face.

Adolescence is a stage wherein they must confront and adapt to various challenges in life be at school, college, family and friends. it is a time where they seek support not only from their parents but more from friends and significant others who would appreciate whatever they are doing. Adolescents place more stress on social virtues like cooperation, kindness, to be considerate and friendliness in their middle and late adolescence. Media plays a crucial role in influencing adolescents' behaviour as they spend a lot of time on Instagram, WhatsApp, Facebook and many another social networking sites. They often check their status to see how many likes, comments they have received and accordingly try to judge themselves.

Besides, using the most advanced gadgets to create impression on others, they use the same gadgets to maintain contacts with their peers. Adolescents spend a lot of time with their friends, as peers become an important source of social support and many a time to fight their loneliness. A study was conducted in Tibet to find out how the teenagers were utilizing their mobile phone not only to maintain social networks but also to see how their physical well-being is being affected through social network connection using mobile phone. The study revealed that firstly mobile phone was used as a communication medium. Secondly, it was observed as a source of social support in reducing loneliness (Liu et al. 2014).

Social support refers to caring, providing comfort, giving emotional, psychological and financial support. Social support can come in the form of caring, empathy or in the form of direct assistance or in the form of information, advice or through companionship. Social support would imply having someone to talk to, providing emotional support and experiencing a sense of belonging. Social support would also mean having someone whom you can rely on in the moment of crises and someone who provides one's should in the times of loneliness.

Nicpon et al. (2006) reported that social support had a positive relation to academic persistence decisions, but had a negative relation to loneliness. More social support and less isolation were also stated to have predicted more optimistic choices for persistence. Further they also concluded that women perceived as receiving more social support from friends and family compared to men. Further studies revealed that support from friends, family and partner showed significant decrease in romantic loneliness. However, support form community played a little role as far as reducing social loneliness. Studies also revealed that emotional support was very effective in overcoming loneliness (Mendietta et al. 2013).

Gender differences were observed as far as social loneliness was concerned where women are at a lower level and they were at a higher level in perceived social support as compared to men (Adamczyk, 2016). While social support had a significant positive impact on loneliness, a significant negative correlation between perceived social support and loneliness was observed. Perceived social support and psychological capital can decrease the loneliness of adolescents, and finally perceived social support can ease loneliness by growing psychological capital (Ren & Ji, 2016). A high level of social support and lower mean in the

overall health as well as psychological symptoms were found in adolescents who used smartphone excessively and still experienced social isolation in comparison to those adolescents who had few health, somatic and psychological symptoms but had higher mean because they had real social support (Al-Kandari & Al Sejari, 2020). Interestingly during the transition from adolescents to adulthood, social support acts as a buffer zone protecting from all adversities and especially during the times when there are serious social changes experienced during the transition. Results indicated that depending upon the source, the role of stress buffering would change in providing social support against loneliness. The connection between stress and isolation was buffered only by encouragement from friends. Besides stress, there could be many other sources which try to explain the association between social support and loneliness, in such situation, friend's support or support from romantic partners were negatively associated with loneliness.

Female experienced more loneliness than males when they had lower levels of support from friends and family (Eshbaugh, 2010). Women who received greater support from significant others and friend experienced less loneliness compared to those who had less support from friends, however women who had low support from significant others, they experienced still higher loneliness (Kim, 2001). As far as loneliness among college students, social anxiety and perceived social support made a significant contribution to it.

It is not always true that individuals who have large social support are satisfied and happy because studies have proved otherwise. In a study where women who had large social support infact experienced less satisfaction compared to men. Although women reported higher scores on loneliness as compared to men, it is therefore concluded that for either sex, loneliness contribute significantly to depression. Social support can be of different types, namely informational, emotional, financial and instrumental (Reevyl & Maslach, 2001). Individuals who were part of a supportive social relationship had the benefits of having good health, morale and coping compared to those who had low levels of social support, they experienced poor physical and mental health outcomes (Cohen & Underwood, 2000).

Adolescents have many challenges and one of the grave concerns is how to cope with loneliness. Loneliness is seen as an epidemic of modern society which is becoming a severe problem to millions of people and it is not an exception to adolescents. As adolescents grow, they are highly susceptible as they make the transition and often falter due to emotional baggage.

When there is a mismatch between persons' existing social relationships and the ideal view they have, which unfortunately leads to psychologically uncomfortable situation, persons perceive this as loneliness. Due to lack of inadequate or poor relationships and having no necessary backing in social relationships, such individuals consider themselves as lonely. Social loneliness was less common compared to emotional loneliness and both were positively correlated to anxiety and depression (Diehl et al. 2018). Individuals who had no physical activity and who had immigrant background and those who enrolled in the study of social sciences experienced higher level of social loneliness (Diehl at al. 2018). Chronic loneliness is associated with negative health consequences. Those who had higher level of loneliness also showed higher level of depression (Shoventul, 2019).

It is also evident from earlier research studies that loneliness varies by socio-demographics, such as gender, where women reported higher rates of loneliness than men (Maes,

2019). Positive perceptions predicted better psychological and physical health (Thoits, 2011). When individuals not only receive social support, but they also believe that they have access to such social support, this quality social support act as protective factors for people. The stressful events having negative outcomes were able to overcome, because of a strong social support which acts as a buffer. Adolescence is a period where they do come in conflicts with their parents and their peers, however there is evidence which support that high quality friendship predicted less depression in youth (Schmidt & Bagwell, 2007), and a strong parent-child relationship had been one of the strongest and consistent predictors of resilience in young people (Luthar & Zelazo, 2003).

Civitci (2015) indicated that when students received support from their friends and family, they could easily cope with stress while social support performed the function of a protective mechanism against stress. His findings indicated that negative affect had a moderate function while trying to understand the relationship between stress and perceived social support.

When people faced with problems or challenges, they use two types of support namely emotion focused support and problem focused support. Problem focused support involves seeking advice, information for help whereas emotion focused problem stresses on obtaining support for one's emotions such as listening to the feelings of others or turning to others to receive a shoulder. A constructive approach for managing conflicts or negative feelings had been problem-focused help (Compass, 2001). Fang (2010) found that males scored high scores on problem focused internet per week and loneliness and female obtained high scores on online social support, avoidance coping and seeking social support. Problematic internet use was predicted when male and female participants used emotion focused and avoidance coping and at the same time experienced loneliness, all these predicated problematic internet use.

Individuals who displayed shyness had lower level of social support and their loneliness was at a higher level and consequently revealed a negative correlation between loneliness and social support (Jianfeng et al. 2016). Participants showed high level of social anxiety, social phobia and loneliness. They also reported loneliness had a significant correlation with social anxiety (Abhijeet et al. 2020). The study aimed at assessing the role of social support in handling loneliness among adolescents during pandemic times especially when adolescents had to remain indoor due to lockdown

METHODOLOGY

To assess the role of social support in handling loneliness among male and females adolescents during COVID-19 pandemic.

The sample comprised of 369 which included male and female adolescent participants and data was collected using Google form. The participants were provided the link individually and asked to fill the demographic data as well as to answer the tests. The adolescents ranged in the age group of 17-20.

Measures
Two scales, namely the UCLA Loneliness Scale and the Perceived Social Support Multidimensional Scale were administered on the sample. UCLA Loneliness Scale by Russell, Peplau and Ferguson (Russell et al. 1978), consisted of 20 item scale which

measured the feelings of loneliness and social isolation. It has 4 options namely 'often, sometimes, rarely and never' with a rating scale from 3-0. It is highly reliable in terms of internal consistency and the coefficient is ranging from .89 to .94 and the test-retest reliability.73. Convergent validity was indicated by significant correlation.

The second measure used was Multidimensional Scale of Perceived Social Support by Zimet, Dahlem, Zimet and Farley, (Zimet et al. 1988). It has three subscales, namely Significant Other Subscale, (items 1, 2, 5, & 10), Family Subscale (items 3, 4, 8, & 11) and Friends Subscale (items 6, 7, 9, & 12). It is a Likert Scale which has seven alternatives and rated from 1-7 Very Strongly Disagree (1), Strongly Disagree (2), Mildly Disagree (3), Neutral (4), Mildly Agree (5), Strongly Agree (6) and Very Strongly Agree (7).

RESULTS

The raw data was collected, check and then SPSS was used to analyze the correlation and chi square. Correlation was used to study the association between variables and chi square was calculated to study demographic variables

Table 1 Correlation between social support and loneliness among adolescents

Variables	Correlation
Social Support Loneliness	-0.464^{**}

(p<0.01) Highly significant

Table 1 showed the negative correlation between social support and loneliness which was -.46 and significant at 0.01 level of significance.

Table 2 indicating chi square calculations

	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
SST Code * Birth order	369	98.9%	4	1.1%	373	100.0%

SST Code * Birth order Cross tabulation

			Birth order			**Total**
			First Born	**Middle Born**	**Last Born**	
SST Code	Low	Count	119	36	92	247
		Expected Count	121.2	34.1	91.7	247.0
		% within SST Code	48.2%	14.6%	37.2%	100.0%
		% within Birth order	65.7%	70.6%	67.2%	66.9%
		% of Total	32.2%	9.8%	24.9%	66.9%
	Moderate	Count	44	12	42	98
		Expected Count	48.1	13.5	36.4	98.0
		% within SST Code	44.9%	12.2%	42.9%	100.0%
		% within Birth order	24.3%	23.5%	30.7%	26.6%
		% of Total	11.9%	3.3%	11.4%	26.6%
	High	Count	18	n<5	<5	24
		Expected Count	11.8	3.3	8.9	24.0
		% within SST Code	75.0%	n<5	n<5	100.0%
		% within Birth order	9.9%	n<5	n<5	6.5%
		% of Total	4.9%	n<5	n<5	6.5%

SST Code * Birth order Cross tabulation

		Birth order			Total
		First Born	Middle Born	Last Born	
Total	Count	181	51	137	369
	Expected Count	181.0	51.0	137.0	369.0
	% within SST Code	49.1%	13.8%	37.1%	100.0%
	% within Birth order	100.0%	100.0%	100.0%	100.0%
	% of Total	49.1%	13.8%	37.1%	100.0%

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.774[a]	4	.067
Likelihood Ratio	9.654	4	.047
Linear-by-Linear Association	1.839	1	.175
N of Valid Cases	369		

Observations from Table 2 revealed 119 (firstborn), 36 (middle born) and 92 (lastborn) who all had low social support. The percentages indicated are 65% of firstborn, 70.6% of middle born and 67.2% of lastborn who had low social support. The percentages obtained for the first-born, middle-born and last-born were 65.7%, 70.6% and 67.2% respectively in the low group.

It was also observed that those who received moderate social support included first born (44), for middle born (12) and for last born (42), and the percentages indicated that 24% of first born, 23.5% of second born and 36.7% of last born respectively. The percentages obtained for the first born, second born and third born were 24.3%, 23.5% and 30.7% respectively in the moderate group. The chi square value was 8.774 and the value was .067 which was significant at 0.05 level of significance, $(p<0.05)$

Table 3 indicating chi square calculations

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
SST Code * Mother's working status	369	98.9%	4	1.1%	373	100.0%

SST Code * Mother's working status Cross tabulation

		Mother's working status			Total
		Working	Non-working	3	
SST Code	Low				
	Count	77	168	<5	247
	Expected Count	83.0	162.7	<5	247.0
	% within SST Code	31.2%	68.0%	n<5	100.0%
	% within Mother's working status	62.1%	69.1%	n<5	66.9%
	% of Total	20.9%	45.5%	n<5	66.9%
	Moderate				
	Count	41	57	<5	98
	Expected Count	32.9	64.5	n<5	98.0
	% within SST Code	41.8%	58.2%	n<5	100.0%
	% within Mother's working status	33.1%	23.5%	n<5	26.6%

SST Code * Mother's working status Cross tabulation

| | | Mother's working status | | | Total |
		Working	Non-working	3	
	% of Total	11.1%	15.4%	n<5	26.6%
	Count	6	18	<5	24
High	Expected Count	8.1	15.8	n<5	24.0
	% within SST Code	25.0%	75.0%	n<5	100.0%
	% within Mother's working status	4.8%	7.4%	n<5	6.5%
	% of Total	1.6%	4.9%	n<5	6.5%
	Count	124	243	<5	369
	Expected Count	124.0	243.0	<5	369.0
Total	% within SST Code	33.6%	65.9%	n<5	100.0%
	% within Mother's working status	100.0%	100.0%	100.0%	100.0%
	% of Total	33.6%	65.9%	n<5	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.288[a]	4	.259
Likelihood Ratio	5.845	4	.211
Linear-by-Linear Association	.705	1	.401
N of Valid Cases	369		

Table 3 indicated social support and mother's working status. Observations showed a count of 77 adolescents' mothers who had working status and 168 adolescents' mothers were not working. There were 31.2% adolescents' whose mothers were working while 68% of adolescents' mothers were non-working in the low social support. The percentages obtained for the working mothers were 62.1% and 69.1% respectively.

In the moderate category for social support the percentages included 41.8% and 58.2% respectively while the percentages obtained for the working mothers were 33.1% and 15.4% respectively. In the category of high social support, the percentages obtained were 25% and 75% respectively while the percentages obtained for the working mothers were 4.8% and 7.4% respectively. The chi square value was 5.288 and the value is .259 which was not significant since it is less than 0.05 level of significance, (p>0.05)

DISCUSSION

A negative correlation (-.46) was observed between social support and loneliness in the current research study. Observations have shown in the past that adolescents who experienced loneliness or depression had large social network of friends but in reality, they do not have enough objective social support. It was important that adolescents were convinced of having a perceived social support so that they were sure they can depend on someone in times of loneliness.

It was a fact that when adolescents received social support from friends, family and significant others, they either experienced less or no loneliness. Adolescents often saw themselves as actors and other people as audience who were constantly watching them, hence they engage in various risky and unhealthy behaviours which they performed to garner recognition and social support. In fact, with all these, they still feel lonely because

they failed to perceive social support objectively. When adolescents do not see social support then they struggle in life to face crisis such as COVID-19 pandemic. Perceived social support had a significant decrease in loneliness (Wookkang et al. 2018).

Social support was negatively related to loneliness. Studies indicated that both friends and family provided more social support to women (Nicpon et al. 2006). Studies conducted among Chinese college students indicated that whenever there was an increase in loneliness, a decline was observed in their perceived social support especially objective social support (Sadoughi & Hesampour, 2017). Adolescents who go through loneliness and depression were those who were lonely in spite of so many people around them. Earlier findings also confirmed that social support from significant others, friends and family were best predictors of loneliness in students. Students with higher social support scores were less likely to feel lonely (Xin & Xin, 2016). Previous research verified that the variations in sibling dyads, life satisfaction and level of isolation contributed to birth order, gender and sibling relationships (Soysal 2016).

The present study indicated a significant relationship between social support and birth order $X^2(2, N=369) =8.774$, p<0.05. The association was of moderate strength since chi square value 0.037; p>0.05. First born individuals did experienced less loneliness than later born individuals under socially stable circumstances (Anderson, 1985). It was observed that when the firstborns were losing their social interactions, they experienced more loneliness compared to later born. It was found that firstborns did received a lot of support in the initial stages of their lives since they occupied the center stage in the family and among significant people around them thereby perceiving social support from their loved ones.

It was also true that as more children arrived in the family the focus was now shifted from the firstborns to later born. Earlier the firstborns would get all the attention, since the entire attention was focused on them, everyone would care and support them. The firstborns also know that they would get anything they want since they are only ones in the family. The arrival of other children would somehow deprive them the attention they received earlier. Hence there was every reason for the firstborns to experience loneliness as their social support was either less or reduced.

The firstborns now perceived that their social support was being replaced, hence they started experiencing loneliness. It was concluded that familial sentiments were strongly affected by sex and birth order as they were seen as strong predictors. They reported that middleborns were less family-oriented than firstborns or lastborn. They also verified that middleborns expressed more positive attitudes towards friends and less positive opinions towards family (Salmon, 2003), and peer relations appeared to be the best predictors of adolescent loneliness (Uruk & Demir, 2001). It was found that the prevalence of mild and extreme loneliness was 50.5% and 31.6%, respectively. A significant relationship was found between participants who experienced loneliness with regard to their gender (P < 0.001) and birth order (P = 0.004) (Mehri et al. 2017).

Studies have shown that children whose parents were working have displayed significant higher mental problems. Further it was found that mothers who were working had an influence not only on the functioning of their family life but it also affected the outcomes of children. They reported that involvement of parents as a significant factor for the positive growth of child's mental health which included boys as well as girls (Seenivasan & Kumar,

2014). Previous studies revealed that support from parents as well as active coping moderated the impact of stress and reduced the symptoms of anxiety and depression associated with immigrants or ethnic minority (Crockett et al. 2007).

This study was very significant as it tried to establish a relationship between social support and loneliness especially during the moment of crisis, like COVID-19 pandemic. If they experienced social support from relatives, peers and significant others, adolescents can conquer loneliness, but this perceived social support must be objective. The study also found that as more children were born in the family the firstborns' social support decreased since the focus was shifted to the other children in the family. No significant difference was observed between social support and working status of the mothers.

CONCLUSION

The study was useful in understanding the role of social support in handling loneliness especially in moment of crisis like the COVID-19 pandemic. It was important to comprehend that adolescents really perceived, that there was an objective social support available to them in moment of crisis. The study also enlightened that a strong social support reduced loneliness and in moment of crisis like the pandemic, it was important that every person had a strong social support, be it a family member, friend or significant others to overcome loneliness.

The study has important implications to the stakeholders especially in supporting the adolescents in the moment of crises as they were vulnerable to depression and loneliness. Thus, a strong social support especially a perceived social support on the part of adolescents would help them to stand strong in moment of crises. Parents, friend and significant others were important people in the life of adolescents when they face major problems in life.

Limitations

The research study could have included the parents of the adolescents to strengthen the research findings. Since the tests were administered online, there is a possibility that the adolescents may be bored in answering the tests which might affect the test results.

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