

Social Support and Loneliness among Adolescents during COVID-19 Pandemic

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Adolescents face many challenges as they pass through the stage of adolescence. They encounter many crises in life and face many mental issues such as anxiety, depression, and loneliness. The purpose of the study was to examine social support and loneliness among adolescents during the COVID-19 pandemic. The tools used were UCLA Loneliness Scale by Russell et al. (1978), and the Perceived Social Support Multidimensional Scale by Zimet et al. (1988). The sample consisted of 348 adolescents in the age group of 17-20 from different colleges. Findings revealed that there exists a significant negative correlation (-0.375 ; $p > 0.01$) between social support and loneliness, no significant gender difference was found, also no strong association was found between social support and the mother's working status and social support and the number of siblings of adolescents.

Keywords: social support, loneliness, adolescents, COVID-19, pandemic

Adolescence is a stage characterized by a number of mental health issues. Loneliness is one of the psychological problems faced by the adolescents today. The pandemic has caused unnecessary stress to adolescents, and to add to their existing problems, adolescents cannot engage themselves in face-to-face conversation due to social distancing. This social distancing might have a disproportionate effect on the adolescents' health since peer interaction is a crucial aspect of their development (Orben, 2020).

The outbreak of the COVID-19 pandemic has caused panic among people and the situation has been stressful due to social isolation, thus it is important to intensify intervention to fight loneliness among those who are highly vulnerable to anxiety (Brooks, 2020). Loneliness is a negative feeling which is the outcome of a lack of social interactions. It is a psychological feeling where an individual feels there is a vacuum created in them due to lack of social network. Leal Filho et al (2021) reported that due to social distancing a number of college students suffered from lack of social interaction and communication.

As physical distancing rules have resulted in a decline of a person's social contact, loneliness was associated with worse physical and mental health (Fruehwirth et al., 2021, Janssen et al., 2020, Jiao et al., 2020). Prolonged loneliness can have a profound negative impact on health and well-being. It is very important to find ways and means

to address loneliness among adolescents who are socially isolated (Liu et al., 2020). Tan et al (2016) reported a negative correlation between loneliness and social support and suggested that loneliness can be reduced by enhancing social support. Although women enjoyed a large social network yet they were less satisfied compared to men and had higher scores on the loneliness scale (Kim, 2001; Suri et al., 2019).

Mental health professionals were caught up in a grave situation since adolescents were facing too many mental issues during the pandemic. Many children expressed low levels of affect since they were unable to play outdoor games, not meet their friends as well as could not attend school physically (Lee, 2020; Liu, 2020; Zhai & Du, 2020). COVID-19 has affected globally and the lockdown which was followed by isolation and confinement of adolescents to their homes has threatened the mental health of adolescents (Fegert et al., 2020).

Social support can play an active role in promoting well-being; it can act as a coping mechanism as well as a buffer in the life of an individual in moments of crisis. It protects individuals against all adversities of life especially social support from family, peers and significant others. The risk of depression was reduced due to the high level of social support (Grey et al., 2020) and the perception of more social support can make one feel cared for, understood and valued by others, which can help overcome loneliness (Casale & Flett, 2020).

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For adolescents who are highly reliant on social contact with peers, a prolonged period of social isolation can have detrimental effects on their mental health (Cauberghe, 2021).

Lee and Goldstein (2015) reported that support from friends acted as a buffer in fighting loneliness. Studies also confirmed that men experienced higher levels of loneliness when they had less support from their family, surprisingly women who had more support from their family experienced more loneliness (Eshbaugh, 2008). Research studies also reported that females had higher stress due to a lack of social support (Tse & Kwan, 2021). Social support from friends and classmates helped adolescents to make necessary adaptations to disease; however, lack of social support predicted more negative mental health problems (Tse & Kwan, 2021).

The lockdown and social distancing changed the lifestyles of almost everyone as people had to remain indoors for days, weeks and months. This sudden change made people feel lonely and they developed a fear of the pandemic, not knowing what would be the outcome. Studies showed that young people experienced greater loneliness compared to the older adults resulting in greater use of social media and seeking low social support (Lisita et al., 2020; Lee et al., 2020). The perceived social support decreased when there was an increase in loneliness among college students in China (Xin & Xin, 2015). Keeping in view of the above, the present study was conducted to examine the social support and loneliness among adolescents during the COVID-19 pandemic.

Method

The pandemic brought active life to a halt where schools and colleges were shut down and adolescents were forced to remain behind closed doors. Moreover, they could not meet their friends face-to-face, hence in such situation the study was conducted to find out whether social support from family, friends and significant others will help to reduce loneliness during the COVID-19 pandemic.

Hypotheses

H₁ There will be negative correlation between social support and loneliness among adolescents

H₂ Male and female adolescents will differ significantly among themselves with regard to social support

H₃ There will be no significant association between mother's working status and social support among adolescents

H₄ There will be no significant association between the number of siblings and social support among adolescents

Rationale

Man is a social being who needs other human persons for their social interactions. The pandemic brought a halt to all social interactions due to social distancing and lockdown. Adolescents who spent a fair amount of time outside their homes were suddenly struck in their homes. They were not allowed to move out of their homes. They started complaining because they could not meet their peers. The study was conducted to understand the problem of adolescents and help them to overcome their loneliness and increase their social support. The implications of the studies included conducting webinars and advising adolescents to engage in online counselling.

Participants

The sample comprised 348 participants which included male and female adolescents. The adolescents, who ranged in the age group of 17-20, were pursuing their studies in various colleges of Goa. A convenient sampling method was used to collect the sample. The participants were provided the link individually and asked to fill in the demographic data as well as to answer the tests. The consent was taken and the participants were informed that the data will be used purely for research and complete confidentiality would be maintained.

Measures

UCLA Loneliness Scale (Russell et al. 1978)

It consisted of a 20 item scale that 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 minimum score is 20 and the maximum score is

80. A higher score indicates a higher level of loneliness.

Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)

The scale 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 that has seven alternatives and is 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). The scale has good to excellent internal consistency and test-retest reliability with a Cronbach's alpha of 0.81–0.98. The minimum score is 12 and the maximum score is 84. A higher score indicates higher social support. The cut-offs are derived by dividing the maximum score by 3 to get low (128), moderate (29-56) and high (57-84) social support.

Procedure

The administration of tests and other demographic data was collected using Google Form due to the pandemic. Participants who showed high level of loneliness were debriefed

and were advised to meet their college counsellor.

Data analysis and Statistics Used

The raw data was collected, checked and then SPSS was used to compute the correlation, t-test and chi-square. The correlation was used to study the association between variables, t-test was used to find out the significant difference and chi-square was used to study demographic variables

Results

Table 1 Relationship between social support and loneliness among adolescents

Variables	Correlation
Social Support	-.375**
Loneliness	

** p<0.01)

Observations from Table 1 revealed that there exists a negative correlation ($r = -.375^{**}$) between social support and loneliness which was highly significant at 0.01, indicating an increase in perceived social support and showed a decrease in loneliness.

Table 2 Mean, SD and 't' value of social support among male and female participants

Variable	Gender	Mean	Standard Deviation	Standard Error Mean	Mean Difference	't' value
Social Support	Male	2.31	.64	.69	.002	.020
	Female	2.30	.70	.04		

Table 2 reported the mean and SD of male and female participants with regard to social support received from parents, friends and significant others. The obtained mean was 2.31 and 2.30, while the standard deviation was .64 and .70 for male and female participants respectively. The mean difference was .022 and the calculated t-value was .020 which was less than the p-value (1.96) hence it was not significant at 0.05 level of significance ($p < 0.05$).

Table 3 indicated the association between social support and the status of working mothers. It was observed that in the low social support category, adolescents had 76 mothers who were working and 153 mothers who were non-working,

with 61.8% and 68.6% for working and non-working mothers respectively. Adolescents of the working mothers obtained 32.9% while that of the non-working mothers had 66.2% received low social support

In the case of moderate social support, there were 41 who were working mothers and 53 were non-working mothers, obtaining 33.3% and 23.8% for working and non-working mothers respectively. Adolescents of the working and non-working mothers obtained 43.6% and 56.4% respectively received moderate social support. In the final category of high social support, there were 6 working mothers and 17 non-working mothers thereby obtaining 4.9% and 7.6% for

Table 3 Working status of mothers: Chi square Test

Case Processing Summary						
Mother's working status * SST Code	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
	348	93.3%	25	6.7%	373	100.0%

Mother's working status * SST Code cross tabulation						
		SST Code			Total	
		Low	Moderate	High		
Mother's working status	Working	Count	76	41	6	123
		Expected Count	81.6	33.2	8.1	123.0
		% within Mother's working status	61.8%	33.3%	4.9%	100.0%
		% within SST Code	32.9%	43.6%	26.1%	35.3%
	Non-working	Count	153	53	17	223
		Expected Count	148.0	60.2	14.7	223.0
		% within Mother's working status	68.6%	23.8%	7.6%	100.0%
		% within SST Code	66.2%	56.4%	73.9%	64.1%
	3	Count	2	0	0	2
		Expected Count	1.3	.5	.1	2.0
		% within Mother's working status	100.0%	0.0%	0.0%	100.0%
		% within SST Code	0.9%	0.0%	0.0%	0.6%
Total	Count	231	94	23	348	
	Expected Count	231.0	94.0	23.0	348.0	
	% within Mother's working status	66.4%	27.0%	6.6%	100.0%	
	% within SST Code	100.0%	100.0%	100.0%	100.0%	

'3' stands for death of a mother (under other option), it was not considered for discussion

Chi-Square Tests

	Value	Df	Asymp. Sig. (2- sided)
Pearson Chi-Square	5.164 ^a	4	.271
Likelihood Ratio	5.748	4	.219
Linear-by-Linear Association	.603	1	.438
N of Valid Cases	348		

a. 3 cells (33.3%) have expected count less than 5. The minimum expected count is .13.