



## Research article

# Loneliness among Older Women Population in Türkiye: A Gender-Based Intersectional Comparative Analysis of Rural and Urban Contexts

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### Abstract

This research aims to compare the perceived loneliness levels and experiences of elderly women living in urban and rural areas of Samsun province in Türkiye. Methods: The study was conducted using a mixed research method, incorporating both qualitative and quantitative analyses. It is grounded in the theory of intersectionality, focusing on femininity and the intersecting experiences of elderly individuals living alone. Quantitative data were collected from 174 elderly women, while qualitative data were obtained from 16 of those women. The findings showed no statistically significant differences in any sub-scales of loneliness across different age groups of women. Additionally, interviews with participants indicated that social isolation and loneliness, limited access to social services for the elderly, and daily living challenges along with the need for physical assistance are common issues faced by lonely elderly women in both settings. Nevertheless, when analyzing the rural and urban groups separately, context-specific themes emerged, indicating that women from these groups also face unique challenges. This point relates to intersectionality theory, demonstrating that aging and gender do not act in isolation; instead, they interact with structural and contextual inequalities, leading to diverse experiences of loneliness.

**Keywords:** Loneliness, older women, elderly women, rural and urban, Türkiye, intersectionality

**Conflicts of Interest:** The author/s declared no conflicts of interest.

**Funding:** No funding was received for this research.

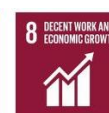
**Article History:** Received: 25 August 2025. Revised: 26 March 2026. Accepted: 29 March 2026. First published: 31 March 2026.

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**Published by:** [Aesthetix Media Services, India](#)

**Citation:** GÜRKAN, S. (2026). Loneliness among Older Women Population in Türkiye: A Gender-Based Intersectional Comparative Analysis of Rural and Urban Contexts. *Rupkatha Journal*, 18(1). <https://doi.org/10.21659/rupkatha.v18n1.05>



## Introduction

In today's rapidly changing modern world, with the transformations of social life, loneliness has become one of the significant and prevalent public health problems for every individual. Despite affecting people across all age groups, loneliness is particularly pronounced among elderly women who face social challenges as a demographic group (Banerjee and Rao, 2021; Troutman-Jordan and Kazemi, 2020). However, the experience of loneliness among older women is not uniform. It can be shaped by factors such as age, gender, socio-economic status, and others that intersect with each other. In this context, geography or place of residence, with a specific focus on urban-rural differences, emerges as a crucial factor influencing older women's life experiences. Since the cultural values, norms, and rules that apply to an individual are shaped by the society in which she lives and the environment in which she socializes, her experiences, socialization processes, and attitudes cannot be considered independent of her location. Among these experiences, the ageing experience is also linked to the place of residence and/or localities (Prieto-Flores et al. 2011; Şentürk, 2018), and therefore, it is important to focus on the place of residence as a variable.

In the context of Türkiye, it ranked 75<sup>th</sup> among 194 countries with the highest elderly population rate. According to the most recent statistics in 2024, 44.6% of the elderly population was male and 55.4% was female. Among the households with at least one elderly member, 74.0% of these households were elderly women and 26.0% were elderly men (TÜİK, 2024), in parallel with the global statistics stating that the rate of women living alone is 24% whereas it is 12% for men (The World's Women, 2020).

Existing literature on loneliness in later life has consistently linked loneliness with various variables such as depression (Panicker and Sachdev, 2014; Türk and Işık, 2023; Park and Nam, 2023; Polat and Karasu, 2020); anxiety and/or depression (Hamama, Ronen and Feigin, 2000; Yılmaz and Mermutlu, 2023; Amjad, 2014, Yıldız and Çal, 2022); social development (Krause-Parello, 2008; Kalaycı and Erkoç, 2023); social isolation (Holt-Lunstad et al., 2015; Christina et al., 2000); quality of life (Mudey et al., 2011); problematic use of social media and the Internet (Choi, Kong and Jung, 2012); COVID-19 pandemic (Bhat et al., 2024; Boucher et al., 2021; Jutai and Tuazon, 2022); and some other socio-demographic variables such as age, marital status, educational background, etc. (Savikko, 2008; Pinguart and Sorensen, 2001; Park and Nam, 2023).

More specifically, another variable examined alongside loneliness and the aging population is gender. Some researchers have stated that older men are affected by loneliness more negatively than older women (Korkmaz-Hoşoğlu and Ümmet, 2021; Hazer and Aydın Boylu, 2010). Conversely, others emphasise that older women are disproportionately impacted by loneliness due to factors such as gender inequalities, widowhood (Yelboğa and Gündoğ, 2025; Gençtan, 2016; Caetano, Silva and Vettore, 2013; Sezer and Tenlik, 2019; Arun and Arun, 2011), social isolation caused by caregiving responsibilities (Efe and Aydemir, 2015), and limited access to pensions (Gül, 2018; Lopata, 1996).

Despite the aforementioned breadth of literature on aging and loneliness, there is a lack of gender-related research on this issue (Kim and Lee, 2022; Bhat et al., 2024). Moreover, comparative studies examining geographical differences among elderly women from a gender-sensitive perspective remain rare. Few studies have focused on elderly individuals residing in nursing homes or care centres (Alaydın and Kervankıran, 2019; Kahraman et al., 2011; Korkmaz-Hoşoğlu and Ümmet, 2021); or on those living in rural and/or urban areas (İlgaz and Gözüm,

2020; Yeşil and Karakaş, 2023; Coles, 2001); or comparing life experiences between urban and rural settings (Tavares et al., 2014; Martins et al., 2007). However, none of these studies have applied an intersectional framework to understand how multiple identities, urban-rural disparities, and structural factors interact to influence loneliness among older women. This study aims to address this gap by exploring the perceived loneliness levels and experiences of elderly women living in rural and urban areas of the Samsun province in Türkiye, specifically through the lens of intersectionality theory. Another objective is to examine how intersecting social factors shape the experiences of these women. The research questions to be answered are:

1. Is there a statistically significant relationship between the loneliness levels of elderly women residing in rural or urban areas?
2. Is there a statistically significant relationship between the loneliness levels and age groups of elderly women residing in rural or urban areas?
3. How do the elderly women describe their experiences of loneliness? What are the main factors intersecting in shaping their feeling and articulation of loneliness experiences?

## **Methodology**

### **The Research Design**

Conducting a mixed methodology for the data was considered the most appropriate approach to answer the research questions, as there are both qualitative and quantitative data to be analysed. Regarding the quantitative method, the first two research questions were answered, and a correlational survey model, which provides the analysis of numerical data collected through scales (Creswell, 2005), was applied to the quantitative data collected. As for the qualitative method, a grounded theory strategy was used on the collected data to reveal the intended meaning of the participants' statements during the interviews and to explore their in-depth experiences (Creswell, 2012).

### **Theoretical Grounds of the Research**

This study uses intersectionality theory as its main framework to examine the experiences of elderly women living alone in rural and urban areas of Samsun province. Originally proposed by Crenshaw (1989), intersectionality highlights how multiple social categories—such as age, gender, socioeconomic status, and living arrangements—interact to produce unique forms of disadvantage and marginalisation. Through this theory, intersecting categories enable the interpretation of phenomena from various perspectives, and social inequalities become a focus that can be addressed within this context (Yuval-Davis, 2006). Given the complexity of the identities and circumstances of the participants (elderly women living in urban and rural areas of Samsun province), intersectionality offers a suitable perspective for understanding how overlapping forms of inequality influence their access to services, social support, and overall well-being.

### **Population and Participants of the Research**

The population of the study comprises elderly women (aged 65 and above) living in both rural and urban areas of Samsun province in Türkiye. When determining the research population, information about elderly women living alone could not be obtained from relevant public institutions such as the municipalities, Samsun Provincial Directorate of Health, and Social

Work. Therefore, mixed sampling techniques, incorporating various methods, were employed to select samples from the universe, thereby enhancing the representativeness of the sample and increasing the reliability and generalizability of the findings.

Firstly, the number of questions (there are 19 questions in our survey form) was considered. Some researchers (Shirayev and Levy, 2017: 279) assume that reaching participants 5 to 10 times the total number of items in the scales used may be appropriate in studies where it is difficult to determine the population. Based on this, the ideal sample size for 19 items would range between 95 and 190 to represent the population of this study.

Moreover, a combination of purposeful sampling, criterion sampling, snowball sampling, and convenience sampling techniques was employed. In terms of criterion sampling, the criteria for being an adequate participant were being an older woman (above 65) and residing in rural and/or urban areas of the Samsun province, having no language limitations, and volunteering for the study. As for snowball sampling, meaning to select cases that meet the predetermined criterion of importance (Patton, 2001), an attempt was made to reach the participants through referrals (Dragan and Isaic-Maniu, 2022).

Lastly, convenience sampling (Patton, 2001) was employed because it was easy to access participants from the provinces of Ilkadam, Ladik, Atakum, and Ondokuzmayis in Samsun. As a result, the study included 174 elderly women (aged 65 and above) residing in the city centre and the districts of Ilkadam, Ladik, Atakum, and Ondokuzmayis in Samsun province. Of these, 83 (48%) live in rural areas, while 91 (52%) reside in urban areas of Samsun.

Table 1 shows the demographic characteristics of the participants. Among the elderly women living in rural areas, 45 (55%) are between 65 and 74 years old; 29 (35%) are between 75 and 89 years old, and the remaining 8 (10%) are over 90. For elderly women living in urban areas, 47 (52%) are between 65 and 74 years old; 34 (37%) are between 75 and 89, and 10 (11%) are above 90. In rural areas, 3 women (4%) have no children, 7 women (8%) have one child, 25 women (30%) have two children, and 48 women (58%) have three or more children. In urban areas, 9 women (10%) have no children, 12 women (13%) have one child, 49 women (23%) have two children, and 21 women (54%) have three or more children. Regarding income status in rural areas, 34 women (41%) have no income; 7 (8%) receive a retirement pension, 15 (18%) receive a widow pension, 19 (23%) receive an old age pension, and 8 (10%) have income from agriculture and livestock. In urban areas, 21 women (23%) have no income; 27 (30%) receive a retirement pension, 12 (13%) receive a widow pension, 29 (32%) receive an old age pension, and 2 (2%) have income from agriculture and livestock. Concerning literacy levels in rural areas, 4 women (5%) are illiterate; 24 (29%) are literate but have left school; 27 (33%) are primary school graduates; 14 (17%) are secondary school graduates; 11 (13%) are high school graduates; and 3 (3%) have higher education qualifications. In urban areas, no women are illiterate; 12 (13%) are literate but left school; 27 (33%) are primary school graduates; 14 (17%) are secondary school graduates; 11 (13%) are high school graduates; and 3 (3%) possess higher education qualifications. Lastly, 69 women (83%) in rural areas have chronic diseases, while 14 (17%) do not. Similarly, 73 women (80%) in urban areas have chronic diseases, and 18 (20%) do not.

In the qualitative part of the study, the qualitative sample was chosen from the quantitative sample through maximum variation sampling to capture all different situations within the population. To summarize, 16 women, with 8 living in rural areas and 8 living in urban areas, were selected as the participants for the qualitative data of the study.

<b>Variable</b>	<b>Area</b>	<b>Category</b>	<b>Frequency (n)</b>	<b>Percent (%)</b>		
<b>Age Group</b>	Rural	65–74	46	55		
		75–89	29	35		
		90 and above	8	10		
	Urban	65–74	47	52		
		75–89	34	37		
		90 and above	10	11		
<b>Number of Children</b>	Rural	No	3	4		
		1	7	8		
		2	25	30		
		3 and above	48	58		
	Urban	No	9	10		
		1	12	13		
		2	49	23		
		3 and above	21	54		
		<b>Income</b>	Rural	No source of income	34	41
				Retirement pension	7	8
				Widow pension	15	18
				Old age pension	19	23
Agriculture and livestock	8			10		
Urban	No source of income		21	23		
	Retirement pension		27	30		
	Widow pension		12	13		
	Old age pension		29	32		
	Agriculture and livestock		2	2		

<b>Educational Status</b>	Rural	Illiterate	4	5
		Literate but left school	24	29
		Primary School	27	33
		Secondary School	14	17
		High School	11	13
		Higher Education Institution	3	3
	Urban	Illiterate	0	0
		Literate but left school	12	13
		Primary School	19	21
		Secondary School	29	32
		High School	23	25
		Higher Education Institution	8	9
<b>Chronical Disease</b>	Rural	Yes	69	83
		No	14	17
	Urban	Yes	73	80
		No	18	20
<b>TOPLAM</b>			<b>174</b>	<b>100%</b>

Table 1. The Socio-demographic Characteristics of the Participants

	<b>Area</b>	<b>Age</b>	<b>No. of Children</b>	<b>Educational Status</b>	<b>Income</b>	<b>Chronical Disease</b>
W1	Rural	69	0	High School	Retirement Pension	No
W2	Rural	91	6	Illiterate	Old age pension	Yes
W3	Rural	73	4	Primary School	Widow pension	Yes
W4	Rural	71	2	Secondary School	No source of income	Yes
W5	Rural	69	3	High School	Retirement pension	No
W6	Rural	84	5	Literate but left school	Old age pension	Yes
W7	Rural	66	2	Secondary school	Retirement Pension	Yes
W8	Rural	72	3	Literate but left school	Agriculture and livestock	Yes

W9	Urban	90	3	Illiterate	Widow pension	Yes
W10	Urban	82	4	Higher Education	Retirement Pension	Yes
W11	Urban	66	2	Higher Education	Retirement Pension	No
W12	Urban	70	2	Secondary School	Widow pension	Yes
W13	Urban	74	3	Primary school	Widow pension	No
W14	Urban	82	3	Literate but left school	Old age pension	Yes
W15	Urban	67	2	Secondary school	Widow pension	Yes
W16	Urban	73	2	Primary school	Widow pension	No

Table 2. The Socio-demographic Characteristics of the Participants with Whom the Interviews Were Conducted

### Data Collection and Procedure

The quantitative data was collected through a survey model, and the qualitative data was gathered using in-depth interview techniques. The researcher collected all the data herself, face to face, between 4th August and 15th September 2025. For the quantitative data, the surveys lasted between 15 and 23 minutes, while for the qualitative data, participants needed more time, ranging from 12 to 19 minutes. The data were recorded and transcribed verbatim by the researcher herself.

There were three data collection tools used in this research. The socio-demographic questions prepared by the researcher and the Loneliness Scale for the elderly (Akgül and Yeşilyaprak, 2015) were administered to all of the participants in the study. Moreover, qualitative data was collected through an additional semi-structured interview form with 16 participants.

The socio-demographic questions included age, area or place of residence, number of children, living arrangements, presence of chronic illness, and educational status.

The Loneliness Scale for Elderly: The scale was adapted to Turkish culture by Akgül and Yeşilyaprak (2015). This measurement tool is based on a cognitive-behavioural framework and aims to assess subjective feelings of loneliness. The scale comprises 11 items across two subdimensions: emotional loneliness and social loneliness. Responses are rated using a 3-point Likert-type scale (0 = yes, 1 = more or less, 2 = no). Five items are positively worded and six are negatively worded, with scoring adjusted accordingly. Total scores range from 0 to 22, with higher scores indicating greater loneliness.

### Data Analysis

For the quantitative data, analyses were performed using SPSS 22.0, IBM (Statistical Package for Social Sciences). Descriptive statistics (mean, standard deviation, median, minimum, maximum, frequency, percentage) were employed to evaluate the data. The Kolmogorov–Smirnov test (when degrees of freedom are more than 50) and the Shapiro–Wilk test (when degrees of freedom are less than 50) were used to assess the normality of the quantitative data. A p-value of less than 0.05 was considered significant.

Regarding the qualitative data analysis, the three-step content analysis approach by Miles, Huberman, and Saldana (2014) was employed to analyze the data set. Firstly, during the data

condensation stage, the researcher began examining the data and generating codes aligned with the research questions. There were 154 codes created, which could be grouped into several sub-categories. When no further new codes could be identified from the data, it indicated that data saturation had been reached. In the second stage, known as data display, she performed axial coding to reduce sub-categories into overarching themes that aligned with the research questions and research objectives. Finally, in the conclusion drawing and verification phase, the researcher interconnected the categories and made inferences based on epistemology, identifying social processes grounded in the data.

### The Validity and Reliability

For the qualitative data, a pilot study involving four elderly women (two from rural areas, two from urban areas) was conducted to ensure the validity and reliability of the research. Interview questions were designed to be coherent and interrelated. The number of participants was increased until data saturation was reached, at which point the research group was finalized. The outcomes of both the qualitative and quantitative data were reviewed by three experts—one from psychology and two from gender studies.

### FINDINGS

1. Is there a statistically significant relationship between the loneliness levels of elderly women residing in rural or urban areas?

Variable	Rural Women (n=83)	Urban Women (n=91)	t	p
Total Loneliness	8.93 (SD=7.01)	9.02 (SD=6.12)	-0.311	0.749
Social Loneliness	4.11 (SD=3.15)	4.48 (SD=3.26)	-0.734	0.477
Emotional Loneliness	6.24 (SD3.72)	5.53 (SD=3.19)	0.186	0.837

Table 3. Loneliness Levels of Women in Rural and Urban Areas

Table 3 presents the results of the independent sample t-test examining the statistical relationship between loneliness levels among elderly women living in rural and urban areas. Regarding the loneliness sub-scale, there is no statistically significant difference across any sub-scales of loneliness. Specifically, for the total loneliness sub-scale, the average score for women in rural areas is 8.93 (SD=7.01), compared to 9.02 (SD=6.12) for women in urban areas; this difference is not statistically significant ( $p > 0.05$ ). Similarly, for the social loneliness sub-scale, the mean score for women in rural areas is 4.11 (SD=3.15), while for women in urban areas it is 4.48 (SD=3.26); again, this difference is not statistically significant ( $p > 0.05$ ). Finally, the emotional loneliness scores indicate an

average of 6.24 (SD=3.72) in women living in rural areas, and 5.53 (SD=3.19) in women living in urban areas; this difference is also not statistically significant ( $p > 0.05$ ).

2. Is there a statistically significant relationship between the loneliness levels and age groups of elderly women residing in rural or urban areas?

Dependent Variable	Grouping Variable	Area	Groups	F Value	Significance Level (p)
Loneliness Score	Age range	Rural	65–74, 75–89, 90+	1.214	0.122
		Urban		1.168	0.097

Table 4: ANOVA Analysis Results of Loneliness Level by Age Groups

Table 4 presents the one-way variance ANOVA results for loneliness levels across different age groups of women living in rural and urban areas. The results show that there is no significant statistical difference between the age groups and the loneliness levels of women in rural and urban areas ( $p > 0.05$ ).

3. How do the elderly women describe their experiences of loneliness? What are the differences and similarities in their articulation of loneliness experiences?

From the interviews conducted with elderly women living alone in both rural and urban areas, there emerged some common problems, in addition to the unique problems of elderly women living alone in rural and urban areas.

The common problems can be grouped into three thematic categories, given below:

Thematic Categories
Social isolation and loneliness
Limited access to social services for the elderly
Daily living challenges and need for physical assistance

Table 5. The Common Experiences of Elderly Women Living Alone in Rural and Urban Areas

Table 5 presents the three common thematic categories identified through interviews with elderly women living alone in rural and urban areas. These three categories are social isolation and loneliness, limited access to social services for the elderly, and daily living challenges and the need for physical assistance.

According to elderly women who live both in rural and urban areas, social isolation and loneliness are found to be pervasive issues. Many participants expressed a deep sense of loneliness, even if they occasionally interacted with others.

*"I feel invisible. I live in an apartment full of blocks. Even if I go to the garden, I cannot find anyone to talk about the daily issues. I feel so depressed". (W10, 66, urban)*

*My children live in distant cities. I have neighbors, but they have commitments; they have young children, and they are busy. I sometimes visit my children in winter, but I get bored. I am lonely here, but I love the place where I have lived all my life.*

As another common finding, limited access to social services for the elderly was reported as a significant barrier in both contexts, though the nature of the problem differed slightly.

*Today marks the sixth day since I last took my blood pressure medication. I need to obtain the report from the doctor first. I went to the muhtar (local authority) to arrange an appointment at the hospital in the city centre. My appointment is scheduled for next week. I must wait until then. I wish we had a hospital here in our small town.*

*"As a teacher, I worked 37 years for this country. Now I am retired and I need to live in good conditions; I deserve this. However, I cannot access enough social services. Our system is not age-friendly." (W11, 66, urban)*

Thirdly, both rural and urban women highlighted that daily living difficulties and the need for physical support are the challenges they encounter.

*I still cannot use the heating system; I feel cold. Instead, I use a heater, and I have to carry wood or coal from the garden inside my house. I find this difficult. Sometimes I call neighbors, and they do not refuse me. I don't want to be a burden to them. I need to get used to the heating system to solve this problem.*

*Sometimes shopping is the most difficult task; I become stressed. I need to buy some vegetables and other necessities from the market. I don't have many relatives nearby. I need someone to carry them for me or to help me carry them.*

Based on the interviews conducted with elderly women living alone in rural areas, three interrelated themes were identified that reflect their unique challenges and experiences.

<b>Thematic categories</b>
Unmet basic human needs
Structural barriers
Gendered Expectations

Table 6. The Experiences of Elderly Women Living Alone in Rural Areas

Table 6 presents the three thematic categories identified from the interviews with elderly women living alone in rural areas. The analysis revealed three categories: unmet basic human needs, structural barriers, and gendered expectations.

Elderly women living in rural areas often reported difficulty meeting their most fundamental, unmet basic human needs.

*"I am retired; these are the ages when I will be rewarded for my labor. But I sit and think about how I will buy bread tomorrow, how I will pay the rent, how I will make ends meet." (W4, 71).*

Furthermore, the participants reported that structural barriers such as access to formal support systems, transportation, the Internet and infrastructure of the village/town they live are the other prominent issues. As a result of these kinds of absences, basic services such as healthcare, pharmacies, or government assistance were often located in distant towns, and the absence of reliable transportation posed a significant obstacle.

*"I love summers; our village is full of people. My sons and their families come to visit me, and I never get bored. When it is winter, everyone goes back to their homes. There is no phone*

*sometimes, no Internet. Whenever I want to go to the city centre near my sons, it is 45 km away and I need to change three buses to reach my destination. It is very difficult with my health problems with my knees.” (W2, 91).*

Lastly, many women described the burden of traditional gender roles that remained deeply rooted in rural life.

“As a woman, it has been very difficult for me to live alone in such a small town for 27 years. Here, remarriage of widows is not tolerated by society. I have been isolated from people. My children live in other cities. I live alone here. I wanted to get married again, but I was afraid of the reaction of the environment.” (W8, 72).

Last but not least, the interviews with elderly women living alone in urban areas revealed four major thematic categories showing their unique loneliness and experiences as the elderly.

<b>Thematic Categories</b>
Emotional loneliness
Lack of purpose and daily engagement
Difficulties with bureaucracy and digitalization
Safety concerns and fear of public places

Table 7. The Experiences of Elderly Women Living Alone in Urban Areas

Table 7 shows the four thematic categories found as a result of the interviews with elderly women living alone in urban areas. These four categories are emotional loneliness, lack of purpose and daily engagement, difficulties with bureaucracy and digitalization, and safety concerns and fear of public places.

Emotional loneliness experiences are the most common category that urban women express. Although they stated that they live in densely populated areas, many of them reported a deep sense of emotional loneliness.

*“I don’t know why I gave birth to so many children. Whenever I call, they are busy or ill. They will be very sorry when I leave this world. I even let my neighbors buy my medicine by giving them pocket money. Cruel world.” (W9, 90).*

Another category that the urban women reported is the lack of purpose and daily engagement.

*“Our days here do not last for 24 hours, I feel like 30 hours. I get up, eat, watch TV, eat again, visit my neighbor or go for a walk, eat again, watch again, and sleep. Days are the same. When you get old and have some health problems, loneliness is very difficult. My mother used to say that God should not leave anyone unemployed and having no hobby. I understand what she intended to say now, when I am at her age.” (W16, 73).*

Women living in urban areas also reported that they face difficulties with bureaucracy and digitalisation. Although formal institutions are more accessible in cities, many struggled with the increasing reliance on digital platforms for healthcare appointments, social welfare, etc.

*“The Internet came, everything fell on the phone and computer, and there is no such thing as paper anymore. I must use the Internet to make an appointment to go to the doctor from e-*

*nabız; and pay the bills from the bank online, but I don't know how to use it and I can't manage it. The new world has surpassed us.” (W15, 67).*

*“A friend of mine resisted technology for a long time, and eventually his children were forced to buy a mobile phone, which they call a smartphone. While playing the balloon popping game, she stepped on something and lost her money in the bank. We are now afraid of everything.” (W11, 66).*

Lastly, safety concerns and fear of public places are the other issues affecting women in urban areas. Many women avoided going out alone due to fear of theft, harassment, or accidents. Some mentioned that crowded areas, like public transportation or marketplaces, made them feel anxious and disoriented.

*“Every evening on television I see different cases of theft, abuse or violence against the elderly. We live in an age where people have no idea about humanity. I even tremble when the doorbell rings. May God protect us all.” (W12, 70).*

## **DISCUSSION**

This study explored the experiences of the geriatric women population living alone in both rural and urban areas of Samsun, with a particular focus on their perceptions of loneliness experiences. The research was conducted through the periods and techniques of a mixed research paradigm, including the analyses of both quantitative and qualitative methods.

As to the analyses of the quantitative data obtained, from the findings about the loneliness levels of women in rural and urban areas, there is no statistically significant difference between any sub-scales of loneliness. In other words, the place they live does not stand out as a determining variable in this regard, meaning that elderly, single women living both in rural and urban areas experience loneliness, in parallel with the findings of the former research (Prieto-Flores et al. 2011; Şentürk, 2018).

Moreover, as to the results of loneliness level by age groups, there is no significant statistical difference between the age groups and loneliness levels of women living in rural and urban areas. This finding reveals that age groups are not a determining variable on loneliness of the elderly women living in rural and urban areas, consistent with earlier research suggesting that age does not directly predict loneliness (Ferreira-Alves et al., 2014). However, other studies have documented age-related patterns in loneliness (Yang and Victor, 2011; Hawkey et al., 2022).

Taken together, this research highlights that loneliness is more closely tied to structural, social, and emotional conditions than chronological age alone. These two findings suggest that there are significant gaps in the governments' and policy responses of rural and urban areas concerning the needs of elderly women living alone. Across both settings, there appears to be a lack of coordinated and inclusive policies that recognize the specific needs of this geriatric population.

Regarding the qualitative data obtained from the interviews with the participants, it was found that despite the geographical (rural-urban) differences, elderly women living alone in both settings face similar challenges such as social isolation and loneliness, limited access to social services for the elderly, and daily living challenges and need for physical assistance. These commonalities indicate that living alone in old age, regardless of geographic context, poses

fundamental risks to well-being, particularly regarding emotional support, access to care, and functional limitations.

However, context-specific themes emerged when the rural and urban groups were analyzed separately. As for the unique challenges that elderly women living alone in rural areas face, three categories seem to emerge: unmet basic human needs, structural barriers, and gendered expectations that restrict women even in old age. These findings emphasize how rural settings exacerbate social isolation and reinforce traditional gender norms and roles, making independence more difficult for elderly women.

Moreover, the interviews with urban elderly women revealed four distinct thematic categories: emotional loneliness, lack of purpose and daily engagement, difficulties with bureaucratic and digital systems, and safety concerns in public places. These findings obtained from the qualitative data revealed similar findings of the previous research, stating that there are some differences between the well-being, psychological status and some other factors of the elderly living in rural and urban areas (Beltrame et al., 2012; Mudey et al., 2011).

Considering these findings as a whole, when viewed through the lens of intersectionality, the experiences of elderly women living alone in both rural and urban areas reflect not only the impacts of aging and gender but also those of their place of residence. Drawing on the works of Collins (2000) and Özkazanç (2017), this study adopts a feminist perspective that is inclusive of differences among women, while both recognizing a shared sense of womanhood and femininity, and acknowledging that women simultaneously occupy multiple disadvantaged positions. Their experiences of oppression are shaped by the intersection of various social identities (Yuval-Davis, 2006). As Matsuda (1991) emphasizes, these intersecting dimensions do not operate in isolation but converge to produce unique forms of disadvantage, as evidenced by the distinctive findings from elderly women in rural and urban settings.

Within the context of this research, both in rural and urban settings, being lonely old women often means facing multiple layers of vulnerability. The intersectional approach reveals that aging and gender do not operate in isolation; rather, they interact with structural and contextual inequalities, producing differentiated experiences of loneliness. The disadvantages reported by elderly women largely align with findings from previous studies that highlight the gender-related vulnerabilities faced by elderly women (Korkmaz-Hoşoğlu and Ümmet, 2021; Yelboğa and Gündoğ, 2025; Caetano, Silva and Vettore, 2013); poverty (Gül, 2018; Daniş, 2009; Onur, 2017); and social isolation (Kalınkara, 2017; Holt-Lunstad, et al., 2015; Christina et al., 2000). Therefore, understanding elderly women's loneliness requires a multidimensional perspective that considers how geography, identity, and social systems shape lived experiences.

Considering all these findings, the study also has certain limitations. The research was conducted in the districts of İlkadım, Ladik, Atakum, and Ondokuzmayıs in Samsun; it was based on a limited sample of women aged 65 and over who live alone. Data were collected through surveys and in-depth interviews. Furthermore, the study focused solely on the experiences of elderly women living alone, therefore, excluding the experiences of other family members from the scope of the research. For these reasons, the findings may not fully represent all elderly women living alone in both rural and urban areas. Consequently, it is recommended that similar studies be conducted in broader geographical regions and include women whose identities intersect with other forms of disadvantage, to achieve a more comprehensive and inclusive understanding of geriatric loneliness.

## RESULTS

- There is no statistically significant difference in any sub-scales of loneliness ( $p > 0.05$ ).
- There is no significant statistical difference between the age groups and loneliness levels of women living in rural and urban areas ( $p > 0.05$ ).
- Three common thematic categories were found as a result of the interviews with elderly women living alone in rural and urban areas. These three categories are social isolation and loneliness, limited access to social services for the elderly, and daily living challenges and the need for physical assistance.
- Three thematic categories were identified from the interviews with elderly women living alone in rural areas. The analysis revealed three categories: unmet basic human needs, structural barriers, and gendered expectations.
- Four thematic categories were identified from interviews with elderly women living alone in urban areas. These categories are emotional loneliness, lack of purpose and daily engagement, difficulties with bureaucracy and digitalisation, and safety concerns and fear of public places.

## DECLARATIONS

- Ethics approval and consent to participate: Ethical approval for this research was obtained from Ondokuz Mayıs University Social and Human Sciences Research Ethics Committee with the number 2015 on 25.07.2025; and the research was conducted in accordance with the Helsinki Declaration. Before the surveys and interviews, written consent from the participants—referred to as 'Consent to Participate'—was obtained, and the consent was informed. The information collected from participants did not include specific questions or expressions revealing their personal details. Codes such as W1, W8 were used to assign names to each interview form.
- Consent for Publication: Were taken from the participants and can be presented upon request.
- Availability of data and materials: The data can be shared with you upon request.
- Competing Interests: No conflict of interest exists in this research.
- Funding: The author received no financial support.
- Author's contributions: 100% the sole author.
- Clinical trial number: not applicable.

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