

Loneliness and the changing care landscape for the elderly in Albania

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ABSTRACT

Albania is currently experiencing a notable demographic shift marked by a substantial increase in its aging population, aligned with the theory of demographic transition. With an emphasis on senior care processes and the prevalence of loneliness among the elderly, this paper explores the difficulties presented by this demographic transition. Key factors of loneliness, such as age, health status, frequency of social interactions, internet access, and the presence of close social ties, were discovered using logistic regression analysis on data from the “Elderly and Loneliness” survey carried out in Albania. As conventional family structures deteriorate and migration continues to influence care dynamics, the results highlight the vital role that comprehensive care systems play in reducing loneliness. To enhance the well-being of Albania’s senior citizens, the report emphasizes the urgent need for legislative changes that prioritize digital inclusion, long-term care infrastructure, and community-based social support networks. This study offers an approach for tackling the dual issues of loneliness and caregiving in an aging society by tying empirical findings to practical suggestions.

KEYWORDS

aging population; elderly care; loneliness; long-term care; care drain

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1. Introduction

Albania is undergoing a significant shift marked by a decline in the overall population and a simultaneous rise in the elderly, challenging the country's social fabric. By 2050, the percentage of people 65 and older is expected to increase from 16% in 2022 to about 29% (IOM 2022). The social fabric of Albania faces significant challenges because of this change, as well as falling fertility rates, younger generations leaving the country, and the breakdown of traditional family caregiving systems. In Albanian society, elderly people are among the most vulnerable groups due to the growing problems of social isolation, economic instability, and insufficient care services. One of the most pressing issues among the elderly is loneliness, which has been widely recognized as a significant risk factor for mental and physical health problems, as well as a barrier to successful ageing (Holt-Lunstad et al. 2015). In Albania, approximately 24% of elderly individuals experience severe or extreme loneliness, with this figure expected to grow as the population continues to age (Keck 2022). While the problem of loneliness is well-documented globally, there is limited research that explores its specific determinants within Albania's unique socio-economic and cultural context.

The results of the 2021 "Elderly and Loneliness" survey, which first used a linear regression model to pinpoint broad risk factors for loneliness among the elderly, are the foundation of this study. This study uses logistic regression to provide a more comprehensive examination of the factors that contribute to severe loneliness.

Furthermore, Albania, a country going through major demographic changes that have significantly altered traditional caregiving methods, is the focus of this study.

The aim of this study is to investigate the interplay between demographic aging, caregiving practices, and loneliness among Albania's elderly population. Using data from the "Elderly and Loneliness" survey, this study identifies key determinants of loneliness, including health status, age, and social interactions, and examines their implications for senior care policies. By bridging empirical insights with theoretical frameworks like the life course approach and successful aging model, this paper aims to provide actionable recommendations for addressing Albania's evolving care challenges while also examining the relationship between demographic ageing, caregiving practices, and loneliness among the country's elderly population.

This paper is structured as follows: the next section provides an overview of Albania's demographic development and the socio-economic conditions of its elderly population. This is followed by a detailed discussion of caregiving practices and their gendered dimensions, with an emphasis on how migration and socio-cultural changes have disrupted traditional

support systems. The empirical findings, based on logistic regression analysis, are presented to highlight the key determinants of loneliness among elderly Albanians. Finally, the paper concludes by proposing policy interventions to mitigate loneliness and improve care for Albania's aging population.

2. Background and context

2.1 Demographic development

Albania, as one of the last countries in Europe, is now experiencing the impact of population aging, a phenomenon characterized by a progressively larger proportion of older individuals within the overall population. Over the past two decades, the country has undergone an unprecedented demographic shift, witnessing a notable increase in the proportion of elderly individuals, defined as those aged 65 years and older. Simultaneously, there has been a corresponding decline in the proportion of children and young adults.

The demographic transition signals a significant change in the age distribution, necessitating policymakers to foresee and tackle the far-reaching consequences that will materialize over the coming decades. This demographic shift affects political, social, and economic domains, presenting both opportunities and challenges for the country's future. Policymakers must strategically plan and adopt flexible policies to address these changes, ensuring the requirements of various age groups are met. Between 2011 and 2022, the total population in Albania decreased by approximately 130,000 inhabitants, reflecting a decline of nearly 4.4% (INSTAT 2023). This period marked a reduction of 5.5% among males and 3.3% among females, underscoring the dynamic nature of Albania's population landscape.

Over the same period, the median age increased significantly from 32.6 years in 2011 to 38.8 years in 2022, reflecting the country's demographic aging dynamics. The life expectancy trend has also shifted, with a slight initial increase before the COVID-19 pandemic reduced empirical values. While the proportion of children (0–14 years) decreased from 21.1% in 2011 to 16.2% in 2022, the elderly population (65+) increased from 11.2% to 16.1%. Projections indicate that by 2050, the elderly population will increase to 29% of Albania's total population (IOM 2022). These trends show the urgency of addressing the needs of an aging population through good planning and proactive policy interventions.

The shifting age structure is reflected in Albania's dependency ratios. While the young-age dependency ratio declined from 31.2% in 2011 to 23.9% in 2022, the old-age dependency ratio increased from 16.5% to 23.8% over the same period. Projections for 2050 suggest that the young-age dependency ratio will

continue to decrease, while the old-age dependency ratio will rise sharply to 46.9% (IOM 2022). This transition highlights the closing of Albania's demographic window of opportunity and emphasizes the critical need for policies that address the social and economic implications of an aging population.

2.2 Albanian care practices and gender roles

Complex dynamics influenced by social, cultural, and historical aspects are revealed when the care practices of Albanian households are examined. Strong ties between generations and extended family structures have long been features of Albania, and they have historically encouraged elder care. However, this paradigm has been upset by huge emigration, especially among younger generations, which has left many older people living alone and at higher risk of social isolation.

Since women have traditionally performed the majority of unpaid caregiving duties, the care industry is still strongly gendered. Even though women's rights made great strides under communism, traditional gender norms still hold sway in the post-communist era. The state's role in providing social aid was greatly reduced, and the family was repositioned as the main social network. Consequently, women are disproportionately responsible for providing care, which exacerbates gender inequality (Gjonca, Aassve, and Mencarini 2008).

Caregiving methods and family structures have been further altered by migration. Emigrants' remittances are an important source of revenue that support "transnational caring practices" such as frequent trips back to the place of origin, long-distance communication, and financial support (Baldassar 2007). These methods, however, frequently can't fully replace providing direct care. According to De Soto et al. (2002) and King and Vullnetari (2006), many elderly Albanians, especially those living in rural regions, have become "orphan pensioners," abandoned by emigrant children and left with little social support.

Albanian family structures are changing from extended to nuclear, bringing with them both new potential and challenges. Even if it's becoming more and more necessary, outsourcing elder care frequently goes against the norm. According to research, between 85 and 90 percent of older people want to age in place (AARP 2021), but there are still few official long-term care options available. Women caregivers, especially older women themselves, are disproportionately affected by this dependence on family care, which prolongs stress and task imbalances (HelpAge International 2017).

2.3 Situation of the elderly in Albania

The elderly population of Albania is particularly vulnerable due to their socioeconomic and health

situations. The number of elderly people in Albania is expected to almost double by 2050, which will make the sustainability of the nation's social structures difficult to maintain (IOM 2022). Many older people have financial instability and are frequently unable to meet their fundamental necessities, such as having access to prescription drugs. Hospitalization is common for people with serious illnesses, but without family caregivers, they experience social and physical isolation (ASAG 2015).

Elderly people get much lonelier when their children migrate and leave them behind. According to a 2017 Albanian Network of Ageing survey, 8% of senior citizens reported no interaction with friends or relatives, with social isolation being more common among women and the extremely old (UNFPA 2019). The psychological effect that loneliness takes on people's health and well-being is shown by these findings. The elderly are further marginalized by social isolation, which is exacerbated by the ending of job relationships. This reduces their prospects for meaningful engagement in society.

Interventions to improve chances for voluntary labor and encourage community involvement are crucial, even while state services are still insufficient to meet these issues. Comprehensive policy initiatives that incorporate social, economic, and health dimensions are necessary to address loneliness and enhance caring systems (UNFPA 2019).

3. Introduction to the theoretical framework

A solid theoretical basis is necessary to comprehend the factors that contribute to loneliness in the elderly. This study conceptualizes and analyzes loneliness in the Albanian context using three major frameworks: the life course approach, the theory of successful aging, and attribution theory. Together, these ideas shed light on the behavioral, psychological, and social elements that contribute to loneliness. They also serve as a framework for interpreting research results and developing policy recommendations.

In their idea of successful aging, Rowe and Kahn (1997) highlight the difference between "usual ageing" and "successful ageing." The latter is characterized as a process by which people preserve their cognitive and physical abilities, resist off illness, and actively participate in life. This biological paradigm emphasizes that retaining independence and leading a healthy lifestyle are essential elements of aging successfully. According to effective aging theory, loneliness in the elderly is influenced by social interaction and physical health in the context of this study. More social isolation and less social engagement are frequently linked to poor health, less mobility, and impaired cognitive functioning, which increases one's vulnerability to loneliness. This study supports

the ideas of successful aging by identifying important factors of loneliness, such as health and social interaction frequency, and emphasizes the necessity of interventions that support active and independent living among Albania's senior citizens.

According to the life course theory, aging is a dynamic process that is influenced by a person's lifetime interactions with social, economic, and biological elements (Dannefer 2003). This viewpoint questions fixed ideas of "natural stages of life" and emphasizes how aging outcomes are influenced by a combination of experiences, such as social settings, personal habits, and life events (Townsend 2007). This approach is especially pertinent in the Albanian setting, where conventional caregiving practices have been significantly altered by migration, demographic shifts, and socioeconomic changes. For instance, many older people are socially isolated as a result of the dissolution of intergenerational housing patterns and the emergence of transnational caregiving practices. The life course approach emphasizes how critical it is to address loneliness risk factors at an early age because they build up and become apparent as people age. Later in life, policies that promote healthy behaviors and enhance social networks in order to reduce risk factors in childhood and middle age are likely to improve mental and physical health (Walker 2002).

Attribution theory (Lunt 1991) provides a psychological lens to understand how loneliness may become chronic. According to this theory, lonely individuals often attribute their loneliness to uncontrollable external causes, which perpetuates dysfunctional attitudes such as fear of rejection, social embarrassment, and high levels of social anxiety (Marangoni and Ickes 1989). These negative attributional styles can create a cycle of avoidance and further isolation, exacerbating loneliness. Attribution theory clarifies how psychological elements interact with sociocultural shifts to impact loneliness in the Albanian setting, where social and familial bonds are rapidly changing. One potential strategy to lessen social isolation among older persons is the usage of the internet. By creating a sense of connection and belonging, online relationships can help fight loneliness, especially for older people who are not physically close to their family and friends. How these virtual encounters could lessen negative self-perceptions and encourage constructive social participation is explained by attribution theory.

The three theories provide a framework for comprehending loneliness among the elderly in Albania. While the life cycle approach stresses the cumulative impact of behavioral and socioeconomic factors over time, successful aging theory places more emphasis on the importance of health and social engagement. From a psychological point of view, attribution theory explains how unhelpful cognitive habits can contribute to loneliness. These frameworks work together to direct the study of loneliness and provide guidance for the formulation of policy suggestions intended

to reduce social isolation and enhance the welfare of Albania's elderly population.

4. Data and method

This study is based on individual-level data collected through the "Elderly and Loneliness" survey conducted in 2021. The survey was a collaborative effort between University College London (UCL), UNFPA Albania, and the Institute of Statistics (INSTAT), which oversaw its implementation and data collection. The primary objective of the survey was to establish a standardized methodology for generating, analyzing, and disseminating indicators to enhance understanding of Albania's elderly population (refer to Keck for the technical report).

The target population consisted of individuals aged 65 to 85 years, with an equal gender distribution. A multi-stage stratified sampling approach was used to ensure representativeness at the national level, with stratification by region and proportional allocation based on population size. The sample consisted of 1,106 respondents, carefully selected to ensure national-level representativeness through a multi-stage stratified sampling approach. Key demographic characteristics of the sample are:

- sex distribution: 50% females and 50% males
- median age: 71 years old

By delineating these indicators across demographic and social dimensions, the survey seeks to provide a comprehensive and nuanced perspective on the circumstances of the elderly population in Albania, contributing valuable insights to address and improve their overall well-being.

In order to go deeper to the factors and specificities of the factors that the elderly in Albania face for being or feeling lonely. Logistic regression analysis is used to statistically explain the factors of feeling lonely. Our dependent variable is Loneliness, which was derived using 11 items on the De Jong Gierveld Loneliness Scale. This was collapsed into a binary variable distinguishing between those who feel moderately lonely (58%) or do not feel lonely at all (18.5%) and those who feel severely (19%) and extremely lonely (4.3%). Self-perceived health status, which was measured categorically and collapsed into three answer options: good and very good (35%), fair (45.5%), and bad (22.1%). The availability of an internet connection at home, which is a binary variable, yes (45.5%) or no (54.5%).

As explanatory variables we took some specific questions which shown to be significant when explaining the dependent variable. The explanatory variables are:

1. Age
2. Frequency of meeting friends and family members
3. Health status
4. Availability of internet connection

5. Results

According to the findings of the report (Keck 2022), variables such as: age, frequency of interactions with friends and family members, and having friends and family members to talk to were significant in our analysis. Tab. 1 provides bivariate evidence supporting the hypotheses that elderly individuals who experience loneliness are more likely to report poor health, lack internet access, have fewer close friends and family members to talk to, and engage less frequently in social interactions with friends. Additionally, as highlighted in the report by Keck (2022), the analysis reveals that the median age of elderly individuals who feel lonely is higher compared to those who do not experience loneliness, aligning with expectations.

The control variables show the expected associations, indicating that they represent alternative influences on loneliness. Specifically, we used the level of satisfaction with the financial situation and the marital status (married or not married/widowed, divorced or single) as control variables. Previous studies have repeatedly shown that financial instability and marital status are important factors influencing older individuals' feelings of loneliness. Higher degrees of loneliness are closely associated with marital status, especially being widowed or divorced, as a result of the loss of the social and emotional support that a partner used to provide. For instance, Essex and Nam (1987) pointed out that elderly women's loneliness is significantly influenced by their marital status, especially when they don't have close family or friends. According to Victor, Scambler, and Bond (2009), widowed or single people are more prone to feel lonely in later life, but marriage acts as a buffer against social isolation. Since it restricts older persons' capacity to participate in social activities and uphold meaningful connections, financial instability has also been recognized as a significant driver. In their meta-analysis, Pinquart and Sörensen (2010) discovered that loneliness is significantly predicted by economic insecurity, especially for people who have little access to resources or community services.

Multivariate analysis was conducted using logistic regression to examine the independent effects of various predictors on loneliness. This approach allowed us to assess the contribution of each variable (e.g., age,

health status, internet access, social interaction) while controlling for the influence of others. The analysis was conducted in three steps, starting with core predictors in Model 1, followed by the inclusion of financial satisfaction in Model 2, and finally adding marital status variables in Model 3. The results are presented as odds ratios, with decreasing -2 Log-Likelihood values across models indicating improved model fit.

As illustrated in Model 1 below, an increase in age is associated with higher odds of feeling lonely. Specifically for each additional year of age, the odds of feeling lonely increase by 1.419 times. Moreover, our analysis revealed that individuals who reported meeting friends or family members less frequently were more likely to feel lonely. Individuals who do not interact at all with friends and family members have a 5.6 times higher probability of feeling lonely compared to those who meet daily. Health status is a crucial factor that influences feelings of loneliness. It affects various aspects of an individual's life, including their quality of life, social interactions, and social support, which in turn can impact feelings of loneliness. In your analysis, health status was assessed using a question that asked individuals to evaluate their general health. The results indicate that individuals who rated their health status as poor were 6.2 times more likely to feel lonely. These findings suggest that there is a significant association between health status and loneliness, with poorer health status being associated with higher odds of feeling lonely. In our study on loneliness among the elderly in Albania, we investigated the impact of having an internet connection at home on feelings of loneliness. The availability of internet connection was seen as a facilitator for staying in touch with friends and family members, potentially mitigating feelings of social isolation.

Our findings revealed that individuals who reported not having an internet connection at home were 1.67 times more likely to feel lonely compared to those who had access to the internet. This suggests that internet connectivity plays a significant role in shaping social interactions and support networks, particularly among the elderly population. These results underscore the importance of digital connectivity in combating loneliness, especially in contexts where physical interactions may be limited. Policies and interventions that promote internet access and

Tab. 1 The incidence of feeling lonely by health status, internet access, frequency of meeting friends and family members and median age.

	Good and very good health	Fair health	Poor health	Internet connection at home (yes)	Internet connection at home (no)	Meet friends frequently (yes)	Meet friends frequently (no)	Median age
No Lonely	92%	76%	55%	85%	69%	81%	59%	70 years
Lonely	8%	24%	45%	15%	31%	19%	41%	74.5 years
Total	100%	100%	100%	100%	100%	100%	100%	

Note: all differences are statistically significant at $p < 0.01$, $N = 1106$.

Tab. 2 Loneliness: Odds ratios from logistic regression models.

	Model		
	1	2	3
Age	1.419	1.510	1.371
Health status (good and very good)			
Fair	3.443	2.723	2.864
Poor	6.208	4.585	4.721
Internet connection at home (no)	1.672	1.515	1.423
Family and friends interactions (daily)			
Once or twice a week	2.705	2.543	2.447
Once a month or less	4.695	4.216	4.162
No friends or family members	5.628	4.912	4.662
Satisfied with financial situation (no)		2.004	1.973
Not married (widowed, divorced or single)			1.623
-2LL	991.012	978.479	966.067
Nagelkerke R Square	0.247	0.262	0.271
N	1106	1106	1106

Note: The dependent variable is Loneliness. In the table are given the odds ratios. All coefficients are significant at $p < 0.05$.

digital literacy among the elderly could help enhance social connectedness and reduce feelings of loneliness in this vulnerable population.

Models 2 and 3 in Tab. 2 add an additional control variable each to demonstrate the robustness of the findings. The addition of these variables does not increase the model fit significantly, nor are the explanatory variables affected in a substantive way. The reduction factors calculated between Model 1 and the subsequent models (Model 2 and Model 3) indicate that the odds ratios for the primary predictors of loneliness, such as age, health status, internet connection, and social interactions, experience only minor changes after adding control variables. Specifically, the reductions in odds ratios for key variables, such as health status (fair and bad), internet access, and family and friends' interactions, remain modest, ranging between approximately 5% and 27%. These changes are within acceptable limits and do not alter the direction or significance of the predictors.

Variables like financial satisfaction and marital status refine the model by explaining additional variance in loneliness. However, they do not fundamentally alter the relationships observed in Model 1. The reduction in likelihood values (-2LL) indicates a slight improvement in model fit with the addition of controls without fundamentally altering the primary findings.

For reasons of multicollinearity and lack of strong theoretical reasons we have refrained from adding additional variables in the models presented here; the models presented in Tab. 2 have a VIF less than 1.3 suggesting that multicollinearity is not a concern. Additional tables presenting the significance of the variables in the models are provided in Appendix 1 and Appendix 2 for further reference.

6. Limitations

A number of limitations should be noted, even if the survey offers insightful information about the variables affecting loneliness among Albania's senior citizens. First, the study's cross-sectional design limits the capacity to draw conclusions about the causal relationship between loneliness and the factors that were found. To determine causal linkages and look at changes over time, longitudinal studies would be required.

Second, using self-reported measures raises the possibility of response bias. Due to personal views or social desirability bias, loneliness and health status are subjective experiences that may be overstated or underreported. This is especially true for sensitive topics like loneliness, which in some cultural contexts may be stigmatized and cause respondents to give responses they feel are more acceptable in the eyes of others.

Third, some qualitative aspects of loneliness and caregiving that could offer a deeper understanding of the underlying social and emotional dynamics are not included in the study. For example, the study does not adequately address the role of informal caregiving arrangements, personal coping strategies, and cultural norms.

7. Discussion

7.1 Key determinants of loneliness

This study demonstrates the complex connection between demographic aging, loneliness, and caregiving challenges in Albania. The results highlight several important factors that contribute to loneliness among the elderly, such as age, social interaction frequency, health status, internet access, and the availability of close social connections. Although these findings are consistent with findings on loneliness in aging populations around the world, they also highlight difficulties that are specific to Albania's sociocultural and economic context, especially regarding caregiving practices.

Our analysis of loneliness among the elderly in Albania highlights several significant factors. Age was found to be positively associated with loneliness, with each additional year of age increasing the odds of feeling lonely. Frequency of interactions with friends and family members also played a crucial role, with less frequent interactions leading to higher odds of loneliness. Furthermore, having close friends and family members to talk to was found to be protective against loneliness, findings which are in line with the study report on Loneliness and Social Isolation in Eastern Europe and Central Asia.

Even though health status and availability of internet connection at home seemed to be insignificant to explain the loneliness, for Albania these factors turned up to be significant. According to a number of studies

older adults who use the internet report feeling less lonely (Cotten, Anderson, and McCullough 2013; Morris et al. 2014). Elderly people now have a new means of communication with their peers, families, and the wider community – the internet (Khvorostianov 2016). A study by Sum et al. (2008) reports that seniors who use the internet more frequently for communication report that they feel less socially isolated.

When it comes to helping older people who are less mobile because of their health issues maintain social connections, the internet can be especially helpful (Heo et al. 2015). Unfortunately, having physical health problems can lead to loneliness as well as be a cause of it. This is especially true if those problems make it difficult for a person to engage in social activities. When taken as a whole, these detrimental impacts on physical health could help to explain why loneliness raises the risk of dying (HoltLunstad et al. 2015). Living alone and having poor health makes it 10 times more likely to feel lonely than living with someone and having good health (Sundström et al. 2008).

Health status emerged as a key factor influencing loneliness, with individuals reporting fair or poor health status being significantly more likely to feel lonely compared to those with good or very good health, while the availability of internet connection at home was found to be associated with lower odds of loneliness, highlighting the importance of digital connectivity in combating social isolation among the elderly.

7.2 Challenges in caregiving practices

Economic constraints have further compounded the lack of formal care systems, as many elderly people lack the financial means to access private care services or the digital tools necessary to stay connected with family members. According to the empirical findings, there is a significant gap in the availability of formal long-term care services in Albania. The lack of a robust care infrastructure places an overwhelming burden on families, especially women, who continue to handle the majority of caregiving responsibilities. However, migration and the resulting “care drain” have weakened the capacity of families to provide consistent support, leaving many elderly people at risk of social marginalization and neglect. Albania lacks an official definition of long-term care, resulting in no formal system. Provisions are found in various laws, but they do not establish a comprehensive, complementary system. In Albania, older people’s long-term care heavily relies on informal care, with working adult children hiring informal workers.

7.3 Policy implications

The results point to several legislative measures that could close the gap between the infrastructure and the needs of caregiving:

1. **Creating a formal long-term care system:** The development of an integrated care system that offers senior citizens accessible and affordable care must be a top priority for policymakers. This covers residential facilities, day centers, and home-based care.
2. **Strengthening community-based support:** By encouraging social interaction and relationships, community-based activities like volunteer programs and senior activity centers may reduce loneliness.
3. **Encouraging digital inclusion:** Programs that improve seniors’ digital literacy and offer reasonably priced internet services ought to be put into place, as internet access plays a crucial part in reducing loneliness.
4. **Addressing gendered caregiving burdens:** By encouraging fair caregiving behaviors and offering official support networks, policies must recognize and reduce the unequal burden that women bear when providing care. Caregivers’ physical and mental well-being and skills-based care competencies are crucial for older people’s care, as they often form a critical part of the unpaid workforce.

7.4 The link between loneliness and care systems

This study clearly shows the link between loneliness and providing care. Loneliness is significantly predicted by both poor health and a lack of social connections, which are indicative of larger issues with Albania’s care system. The results emphasize the necessity of a comprehensive approach to caregiving that promotes social inclusion, emotional well-being, and physical health. This necessitates a change from depending on family care to a more structured system that can sustainably and fairly address the requirements of Albania’s aging population.

While this study provides important insights, future research should explore the intersection of caregiving and loneliness in greater depth. Longitudinal studies are needed to assess the impact of emerging care policies and interventions on the well-being of Albania’s elderly population.

8. Conclusions

The aging dynamics of Albania’s population are considerably high, even though we are not too far from the beginning of this unavoidable long-term process. The observed changes are entirely in line with the theory of demographic transition. The demographic process of population ageing poses a strong task to policy makers and civil society organisations to address such issues and to create opportunities for the increasing shares of elderly to participate in today’s and tomorrow’s society in an active and productive way. The landscape of care practices among

Albanian households is shaped by the complex interactions between historical legacies, cultural norms, migratory patterns, and economic realities. Comprehending these relationships is crucial in tackling the obstacles encountered by the elderly and cultivating more just and encouraging caring structures.

Research revealed that the lack of a formal long-term care system puts elderly people in an unsafe and vulnerable condition that is seriously dangerous for their physical and mental health, even with the new legislative measures in the social and protective system (Jorgoni and Musabelliu 2021). An important social and economic role is played by long-term care. It helps safeguard the basic rights of individuals in need of care and ensures their well-being and life in dignity. Additionally, it lessens inequality, enhancing social justice and generational unity. Family members may be forced to provide care when there is insufficient formal long-term care, which may have a detrimental effect on their health and general well-being.

Having into consideration the changing family structures and the demographic projections on population decline, the importance to establish a Long-Term Care system has become a priority. The weakening of traditional family links and bottlenecks of social and protection welfare systems, place a great burden on care delivery for elder populations who are faced with socio-economic constraints and social isolation. Older people in Albania are excluded from the opportunity to have a decent life, due to their inability to afford their daily life expenses, social exclusion and isolation. Therefore, due to recent social and demographic changes, and inadequacies of care infrastructure, Albania is faced with the “care drain” phenomenon, which has led to increased demand for an efficient and integrated care system for elder persons. Having in mind the decentralization reform and the fact that services should be closer to citizens, there is a need for enhancing community-based social care and healthcare services for elderly people.

A thorough, multidimensional approach to senior care that incorporates social, economic, and digital aspects is necessary to meet these issues. Priority should be given to the establishment of a formal long-term care system that provides accessible and reasonably priced residential, community-based, and home-based care options. By encouraging relationships among the elderly, community assistance services like senior activity centers and volunteer programs can encourage social inclusion and lessen loneliness. Programs for digital inclusion that improve internet access and digital literacy are also essential for increasing social involvement and opening up new channels for interaction and communication. In addition, gender-sensitive policies are necessary to provide a more equitable distribution of caregiving obligations and lessen the burden of caregiving on women.

From a broader perspective, this study emphasizes how Albania must move away from an excessive dependence on unofficial caregiving and toward a more organized and long-lasting care system. Designing and implementing policies that meet the needs of an aging population while advancing social justice and generational parity requires cooperation from local communities, civil society organizations, and policymakers. Building resilience in the face of demographic changes and creating an atmosphere that allows the elderly to age with health, dignity, and active engagement in society must also be the main goals of such initiatives.

Future research should use longitudinal methods to examine the long-term effects of new policies and interventions, even if this study offers insightful information on the factors that contribute to loneliness and caregiving difficulties in Albania. Furthermore, more research into technology’s involvement in managing loneliness and community-based solutions may provide creative avenues for enhancing senior citizens’ quality of life.

In conclusion, there are opportunities as well as challenges associated with Albania’s demographic shift. Albania can create a more welcoming and encouraging care system by addressing the social, emotional, and physical needs of the elderly through comprehensive policies and initiatives. In order to guarantee the health and dignity of its aging population in the years to come, proactive steps to improve social inclusion, advance digital literacy, and create official caring structures are essential.

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Appendix 1 Logistic regression results for predictors of loneliness among elderly in Albania.

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Age	0.316	0.135	5.507	1	0.019	1.371	1.053	1.786
Health status (good and very good)			37.306	2	0.000			
Fair	1.052	0.234	20.300	1	0.000	2.864	1.812	4.527
Bad	1.552	0.254	37.265	1	0.000	4.721	2.868	7.771
Internet connection at home (no)	0.353	0.175	4.085	1	0.043	1.423	1.011	2.004
Family and friends' interactions (daily)			36.547	3	0.000			
Once or twice a week	0.895	0.213	17.652	1	0.000	2.447	1.612	3.715
Once a month or less	1.426	0.246	33.602	1	0.000	4.162	2.570	6.741
No friends or family members	1.539	0.445	11.952	1	0.001	4.662	1.948	11.159
Satisfied with financial situation (no)	0.680	0.202	11.318	1	0.001	1.973	1.328	2.932
Not married (widowed, divorced or single)	0.484	0.171	7.994	1	0.005	1.623	1.160	2.270
Constant	-4.237	0.330	165.287	1	0.000	0.014		

Appendix 2 Collinearity diagnostics for predictors in logistic regression model.

Collinearity test			Standardized coefficients	t	Sig.	Collinearity statistics	
			Beta			Tolerance	VIF
(Constant)	-0.338	0.081		-4.180	0.000		
Age	0.051	0.021	0.073	2.424	0.016	0.841	1.189
Health status	0.119	0.018	0.210	6.673	0.000	0.766	1.305
Internet connection at home	0.052	0.025	0.061	2.104	0.036	0.897	1.114
Interactions with friends and family members	0.098	0.016	0.181	6.269	0.000	0.910	1.099
Satisfaction with financial situation	0.090	0.027	0.104	3.360	0.001	0.793	1.261
Marital status	-0.078	0.026	-0.086	-2.939	0.003	0.893	1.120

Note: Dependent variable: LONELINESS