Loneliness and Social Health: A Study in Individuals Participating in Recreational Activities

Ersan Tolukan[1] [iD] Aydıner Birsin Yıldız[2] [iD] [3]Buket Etlioğlu [iD]

[1]Ankara Yıldırım Beyazıt University, Faculty of Sport Sciences, Ankara-Turkey, 0000-0002-7769-9580, ersan_et@hotmail.com
[2]Ankara Yıldırım Beyazıt University, Faculty of Sport Sciences, Ankara-Turkey, 0000-0002-3767-1057, aydinerbirsinyildiz@hotmail.com
[3]Ankara Yıldırım Beyazıt University, Institute of Health Sciences, Ankara-Turkey, 0009-0000-6714-9975
✉Corresponding Author: aydinerbirsinyildiz@hotmail.com

ABSTRACT

In this study, it was aimed to examine the relationship between loneliness level and social health in individuals participating in recreational activities. The research group consisted of 300 people who participated in the study by random sampling method on the basis of volunteerism. Personal Information Form, Loneliness Scale and Recreational Social Health Scale were used as data collection tools. All analyses were performed using the SPSS 22 package program, taking into account the significance level of "p<.05". According to the findings obtained, it was determined that the study group did not have any participants with poor social health and the loneliness levels of the participants were concentrated in the medium and not lonely class. In the dimensions of time, communication, happiness/satisfaction and social health, it is seen that the scores of men are higher than women. There was a significant difference between the scores obtained in time and social relationship dimensions in terms of age and weekly leisure time variables. In terms of the time of participating in recreational activities, it was found that there was a significant difference in the dimensions of social and emotional loneliness and time, social health and loneliness. On the other hand, it was determined that loneliness and social health had an inverse relationship. As a result, it can be said that women feel more lonely and have lower levels of social health compared to men and that time spent participating in recreational activities may have positive effects on loneliness and social health.

Keywords: Recreation, Loneliness, Social Health

INTRODUCTION

Although the concept of health is a concept that every society has emphasised since the existence of man, the meaning attributed to it has changed in terms of conditions, society, culture and time. While it was initially accepted only as "being physically healthy", it has changed over time and the psychological and social status of the individual has also started to be taken into account (Erkoç, 2019). Today, health is not only considered as "the absence of disease or disability" but also as "a state of complete physical, mental and social well-being" (WHO, 2006). According to this definition, health consists of three dimensions: physical, social and spiritual. These three dimensions directly affect each other. However, although social health is one of these three dimensions, it is still a dimension that is less understood and therefore less taken into account compared to physical and mental health dimensions (Turancı and Eşiyok, 2021). For this reason, research centred on the concept of social health is important for the literature and its results are important for social life.

Social health is the absence of negative situations that will impair health in the environment where people live, work, etc. (Yuvalı, 2015). In other

words, it is the ability of the individual to communicate with the society and to exhibit common behaviours (Ulutürk, 2015). Although these conditions are shaped by political, social and economic forces (Islam, 2019), the individual should be able to cope with changing conditions and create the best social system to be in happiness and peace (Şener, 2021).

According to the National Health Portal (NHP, 2019), social health is a state of well-being. In order for the individual to be prosperous in this sense, instead of living a life based on loneliness and selfishness, he/she should live a life based on communication and empathy with others. Because selfishness poses a threat to both the individual and the environment as a cause of stress and depression (Erkoç, 2022; NHP, 2019). In fact, humans are social beings by nature and need to interact with other individuals. Individuals feel loneliness (Uzuner and Karagün, 2014; Park et al., 2006) when they establish fewer relationships than they desire or when they cannot achieve the closeness they desire (De Jong Gierveld, 1987).

Loneliness is analysed in two dimensions: social and emotional. Social loneliness is the lack of a social network with which an individual can share his/her feelings and thoughts or world view. Emotional loneliness is caused by the lack of a really close bond such as a lover, spouse, parent, child (Sawir et al., 2008). The feeling of loneliness can adversely affect people's social, physical and mental health. In this respect, it is considered as a growing public health problem today (Eres et al., 2021). In order to stay away from these conditions, individuals can participate in recreational activities (Aksu et al., 2022).

The word recreation comes from the Latin word "recreation", which means "renewal, recreation". It is a means of life in which the individual can fulfil his physical, social and spiritual needs without feeling an obligation (Beltekin and Ilkım, 2020). Individuals can participate in recreational activities actively or passively according to their own wishes (Lu and Hu, 2005). Recreational activities are of great importance for individuals, as individuals participating in recreational activities can get away from their environment, renew themselves and return to their daily lives with high motivation (Emel, 2016). Individuals turn to recreational activities in order to live healthy and relax both physically, socially and mentally. While participating in recreational activities, they can meet their needs such as acceptance, closeness and socialisation from the people or groups they interact with (Demir et al., 2012). In line with meeting these needs, it can provide great benefits, especially in coping with loneliness and indirectly in the name of protecting social health.

Based on this information, when the relevant literature is examined, it is seen that the existing studies were initially focused on topics such as leadership in recreation, recreation and psychological perceptions, recreation education, recreation and gender, while after 2011, studies have addressed topics such as tourism and outdoor recreation, recreation management, leisure time attitude and motivation (Lapa et al., 2018). There are also studies on the evaluation of recreation activities, sports and physical recreation participation, leisure time and recreation in rural areas (Gözen, 2020). Recent studies on the relationship between health and recreation try to determine the relationship between mental health and access to recreational opportunities (Lee, 2020; Kwon et al., 2019; Thomsen et al., 2018; Litwiller et al., 2016). However, today, research on recreational activities within the scope of social health is still insufficient. In this context, the research was conducted with the idea that the results to be obtained by examining the relationship between the loneliness levels of individuals participating in recreational activities and social health will be useful in terms of literature and social life practices.

METHOD

Research Model

The research is descriptive research conducted within the framework of the Scientific Research and Publication Ethics Directive of Higher Education Institutions in accordance with the decision dated 07.05.2024 and numbered 05-715 given by Ankara Yıldırım Beyazıt University Rectorate Ethics Committee Coordinatorship.

Data Collection Tools

The data used in the study were collected through Personal Information Form, Recreational Social Health Scale and Jong Gierveld Loneliness Scale. The Personal Information Form was created by the researchers to determine some characteristics of the participants. The Recreational Social Health Scale was developed by Georgian and Lorand (2016) and adapted into Turkish by Öztürk (2019). It is a 21-question, 3-grade Likert scale consisting of 4 sub-dimensions: Time, Social Relationship, Communication, Happiness/Satisfaction. De Jong Gierveld Loneliness Scale was developed by De Jong Gierveld and Kamphius (1985) and adapted into Turkish by Çavdar et al. (2015). It is an 11-question, 4-point Likert scale consisting of 2 sub-dimensions: Social Loneliness and Emotional Loneliness.

Data Analyses

Firstly, the internal consistency of the responses obtained within the scope of the research was determined by Cronbach Alpha coefficient (Crα). In order to evaluate the distribution of the obtained data, graphs, skewness and kurtosis values were analysed. It was determined that the responses obtained within the scope of the research were reliable and showed normal distribution (Table 1). In this direction, independent groups t-test and one-way analysis of variance (ANOVA) were performed, and Pearson correlation coefficient was calculated. All analyses were performed using SPSS 22 package programme subject to "$p<.05$" significance level. Some descriptive information about the answers obtained in the research is given in Table 1

Table 1. Some Descriptive Information on the Responses Obtained in the Study

Dimension	Min	Max	Mean	Sd	Skewness	Kurtosis	Crα
Social Loneliness	1.00	4.00	1.88	.652	.607	.063	.828
Emotional Loneliness	1.00	4.00	2.96	.650	-.555	.356	.793
Time	1.00	3.00	2.15	.676	-.332	-1.16	.803
Social Relationship	1.00	3.00	2.69	.365	-1.63	3.03	.583
Contact	1.00	3.00	2.59	.341	-1.01	1.23	.596
Happiness	1.00	3.00	2.34	.462	-.321	-.729	.629

Participants

The study group consisted of 300 people who participated in the study by random sampling method based on volunteerism. Of the participants, 143 (47.7%) were female and 157 (52.3%) were male. When the age ranges of the participants are analysed, there are 67 (22.3%) participants between the ages of 18-25, 17 (5.7%) between the ages of 26-33, 73 (24.3%) between the ages of 34-41, and 147 (47.7%) between the ages of 42 and above. 15 (5.0%) of the participants completed secondary school, 70 (23.3%) high school and 215 (71.7%) undergraduate education. When the weekly leisure time intervals are analysed, it is seen that 36 (12.0%) participants have 1-3 hours, 75 (25.0%) participants have 4-6 hours, 36 (16.0%) participants have 7-9 hours, and 25 (47.0%) participants have 10 hours or more of leisure time. Considering the frequency of using the recreation area in these free times, 161 (53.7%) participants use the recreation area for 1-3 hours, 78 (26.0%) participants for 4-6 hours, 36 (12.0%) participants for 7-9 hours, and 25 (8.3%) participants for 10 hours or more. When the social health scores are analysed, it is seen that 17 (5.7%) participants have an average social health score and 283 (94.3%) participants have a good social health score. Looking at the loneliness scores, 174 (58.0%) participants could be classified as not lonely, 111 (37.0%) as moderately lonely, 12 (4.0%) as severely lonely, and 3 (1.0%) as very severely lonely. Information about the participants is given in Table 2.

Table 2. Demographic Information of Participants

Variables	Group	n	%
Gender	Woman	143	47.7
	Male	157	52.3
Age	18-25 Years	67	22.3
	26-45 Years	144	48.0
	46-65 Age	89	29.7
Level of Education	Middle School	15	5.0
	High School	70	23.3
	Licence	215	71.7
Weekly Leisure Time	1-3 hours	36	12.0
	4-6 hours	75	25.0
	7-9 hours	48	16.0
	10 hours and over	141	47.0
Time for Participation in Recreational Activities	1-3 hours	161	53.7
	4-6 hours	78	26.0
	7-9 hours	36	12.0
	10 hours and over	25	8.3
Type of Recreational Activity	Domestic Activities	196	65.3
	Indoor Activities	36	12.0
	Physical Activities	145	48.3
	Social Activities	96	32.0
	Open Space Activities	124	41.3
	Other	12	4.0
Social Health	Not Good	0	0.0

	Average	17	5.7
	Good	283	94.3
	Not Good	0	0.0
	Not Alone	174	58.0
Loneliness	Centre	111	37.0
	Seriously Alone	12	4.0
	He's Seriously Alone	3	1.0

RESULTS

Table 3. T-Test Results in Terms of Gender Variable

Dimension	Gender	n	Mean	Sd	t	p
Social Loneliness	Female	143	2.94	.694	-.486	.627
	Male	157	2.98	.609		
Emotional Loneliness	Female	143	1.89	.688	.239	.811
	Male	157	1.87	.620		
Loneliness	Female	143	2.96	2.84	1.64	.101
	Male	157	2.45	2.47		
Time	Female	143	2.07	.689	-1.98	**.048**
	Male	157	2.22	.654		
Social Relationship	Female	143	2.66	.387	-1.62	.105
	Male	157	2.72	.343		
Contact	Female	143	2.55	.342	-2.22	**.027**
	Male	157	2.63	.336		
Happiness/Happiness	Female	143	2.24	.485	-3.67	**.000**
	Male	157	2.43	.422		

Table 3 shows the comparison results of the participants in terms of gender variable. When the test results are analysed, it is seen that the happiness/peace, time and communication scores of male candidates are significantly higher than female candidates. At the same time, it was determined that male candidates had significantly higher scores in social health scores compared to female candidates.

Table 4. ANOVA Results in terms of Age Variable

Dimension	Age	n	Mean	Sd	F	p	Tukey
Social Loneliness	18-25 Age1	67	3.02	.650	.457	.634	
	26-45 Age 2	144	2.95	.669			
	46-65 Age 3	89	2.92	.622			
Emotional Loneliness	18-25 Age1	67	2.01	.750	1.80	.167	
	26-45 Age 2	144	1.82	.632			
	46-65 Age 3	89	1.87	.597			
Loneliness	18-25 Age1	67	3.06	2.73	.821	.441	
	26-45 Age 2	144	2.60	2.55			
	46-65 Age 3	89	2.56	2.80			
Time	18-25 Age1	67	2.32	.598	3.47	.032	1>2
	26-45 Age 2	144	2.06	.705			
	46-65 Age 3	89	2.16	.665			
Social Relationship	18-25 Age1	67	2.59	.438	4.06	.018	1>3
	26-45 Age 2	144	2.70	.353			
	46-65 Age 3	89	2.75	.307			
Contact	18-25 Age1	67	2.57	.301	.837	.434	
	26-45 Age 2	144	2.58	.356			
	46-65 Age 3	89	2.63	.345			
Happiness/Happiness	18-25 Age1	67	2.25	.473	1.49	.226	
	26-45 Age 2	144	2.37	.465			
	46-65 Age 3	89	2.35	.447			
Social Health	18-25 Age1	67	51.61	6.48	.713	.491	
	26-45 Age 2	144	51.74	6.91			
	46-65 Age 3	89	52.70	6.27			

Table 4 show the results of one-way analysis of variance conducted to compare the participants in terms of age variable. When the results of the analysis were analysed, it was determined that time scores differed significantly in terms of age variable. This difference was found to be between 18-25 and 26-45 years old in favour of 26-45 years old. On the other hand, social relationship scores also differ significantly in terms of age variable. The difference in this dimension shows a difference between 18-25 and 46-65 years of age in favour of 46-65 years of age.

Table 5. ANOVA results in terms of Weekly Leisure Time Variable

Dimension	Weekly Leisure Time	n	Mean	Sd	F	p	Tukey
Social Loneliness	1-3 hour1	36	2.88	.719	.781	.506	
	4-6 hour 2	75	2.97	.593			
	7-9 hour 3	48	2.86	.634			
	10 hours and over4	141	3.00	.667			
Emotional Loneliness	1-3 hour1	36	1.98	.779	1,18	,318	
	4-6 hour 2	75	1,97	.657			
	7-9 hour 3	48	1.85	.612			
	10 hours and over4	141	1.82	.626			
Loneliness	1-3 hour1	36	3.22	3.02	1.28	.280	
	4-6 hour 2	75	3.00	2.68			
	7-9 hour 3	48	2.58	2.55			
	10 hours and over4	141	2.43	2.58			
Time	1-3 hour1	36	1.79	.711	7.65	.000	1<4 2<4
	4-6 hour 2	75	2.03	.692			
	7-9 hour 3	48	2.09	.663			
	10 hours and over4	141	2.32	.615			
Social Relationship	1-3 hour1	36	2.53	.496	2.83	0.39	1<3 1<4
	4-6 hour 2	75	2.69	.346			
	7-9 hour 3	48	2.75	.315			
	10 hours and over4	141	2.72	.345			
Contact	1-3 hour1	36	2.63	.317	.272	.846	
	4-6 hour 2	75	2.58	.320			
	7-9 hour 3	48	2.61	.357			
	10 hours and over4	141	2.58	.354			
Happiness/Happiness	1-3 hour1	36	2.36	.482	.110	.954	
	4-6 hour 2	75	11.78	2.04			
	7-9 hour 3	48	11.79	2.49			
	10 hours and over4	141	11.63	2.38			
Social Health	1-3 hour1	36	50.14	7.68	1.60	.190	
	4-6 hour 2	75	21.48	5.92			
	7-9 hour 3	48	52.25	7.22			
	10 hours and over4	141	52.66	6,44			

Table 5 shows the results of one-way analysis of variance conducted to compare the participants in terms of weekly free time variable. When the results of the analysis were analysed, it was found that time scores differed significantly in terms of weekly free time variable. This difference was found to be in favour of the participants who had 10 hours and more weekly free time between 1-3 hours and 4-6 hours. On the other hand, social relationship scores also differ significantly in terms of weekly leisure time variable. The difference in this dimension shows a difference between 10 hours and above and 1-3 hours in favour of 10 hours and above, and between 7-9 hours and 1-3 hours in favour of 7-9 hours.

Table 6. ANOVA Results in terms of Time of Participation in Recreational Activities

Dimension	Time to Participate in Recreational Activities	n	Mean	Sd	F	p	Tukey
Social Loneliness	1-3 hour1	161	2.85	.687	5.45	.001	1<3
	4-6 hour 2	78	2.97	.569			
	7-9 hour 3	36	3.28	.566			
	10 hours and over4	25	3.16	.580			
Emotional Loneliness	1-3 hour1	161	1.95	.697	2.86	.037	1>3
	4-6 hour 2	78	1.88	.604			
	7-9 hour 3	36	1.62	.509			
	10 hours and over4	25	1.77	.606			
Loneliness	1-3 hour1	161	3.09	2.98	3.85	.010	1>3
	4-6 hour 2	78	2.55	2.29			
	7-9 hour 3	36	1.53	1.68			
	10 hours and over4	25	2.28	2.23			
Time	1-3 hour1	161	2.04	.660	4.62	.004	1<4
	4-6 hour 2	78	2.17	.697			
	7-9 hour 3	36	2.35	.619			
	10 hours and over4	25	2.48	.645			
Social Relationship	1-3 hour1	161	2.64	.394	2.20	.088	
	4-6 hour 2	78	2.74	.324			
	7-9 hour 3	36	2.78	.248			
	10 hours and over4	25	2.69	.408			
Contact	1-3 hour1	161	17.91	2.45	1.87	.135	
	4-6 hour 2	78	18.28	2.42			
	7-9 hour 3	36	18.88	2.21			
	10 hours and over4	25	18.52	1.91			
Happiness/Happiness	1-3 hour1	161	11.46	2.32	1.90	.130	
	4-6 hour 2	78	11.91	2.20			
	7-9 hour 3	36	12.41	2.29			
	10 hours and over 4	25	11.72	2.52			
Social Health	1-3 hour1	161	50.83	6.49	4.54	.004	1<3
	4-6 hour 2	78	52.65	6.76			
	7-9 hour 3	36	54.67	5.77			
	10 hours and over4	25	53.64	6.85			

Table 6 shows the results of the one-way analysis variance conducted to compare the participants in terms of the time of participation in recreational activities When the results of the analysis were examined, it was determined that social loneliness scores differed significantly in terms of the time of participation in recreational activities. This difference was found to be between 7-9 hours and 1-3 hours in favour of 7-9 hours. On the other hand, emotional loneliness scores also differ significantly in terms of the time of participation in recreational activities. The difference in this dimension shows a difference between 1-3 hours and 7-9 hours in favour of 1-3 hours. It is seen that the significant difference between 10 hours and more and 1-3 hours in terms of the time of participation in recreational activities is in favour of the time of participation in recreational activities of 10 hours and more. When the results of the analysis are analysed, it is concluded that the time of participation in recreational activities is a determinant in terms of social health scores. It is seen that the difference obtained here is between 7-9 hours and 1-3 hours in favour of 7-9 hours. In addition, loneliness scores also differ significantly in terms of the time of participation in recreational activities. The difference in this dimension shows a difference between 1-3 hours and 7-9 hours in favour of 1-3 hours.

Table 7. Correlation Results for the Relationship between Loneliness and Social Health

	Pearson	Social Health
Loneliness	r	-.438**
	p	,000
	n	300

Table 7 shows the results of the correlation analysis conducted to examine the relationship between loneliness and social health. When the results of the analysis are analysed, it is seen that there is a moderate negative relationship between loneliness and social health in line with the Pearson Correlation Cofficient values.

DISCUSSION AND CONCLUSION

In this study, the relationship between loneliness level and social health in individuals participating in recreational activities was examined. In addition, the relationships of some variables with loneliness and social health levels in individuals participating in recreational activities were investigated. In this context, loneliness and social health scores of individuals participating in recreational activities were compared in terms of gender variable. According to the results obtained, it was determined that the loneliness scores of individuals participating in recreational activities did not differ significantly according to the gender variable. When the literature is examined, research results are encountered that there is no relationship between loneliness and gender. Uğurlu (2021) examined the loneliness levels of students studying at the Faculty of Sports Sciences and found that there was no significant difference between gender and loneliness levels. Uzuner and Karagün (2014) reported that there was no significant difference between gender and loneliness levels in the study conducted by Uzuner and Karagün (2014) in individuals who do recreational sports. Bingül and Çelik (2021), on the other hand, found that there was no significant difference between gender and loneliness levels in the study in which individuals aged 19 and over were taken as a sample. Along with these studies that support our study, there are also studies that have determined that loneliness differs depending on gender. Çakır and Oğuz (2017) found that the loneliness levels of men were higher than women in their study. Bohnert et al. (2013) conducted a study on individuals participating in physical activities and found that women had lower loneliness levels compared to men participating in physical activities. When the relationship between social health and gender was analysed, no significant difference was found for the social relationship dimension, while a significant difference was found in the dimensions of time, communication, happiness/peace and social health. It was determined that time, communication, happiness/peace and social health scores of male participants were higher than female participants. It is thought that some of the reasons for the difference between men and women may be that women have different responsibilities (home, children, etc.) in daily life compared to men and some social limitations that apply to women today. However, it can be stated that more research is needed to make a judgement on whether gender is a determinant in terms of loneliness and social health, and the results may differ depending on the study group.

Within the scope of the research, it was also examined in terms of loneliness variable and it was determined that there was no significant difference in loneliness levels in terms of age variable. When the literature was examined, Uzuner and Karagün (2014) found that there was no significant differentiation when they examined the loneliness levels of individuals who do sports for recreational purposes in terms of age variable. Ekinci et al. (2019) concluded that age was not a determinant of loneliness level. Koçak (2006) also found that there was no significant difference in terms of age variable in his study on amateur football players.

When social health and age variables were analysed, no significant difference was found in social health levels. When the sub-dimensions were examined, no significant difference was observed in terms of communication and happiness/peace scores, while significant differences were found in the time and social relationship dimensions. In this context, it is seen that participants aged 18-25 have higher time scores than participants aged 26-45, while participants aged 46-65 have higher social relationship scores than participants aged 18-25. Based on these findings, it can be said that the majority of the participants in the 18-25 age range differ significantly from the other age ranges in the time dimension due to the fact that they are students, they are not yet involved in working life and the majority of them are single. On the other hand, for the 46-65 age group with high social relationship scores, it can be stated that their social environment has been shaped due to the fact that they now have a certain background in private and working life, and that the results are formed due to the fact that they have left behind many difficulties and obligations in daily and professional life compared to other age groups.

When the weekly leisure time variable of the participants in terms of loneliness and social health

was examined, it was seen that loneliness did not differ significantly according to the weekly leisure time variable. In contrast to this finding, Aksu et al. (2022) found a significant difference between loneliness and weekly free time. In this context, it was stated that there was no difference between participants with 1-3 hours and 3-5 hours of free time, but people with 5 hours or more of free time had a high level of loneliness. Randall and Bohnert (2012) found that loneliness was low in participants with 1-3 hours of leisure time, while loneliness was high in participants with 7 hours or more of leisure time. Based on these findings, it can be stated that high leisure time may be related to the feeling of loneliness.

When social health and weekly free time were analysed, no significant difference was found in social health scores. When the sub-dimensions of social health were analysed, no significant difference was found in communication and happiness/peace dimensions, while a significant difference was found in time and social relationship dimension. In this context, it was observed that the time and social relationship levels of the participants with 7 hours and more free time were higher than the participants with 1-3 hours of free time. Based on these findings, it is thought that the results obtained for the differentiation of the social relationship dimension are important, although it is a possible result that participants with high weekly free time obtain high time scores. Based on the results obtained, it can be suggested that individuals with high weekly free time can improve their social relations if they participate in recreational activities like the participants who make up the research group.

When the frequency of using recreational areas in terms of loneliness and social health of the participants was examined, it was determined that loneliness differed in terms of the frequency of using recreational areas. In this context, the social loneliness levels of the participants who used recreational areas between 1-3 hours were determined to be lower than those who participated in recreational activities between 7-9 hours. When the literature was examined, no research results were found on loneliness and frequency of using recreational areas in individuals participating in recreational activities. When social health and frequency of using recreational areas were examined, no significant difference was observed in the dimensions of social relationship, communication and happiness/peace, while in the time dimension, it was determined that individuals who used recreational areas for 10 hours or more had higher scores than individuals who used recreational areas for 1-3 hours. When social health and loneliness

scores were analysed, it was determined that participants who used recreational areas between 1-3 hours had lower social health scores than those who used recreational areas between 7-9 hours. Based on this information, it can be stated that more research is needed to make a judgement on whether the frequency of using recreational areas is a determinant of loneliness and social health. However, based on the results of the research, it can be suggested that high time of participating in recreational activities may have positive effects on loneliness. In this context, it can be said that it may also have positive effects on social health directly or indirectly.

The last finding is that loneliness and social health have an inverse relationship. This finding provides evidence that loneliness level may negatively affect social health. Previous limited literature provides evidence that there is a negative inverse relationship between social support and loneliness, that loneliness decreases as social support increases, and that social well-being increases with decreasing loneliness (Hombrados-Mendieta et al., 2012). On the other hand, there are also results that loneliness is related to emotional intelligence and that high emotional intelligence contributes to overcoming loneliness (Özdemir and Tatar, 2019; Lee and Ko, 2018; Saklofske, Austin, and Minski, 2003). It is also reported to have a linear relationship with social health (Extremera and Fernandez-Berrocal, 2006).

Based on all this information, it can be concluded that women feel lonelier and have lower social health levels than men, and age and weekly leisure time variables are not effective on loneliness and social health. In addition, it can be stated that the time of participating in recreational activities may have positive effects on loneliness and social health.

Conflict of Interest

We declare that this article we wrote is not involved in any particular conflict of interest.

Ethics Statement

This research was conducted within the framework of the Scientific Research and Publication Ethics Directive of Higher Education Institutions in accordance with the decision dated 07.05.2024 and numbered 05-715 given by Ankara Yıldırım Beyazıt University Rectorate Ethics Committee Coordinatorship.

Author Contributions

Study Design, ABY, BE; Data Collection, BE; Statistical Analysis, ABY, BE; Data Interpretation, ET, ABY and BE; Manuscript Preparation, ET, ABY and BE; Literature Search, ABY, BE. All authors have read and agreed to the published version of the manuscript.

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