

## Assessment of the Extent of Social Isolation amongst the Aged for Various Dimensions of Social Isolation

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**ABSTRACT** The present study was undertaken in 2008 to assess the extent of social isolation amongst the aged for various dimensions of social isolation. It is based upon 120 aged people (65 and above years), drawn from an urban setting (Ludhiana city). The sample was distributed equally over the three socio-economic strata (high, middle and low) and the two sexes. The results revealed that the males and females experienced social isolation in comparable proportions and degrees, across various dimensions of social isolation (family, friends, neighbours and coping mechanisms) and at all socio-economic levels (high, middle and low). The reported high levels of social isolation in both the sexes were impacted more by the family and friends rather than the neighbours and coping mechanisms dimensions.

### INTRODUCTION

Due to the rapid decline of fertility, mortality and morbidity rates, older population all over the world is increasing at an alarming rate. The increase in the older population indicates an overall improvement of the Quality of Life. Because of this situation, 21<sup>st</sup> century may be called as the 'Era of Population Ageing' (Ponnuswami 2005). In 1950, there were about 200 million persons aged 60 and above in the world and this figure now stands at 550 million and is expected to reach 1 billion mark by the year 2020. "Even more dramatic is the expected increase in the number of very old people (aged 80+ years) that group is projected to grow by a factor of 8 to 10 times between 1950 and 2025" (Modi 2001).

At present, India has nearly 81 million elderly and in about two decades the number will go up to a mind-boggling 150 million or more. Added to this, lower work participation rate among the elderly has increased their dependency ratio (proportion of the population aged 60 and above to that of the working age population in the age group 15-59 years). Elderly dependency ratio has risen from 9.8 in 1951 to 12.3 in 1991. Another indicator, called index of ageing, expresses ratio of elderly (60 plus) to children (0 to 14 years) in the population. In 1951, it was 14.3 elderly per 100 children. In 2001, the corresponding figure rose to 24.72. Also, the projected population of elderly in India in the year 2021 will be 137 million (Begda and Kantharia 2006), and hence the matter

of life satisfaction of elderly will be of more importance. There is a need to be sensitive to ageism. Mahadevan et al. (1992) reported that the aged in India are the neglected population in the changing context of the nuclearisation of families, erosion of values and the tendency to imitate certain inappropriate western ways of life. Findlay (2003) observed that as the population ages, more people are living alone; social isolation amongst older people is emerging as one of the major issues facing the industrialized world because of the adverse impact it can have on health and well-being. He emphasized on the effectiveness of interventions that target social isolation amongst older people. Although numerous such interventions have been implemented worldwide, there is very little evidence to show that they work. The future intervention programmes aimed at reducing social isolation should have evaluation built into them at inception, and that the results of the evaluation studies, whether positive or negative, should be widely disseminated. Where possible, as a cost effective measure, pilot or demonstration projects should precede these interventions. Goel et al. (2003) reported that sad attitude towards life, loneliness and ignorance to their advice by family members were among the major felt needs of the elderly. Jamuna (2003) noted that concerns of increased elder abuse and neglect have been voiced in India, where a growing percent of the total population is elderly and two-thirds of older people live in rural villages far from medical or social services.

The degeneration of the joint family system, dislocation of cultural and familial bonds, has resulted in declining possibilities of family care and greater need for self and formal care. While joint family system is on the decline, co-residence has become difficult and a separate existence is challenging due to issues of access to basic facilities and physical security (Devi 2005). Mahajan (1987) focused on intergenerational changes and found that most of the elderly population felt that the younger people did not respect them and anticipated tension in bonding and togetherness. Also, Gangrade (1988) observed that aged people felt that younger people did not respect and care for them. A study by Bose (1990) also pointed out that the old people had a feeling of being neglected by the society because nobody had the time to sit with them. Generation gap increases this gulf and increases the feeling of despondency. Almost the same number of working and non-working aged women had severe social adjustment level. The aged women had feeling of being neglected by the society and the members of the family as their children did not allow them to mix up with others. In old age, they felt they had become less active and due to their poor economic condition, they can't attend the social gatherings. Studying the elderly in Haryana, Vermani and Darshan (2003) noticed that the majority were involved in less important and non-remunerative roles and felt neglected during important decision making in the family. Batra (2004) assumed that working elderly are economically independent and have respect in their family and social life, enjoy positive experiences resulting in better quality of life. In contrast, the elderly who are not engaged in any work are entirely, or in some degree, dependent for their livelihood on their children, experience problems in interpersonal relationship, emotional insecurity and loss of power and lead a low quality of life.

Santana et al. (2005) stated that aging of the population is a phenomenon faced by most nations, such as Mexico, where 7.5 % of the population is older than 60 years, a significant population of who live alone (10%). This fact is related with the ever-increasing migration of 1 or more of their relatives, mostly to USA. Their aim is to provide a technological solution that eases the isolation of elder people living alone in Mexico while their families are abroad. They suggested an electronic family newspaper, through which elders and their families could share

information, personal reminiscences and cultural stories and occasionally interact with each other. Through its functionality, the electronic newspaper enables elders not only to maintain close social ties, but also ameliorate cognitive decline. A study conducted by Schnitkar (2005) showed that the likelihood of severe isolation increases with age because of the changes in demographic factors such as the increased likelihood of living alone. Yet, age is not associated with decline in the number of friends or in the number of confidants. Furthermore, the loneliness declines and evaluations of support become more positive with age. Much of the improvement in loneliness with age appears to be top-down, it occurs irrespective of changes in the environment or how individuals make choices among friends. This topdown process is so powerful that loneliness declines even among those who are living alone have no children and report no confidants. Because of this process, loneliness is not at all common among the elderly.

Social integration and participation of older adults in society are frequently seen as indicators of productive and healthy ageing and it is widely accepted that social support has a strong protective effect on health. Jayashree and Rao (1991) emphasized that many elderly are re-engaged in areas of their interest after retirement. This leads to better social adjustment, emotional security, close relationships, physical well-being and involvement in social activities. However, an increasing amount of seniors may be at risk of being socially isolated or lonely. This may be due to a number of factors such as increased likelihood of living alone, death of a family member or friends, retirement or poor health. Chadha (1999) emphasized that psychological and environmental problems including feelings of neglect, loneliness, being unwanted, all related to loss of power are usually associated with old age. Imbalance in the reciprocal relationship makes the aged feel unwanted and neglected. With current trends such as encouraging seniors to live longer at home or in the community, a highly mobile society and fewer children per family, the issue of social isolation takes a new importance.

'Social isolation' refers to the objective state of having minimal contact with other people; while loneliness refers to the subjective state of negative feelings associated with perceived social isolation, a lower level of contact than that desired or the absence of a specific desired companion.

As populations age, these problems are increasingly viewed as a major concern (Christ and Muller 1991) and absence of isolation and loneliness is seen as important for good quality of life (Sinclair et al .1990).

Social isolation and loneliness have long been identified as problems associated with old age and the absence of loneliness and isolation is seen as important for a good quality of life. Rajan and Sarchandraraj (2005) studied the problems of the aged in Pondicherry, particularly those living in old-age homes. The study highlighted that the main problems faced by the old were: poor health, lack of finances, loneliness and lack of self-esteem because of retirement from job. These factors can be mitigated to some extent if the elderly begin planning for retirement while still in service. The stress induced by social isolation may increase physical susceptibility to diseases and mental illness and the amelioration of these stressful conditions can improve health as well as quality of life.

In some studies, living alone has been equated with social isolation. In all the studies related to social isolation, 'isolation' appears to be an outcome of the living alone but not all those living alone are isolated and all those who are isolated do not live alone. Therefore, social isolation is not directly associated with living alone. Wenger et al. (1996) and Andersson (1998) also suggested that there is a close but complex association between loneliness, social isolation and living alone. Many who live alone live fully integrated socially active lives (Larsen et al. 1985). The evidence indicates that intimate relationships outside the family may be more important than family relationships (Abrams 1974; Bengtson and Kuypers 1985).

With this backdrop it becomes imperative to investigate the extent and causative factors of the social isolation among the aged which is a fast growing segment of the present population. It can provide directives to the present generation and the policy makers to plan the support systems for aged and add life to these added years.

Achenbaum (1978) revealed that changing family ties and formation of the small and nuclear family has led to a negligence of the aged.

## METHODOLOGY

The present study was conducted in Ludhiana City of Punjab state. The sample for

the present study comprised of randomly selected 120 aged people from Ludhiana City. The sample was equally distributed over the two sexes (males=60 and females=60) and the three socio-economic groups viz., high income group, middle income group and low income group (40 from each socio-economic group).

The inclusion criteria for the aged were that he/she should be:

- 65 years and above in age
- living in the given support system at least for one year.
- residing in Ludhiana City.

## Research Instruments

The following standardized tools were used to collect the relevant data for the study.

### (i) Socio-Economic Status Scale:

Socio-Economic Status Scale of Bharadwaj (1971) was used to assess the socio- economic status of urban families. The scale consist of 7 main perspective areas—social, professional, family, educational, property, monthly income and caste. In the present investigation ,scale was administrated individually to each family selected on the basis of inclusion criteria for the elderly. The elderly was finally included in the sample, in case family were from three socio- economic status, i.e. high, middle and low .

(ii) *The degree of social isolation among the selected respondents was assessed as elaborated below:*

- Anthropological Technique of Rapid Participatory Appraisal was used to assess the degree of social isolation.
- The degree of social isolation was further assessed using a self-structured interview schedule and the information was obtained for the following dimensions (a) self reported social isolation (b) social contacts and social networks and (c) factors associated with social isolation (physical and mental morbidity, bereavement and mobility) and standard socio-demographic data (d) the strategies/mechanism employed by the aged to combat social isolation.

## RESULTS AND DISCUSSION

### Socio-personal Characteristics of the Sample

Table 1 and Figure 1 show socio-personal characteristics of the selected sample of the aged

(males and females combined) by socio-economic status, separately and combined.

### Education of Aged (Males and Females)

Majority of the aged from high-SES and middle-SES were graduates (42.5% and 32.5%, respectively) or matric (35% and 42.5% respectively). The proportion of graduates among low-SES was the lowest (2.5 %) and the majority (55%) of them were illiterate. None of the aged from low-SES was postgraduate as compared to 5 per cent from the middle-SES and 10 percent from high-SES. It was, therefore, clear that relatively more number of aged from high and middle-SES were either graduates or postgraduates. On the other hand, majority of the aged from low-SES were matriculates or illiterate.

As regards the educational qualifications of

the spouse, all the aged in the high-SES were either matric or graduate and none were illiterate or postgraduate. Similarly, the majority of the spouses in the middle-SES were either matric (37.04%) or graduates (33.33%), except for 22.22 per cent who were illiterate and 7.41 per cent postgraduates. But none in the low-SES was graduate or postgraduate and the majority of them were matric (63.16%) or illiterate (36.84%).

Offer (2006) reported that social isolation among low income populations was more prevalent. He found that living below the poverty line, low level of education and immigrant status were the major factors associated with an increased likelihood of social isolation. He also discussed the implications of inadequate social support for family functioning and well being in the post reform era.

**Table 1: Socio-personal profile of the aged (males and females combined) by socio-economic status separately and combined (N=120)**

| S. No. | Socio-personal characteristics          | Socio-economic status |                  |               | SES Combined count (%) |
|--------|-----------------------------------------|-----------------------|------------------|---------------|------------------------|
|        |                                         | High count (%)        | Middle count (%) | Low count (%) |                        |
| 1.     | Age (years)                             |                       |                  |               |                        |
|        | 66-70                                   | 8(20.00)              | 8(20.00)         | 8(20.00)      | 24(20.00)              |
|        | 71-75                                   | 8(20.00)              | 8(20.00)         | 8(20.00)      | 24(20.00)              |
|        | 76-80                                   | 8(20.00)              | 8(20.00)         | 8(20.00)      | 24(20.00)              |
|        | 81-85                                   | 8(20.00)              | 8(20.00)         | 8(20.00)      | 24(20.00)              |
|        | 86 and Above                            | 8(20.00)              | 8(20.00)         | 8(20.00)      | 24(20.00)              |
| 2.     | Education                               |                       |                  |               |                        |
|        | Illiterate                              | 5(12.50)              | 8(20.00)         | 22(55.00)     | 35(29.17)              |
|        | Up to Matric                            | 14(35.00)             | 17(42.5)         | 17(42.5)      | 48(40.00)              |
|        | Graduate                                | 17(42.5)              | 13(32.5)         | 1(2.5)        | 31(25.83)              |
|        | Post-graduate                           | 4(10.0)               | 2(5.00)          | 0(0.00)       | 6(5.00)                |
| 3.     | Marital Status                          |                       |                  |               |                        |
|        | Married (Spouse Living)                 | 23(57.5)              | 27(67.5)         | 19(47.5)      | 69(57.5)               |
|        | Unmarried                               | 0(0.00)               | 0(0.00)          | 0(0.00)       | 0(0.00)                |
|        | Widower/Widow                           | 17(42.5)              | 13(32.5)         | 21(52.5)      | 51(42.5)               |
|        | Divorced                                | 0(0.00)               | 0(0.00)          | 0(0.00)       | 0(0.00)                |
| 4.     | Living With Spouse                      |                       |                  |               |                        |
|        | Yes                                     | 23(100.0)             | 27(100.0)        | 19(100.0)     | 69(100.0)              |
|        | No                                      | 0(0.00)               | 0(0.00)          | 0(0.00)       | 0(0.00)                |
| 5.     | Age (years) of the Spouse               |                       |                  |               |                        |
|        | Below 70                                | 9(39.13)              | 7(25.93)         | 6(31.57)      | 22(31.88)              |
|        | 71-75                                   | 4(17.39)              | 9(33.33)         | 3(15.79)      | 16(23.19)              |
|        | 76-80                                   | 6(26.08)              | 4(14.81)         | 5(26.32)      | 15(21.74)              |
|        | 81-85                                   | 2(8.70)               | 5(18.52)         | 3(15.79)      | 10(14.49)              |
|        | 86 and Above                            | 2(8.70)               | 2(7.41)          | 2(10.53)      | 6(8.70)                |
| 6.     | Educational Qualification of the Spouse |                       |                  |               |                        |
|        | Illiterate                              | 0(0.00)               | 6(22.22)         | 7(36.84)      | 13(18.84)              |
|        | Up to Matric                            | 13(56.52)             | 10(37.04)        | 12(63.16)     | 35(50.72)              |
|        | Graduate                                | 10(43.48)             | 9(33.33)         | 0(0.00)       | 19(27.54)              |
|        | Post-graduate                           | 0(0.00)               | 2(7.41)          | 0(0.00)       | 2(2.90)                |
| 7.     | Type of Social Support                  |                       |                  |               |                        |
|        | Living with son                         | 16(40.00)             | 22(55.00)        | 22(55.00)     | 60(50.00)              |
|        | Living alone                            | 14(35.00)             | 10(25.00)        | 6(15.00)      | 30(25.00)              |
|        | Living with daughter                    | 10(25.00)             | 8(20.00)         | 12(30.00)     | 30(25.00)              |

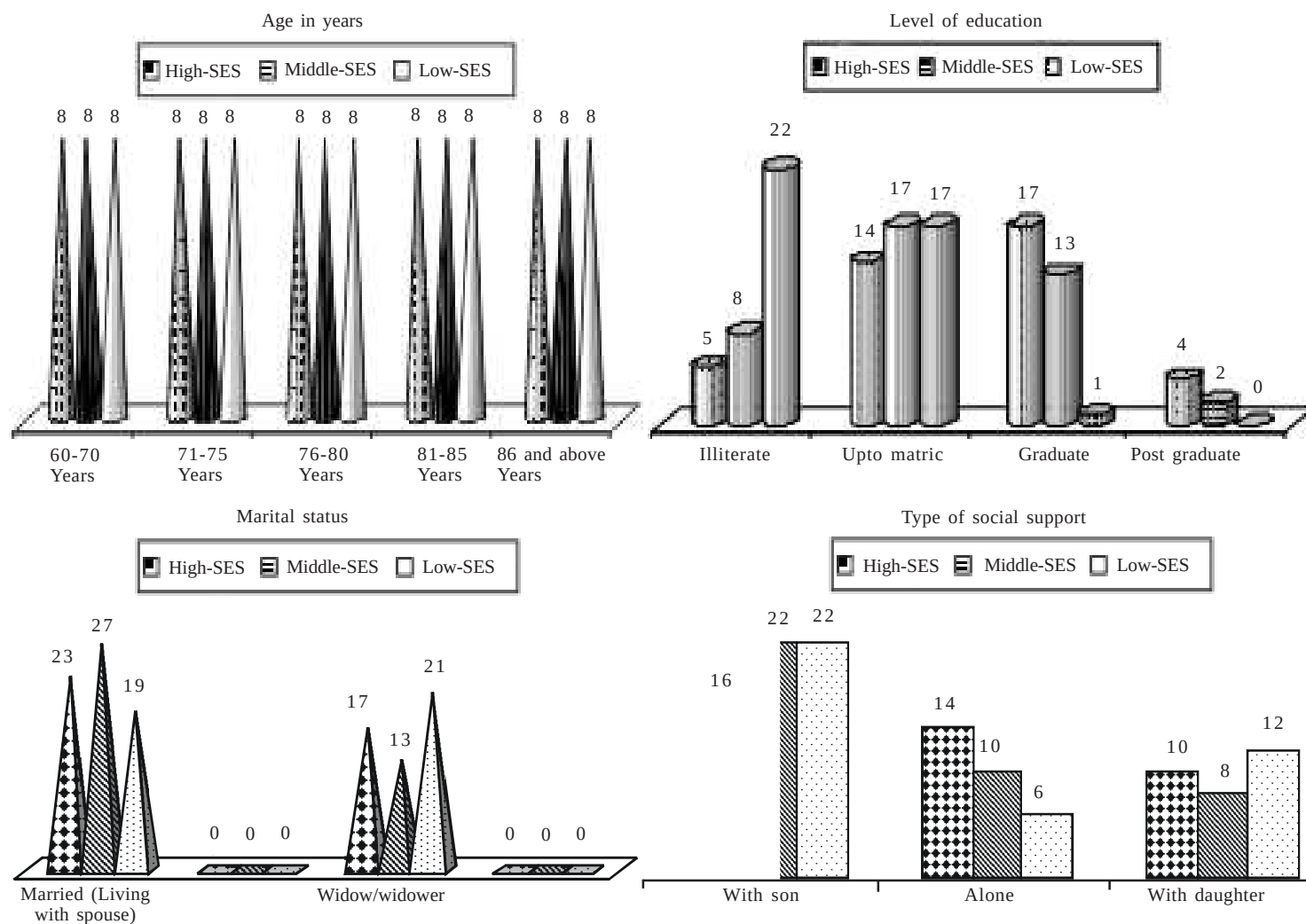


Fig. 1. Socio-personal profile of the aged (males and females combined) by socioeconomic status

### Marital Status

None of the subjects in the sample was unmarried or divorced. Majority of the aged from high-SES (57.5%) as well as middle-SES (67.5%), were married and their spouses were still alive. This observation stood in contrast to the majority in low-SES (52.5%) who were widowers/widows. However, 47.5 per cent in the low-SES were married and living with their spouses.

Baarsen (2002) indicated that elderly who had lost a partner experienced lower self-esteem, resulting in higher emotional and social loneliness, which was the perception of inadequate support.

### Type of Social Support

It is evident from the table1 that a vast majority, (55% in Middle and Low SES and 40 % in High SES), for all the levels of SES was living with their sons. In low-SES, 30 per cent were living with their daughters followed by 20 per cent and 25 per cent in middle-SES and high SES, respectively. However, living alone (35%) was the second best option of those in the high-SES and living with daughters as the last option (25%). Living alone emerged as the last choice of those from low-SES and middle-SES.

Vatuk (1981) examined the cultural norms of social services for the aged in India. According to her, it was culturally accepted that the children would take care of the elderly parents. Her study of living arrangement of the elderly Indians corroborated the fact that a majority of the elderly were, in fact, living with their children, particularly, sons. D' Souza (1982) observed that failure on the part of the sons to look after the aged was considered a serious demerit and earned social criticism.

### Extent of Social Isolation

Table 2 and Figure 2 depict the extent of social isolation (Low, Medium and High), along with its various dimensions. It is expressed in count and percent for all the mentioned categories of 'Score Range'. The designated score ranges indicate the extent of social isolation. The category of 'Low' social isolation indicated negligible feeling of social isolation and was considered a satisfactory score, whereas the 'Medium' score range suggested the 'Medium' or 'Borderline' category

of expressed social isolation and those falling in this category were termed as 'at risk'. The last category of social isolation, viz., 'High' expressed the incidence of the grave social isolation felt by the sample aged, impacting their well-being and calling for immediate remedial measures and interventions.

**Table 2: Percentage distribution of the aged by extent of social isolation for various dimensions of social isolation (N=120)**

| <i>Extent of social isolation by dimension</i> | <i>Score range</i> | <i>Count and percentage distribution of the aged</i> |
|------------------------------------------------|--------------------|------------------------------------------------------|
| <i>Family</i>                                  |                    |                                                      |
| Low                                            | >32                | 55 (45.83)                                           |
| Medium                                         | 32-27              | 32 (26.67)                                           |
| High                                           | <27                | 33 (27.50)                                           |
| <i>Friends</i>                                 |                    |                                                      |
| Low                                            | >39                | 32 (26.67)                                           |
| Medium                                         | 39-17              | 56 (46.66)                                           |
| High                                           | <17                | 32 (26.67)                                           |
| <i>Neighbours</i>                              |                    |                                                      |
| Low                                            | >23                | 44 (36.67)                                           |
| Medium                                         | 23-13              | 65 (54.17)                                           |
| High                                           | <13                | 11 (9.16)                                            |
| <i>Coping Mechanisms</i>                       |                    |                                                      |
| Low                                            | >19                | 14 (11.67)                                           |
| Medium                                         | 19-13              | 100 (83.33)                                          |
| High                                           | <13                | 6 (5.00)                                             |

Social isolation was assessed across four dimensions of social isolation, viz., family, friends, neighbours and coping mechanisms. Family is the basic social support system for the aged. Friends and neighbours include the extended family and form the vital social support system next to family. Coping mechanisms are individualized patterns to cope up with the available social support vis-a-vis declining resources with a generative outlook. All these dimensions are the major determinants of the social survival of an individual during the later years.

The aged who receive the social support from family, friends and neighbours benefit in terms of their psychological well-being, life satisfaction and physical health. Yet, having social support is less about the quality and durability of them; the aged must be able to form and sustain strong interpersonal relationships. This often becomes more difficult with age and puts the elderly at particular risk of becoming socially isolated.

Das and Satsangi (2008) explored the relationship between social support and life satisfaction among elderly people. Generally, older



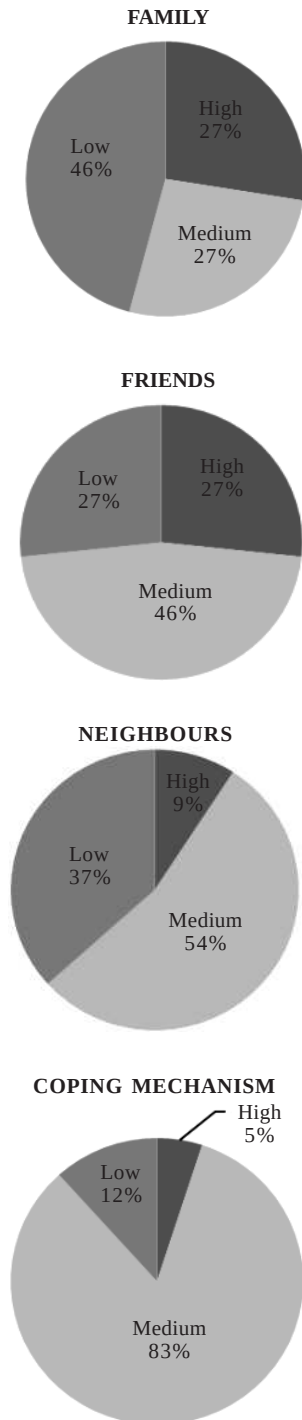


Fig. 2. Percentage distribution of the aged by extent of social isolation

people are seen as losing interest in social interaction, but social support provides a buffer against stress in their lives, including the age related stress of retirement and bereavement. They reported that elderly people who had more social support, were more satisfied with their lives in comparison with those who had lesser social support. It was suggested that the elderly who could identify several close friends or family members with whom they could share their concerns freely, experienced higher levels of well-being

### Dimensions of Social Isolation

Each dimension of social isolation was critically examined for various levels of social isolation experienced by the sample aged. The detailed discussion under each dimension is presented below:

#### 1. Family

The observed percent scores for family, the first dimension of social isolation, varied across three categories of expressed social isolation, being 45.83 per cent (Low), 26.67 per cent (Medium) and 27.50 per cent (High). Results indicate that almost three-fourth (45.83 % and 26.67 %) of the elderly reported 'Low' or occasional and at least one-fourth (27.50 %) reported to encounter 'High' social isolation, consequent to poor family relationships and unsatisfactory interactions within the family.

Johnson (1992) studied the families and social networks of 150 adults (85 years and above), using both structured and open-ended questions to determine the extent to which the family served as a source of support for the elderly. Subjects with children were found to be significantly more active as compared to childless and unmarried subjects.

Reddy (1996) noted that in India and Asia, traditionally there were culturally imbedded norms about respect for elderly and the responsibility of the young to care for the aged. The NFHS surveys of 1992-93 and 1998-99 documents that even nowadays, traditional familial support, especially through son, was available to around 88 percent of the elderly in India. However, the demographic ageing, coupled with fertility reductions implied fewer children to support the aged and the social structures at large.

Mao (2005) investigated the family support of the elderly in the modern society. He observed that due to globalization, technological changes and mobility, the traditional care system, i.e., family based caring suffered greatly. In India, the changing family system (from joint to nuclear family) and occupational structure (from agriculture to non-agriculture) had considerably affected the care giving system that prevailed in the country.

## **2. Friends**

The percent scores for friends as the dimension of social isolation were found to be the highest for the 'Medium' category (46.66%) of the stated social isolation whereas the rest were equally distributed in the 'Low' (26.67%) and 'High' (26.67%) categories of social isolation. Compared to the family dimension of the social isolation, the social contacts with friends outside the family appeared to decline as the majority reported 'Medium' social isolation (46.66%) in the 'friends' dimension in contrast to an equal number (45.83%) in the 'Low' category of social isolation for 'family' dimension. However, the percent scores for the third category of social isolation, i.e., 'High' were almost equal for both the dimensions (friends and family).

Potts (1997) examined the extent to which social support from friends both within and outside of a retirement community was associated with the depression. Although levels of social support from friends within the retirement community were quantitatively higher, they failed to have a significant effect on depression. In contrast, social support from friends living elsewhere consistently indicated low levels of depression. Practical implications include the importance of maintaining friendship ties with people living elsewhere and of strengthening friendship ties within the retirement community.

## **3. Neighbours**

Percent scores for this dimension were the highest in 'Medium' category (54.17%) of social isolation followed by 36.67 per cent in the 'Low' and only 9.16 per cent in the 'High' category of social isolation. However, the figures in the 'High' category of social isolation were the lowest (5 %) in the forthcoming dimension, i.e., coping mechanisms. Hence, it was evident that neigh-

bourhood ties and the coping mechanisms were not generating as much social isolation as the other two dimensions of social isolation, viz., family and friends.

Social support affects quality of life, as evidenced by a study by O'Hara (1998). A study by Sritanyarat et al. (2002), confirmed the findings that the neighborhood had emerged as an important social support source among the Thai elderly. When the care givers were working or living apart, the elderly spent their time with their friends. Social support occurred in terms of information exchange and emotional support.

## **4. Coping Mechanisms**

Percent scores for the coping mechanisms dimension were found to be unevenly scattered over the three categories of social isolation being 83.33 per cent (Medium), 11.67 per cent (Low) and 5.00 per cent (High). Hence, it may be concluded that the coping mechanisms employed by the aged were helping majority of them and only 6 per cent were not able to employ the appropriate coping mechanisms to combat social isolation.

Das and Rai (2004) explored the impact of religious beliefs and leisure time activities on stress among the aged. The results revealed that there was a positive effect of religious beliefs and utilization of leisure time in social welfare activities on stress of the elderly. It was concluded that religious-minded aged had low stress and imbibed a positive attitude towards old age. They usually felt calm, satisfied and less insecure. They had low stress levels due to their religious beliefs and engagement in social welfare and self-supporting activities in their leisure time.

Maitra and Sinha (1996) emphasized that to alleviate the loneliness of the elderly, clubs or day care centres need to be established with library facilities to keep the elderly engaged in recreational and vocational pursuits.

Day-to-day activities of the urban elderly were studied by Ladusingh and Bijaya (2004) as well as by Siva Raju (2004). Their main findings included assisting the spouse and other members in household activities, watching television, reading newspapers, taking morning and evening walks, interacting with friends and assisting grand children in their school work.

Thus, the percentage distribution of the aged in the various categories of social isolation among



the four dimensions of social isolation brings out the trend of shifting social isolation from 'Low' to 'Medium' category of social isolation. It was evident from preponderance of the elderly in 'Low' category of social isolation (45.83%) in the 'family' dimension to the shift towards 'Medium' category of social isolation in the subsequent dimensions, that is, 'friends' (46.66%), 'neighbours' (54.17%) and 'coping mechanisms' (83.33%). The trend for the category of 'high' social isolation was reversed with only 5 per cent aged in the 'coping mechanisms' dimension, but growing to 9.16 per cent in 'neighbours' dimension, 26.67 per cent in 'friends' dimension and the maximum (27.50%) in 'family' dimension.

The results indicated that more number of aged reported high levels of social isolation as a result of disrupted 'family' and 'friends' dimension and fewer because of the 'neighbours' and 'coping mechanisms' dimension. In the 'coping mechanisms' dimension, a vast majority (83.33%) and almost half (54.17%) in 'neighbours' dimension had reported medium social isolation. This clearly pointed towards the importance of the two support networks, i.e. family and friends, which needed to be vibrant to keep aged socially integrated.

Prasad (1991) investigated the problems of aged in India and reported that they had arisen due to breakdown of traditional social network and changing value system. As individuals got older, they had less control over their social relationships, including the ability to maintain contact with friends. Moreover, relocation of the elderly to institutions resulted in a disruption of existing social networks (Chadha et al. 1993).

A study conducted by Batra (2004), revealed that adequate financial status, good physical and mental health, active participation in leisure activities, continuation of hobbies, maintenance of daily schedule, retaining social networks and assuming social roles influenced healthy ageing positively.

### CONCLUSION

It is an acknowledged fact that the manifestation and the factors which cause social isolation vary from individual to individual. Just because an aged is living alone, does not necessarily mean that he or she is lonely or without social support. While they are not inherently problematic, the act of living alone and/or being reclusive, are particular risk factors for social isolation. Thus,

living alone is a leading indicator of the potential for social isolation.

The above deliberations pin point the fact, that a substantial proportion of older people who have poor 'family' and 'friendly' interactions/linkages are vulnerable to high social isolation. Older persons can live without being socially isolated or feeling lonely, even when living alone if they certainly have highly strengthened 'neighbours' and 'coping mechanisms' dimensions.

During old age, many seniors undergo difficult transitions in their lives such as retirement, declining health, the death of spouses, partners and friends that can strain their social network. This strain is particularly worrisome because it occurs at a time when the aged most urgently need the social support to help them recognize emerging problems, provide immediate care, and/or facilitate help from outside sources.

Societal developments influence the social structures as well as the social environment in general, and especially the exchange of social support between family members, friends and neighbours. Present world is strongly impacted by globalization, individualization and rationalization. All the three are precursors of social isolation and loneliness. Globalization has led to a remarkable expansion of the social space in which people live thus weakening the personal network and social support. Due to individualization, the traditional, meaningful integration frameworks have dissolved and people are less able to fall back on social bonds like family and neighbourhood. Social culture is also transformed because of rationalization which leads to a planned life style in which efficiency rules.

In order to ensure that the elderly continue to flourish, it is important to identify and combat the unique characteristics that result in social isolation. Sometimes social isolation arises from factors which are largely beyond the control of the individual and which are, therefore, not obviously susceptible to amelioration. It is therefore very important to be aware of the predisposing factors and maintain closer monitoring and surveillance of those aged who are recognized to be 'at risk' of social isolation.

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