A Study on Social Isolation Experienced by Elderly People in Chennai

Joanna Abigail[1], Bhaveshbhai Jadhav[2]

[1]Student, Department of Social Work, Parul University
[2]Research Guide, Department of Social Work, Parul University

Abstract

As average lifespans have increased due to improved nutrition and healthcare, new challenges have emerged for the growing elderly population. Amid rapid urbanization and industrialization, a shift from joint to nuclear families occurred, especially within the aspiring and affluent middle class in cities. With longer working hours, urban congestion, and the rise of the digital revolution, people's lives became increasingly fast-paced. Constant exposure to digital media and limited face-to-face interactions have significantly reduced the time available for meaningful social connections. As a result, elderly individuals—despite living in densely populated urban environments—often experience social isolation and loneliness.

This study focuses on the elderly population in Chennai, exploring the multifaceted challenges they face in their daily lives, the effects of these challenges on their well-being, and the coping mechanisms they adopt to navigate them (Moreira, 2016). It maps their everyday experiences, identifies key concerns, assesses current support systems, and highlights factors that enhance quality of life. The insights gained aim to benefit families, NGOs, and local government bodies by informing improved care practices and long-term strategies for elder care (Pacolet, Bouten, & Versieck, 2000).

Data for the study was collected from a representative sample of elderly individuals in Chennai, including those living alone, with family members, or in assisted living facilities. A combination of questionnaires, personal interviews, and direct observations was used to gather data. This information was analysed to understand the influence of social engagement, health, financial stability, and personal beliefs on feelings of isolation, overall well-being, and happiness (Kim, M.-S., Kim, H.-J., & Kim, J. M., 2024).

A key aspect of the study also delves into the role of personal faith in shaping the experience of social isolation. It examines how a sense of connection with a personal God may mediate or influence feelings of loneliness, alongside other factors such as demographic background, physical and mental health, and family support. By offering a comprehensive understanding of these interrelated variables, the study seeks to uncover the root causes of social isolation among the elderly and propose actionable strategies to promote their social integration and holistic well-being.

Keywords: Elderly population, Urbanization, Social isolation, Coping strategies, Faith and loneliness

1. Introduction

India is currently witnessing a significant demographic shift. With improvements in healthcare and increased life expectancy, the proportion of elderly individuals—defined as those aged 60 and above—is steadily rising. According to the Census of India (2011), the elderly population accounted for 8.6% of the

total population, a number expected to double by 2050. This demographic transition has important social implications, particularly in the context of family structures, social support systems, and the quality of life in old age.

Historically, Indian society has emphasized strong familial ties and community-based care for the elderly. The joint family system provided not only financial and physical support but also emotional companionship. Elders held positions of respect and authority, and intergenerational living fostered a sense of belonging and purpose among aging members. However, with the rise of urbanization, migration, and the emergence of nuclear families, traditional caregiving structures are steadily eroding. In metropolitan cities such as Chennai, where lifestyles are fast-paced and space is limited, the elderly often find themselves living alone or with minimal interaction from family and society.

As family bonds become increasingly fragmented, elderly individuals are vulnerable to a host of emotional and social challenges. Chief among these is social isolation, which refers to a state in which an individual has minimal contact with others and limited opportunities for social participation. It is a multifaceted phenomenon that can arise from a variety of factors, including the death of a spouse or close friends, physical immobility, retirement, and relocation of children to different cities or countries. The resulting sense of loneliness and disconnection from society can significantly affect an individual's mental, emotional, and even physical health.

Social isolation among the elderly is often an invisible issue, masked by the misconception that retirement naturally entails a withdrawal from active life. However, the reality is far more complex. Studies have shown that prolonged isolation in old age is linked to depression, cognitive decline, and increased risk of mortality. In urban areas where community life is fragmented and individualism is on the rise, the lack of meaningful social interaction becomes a serious threat to elderly well-being.

Chennai, one of India's major metropolitan cities, presents a compelling case for studying this phenomenon. While the city is known for its cultural richness and strong neighbourhood identity, the pressures of urban living—such as increased migration, traffic congestion, and real estate constraints—have reshaped the way people connect with each other. Many older adults who once lived in bustling communities now find themselves in apartments with minimal neighbourhood interaction, cut off from the everyday rhythms of social life.

In the absence of strong community ties or institutional support systems, elderly individuals in Chennai often rely on limited networks for emotional and practical support. Furthermore, social norms and stigmas around aging and dependency can make it difficult for them to express their needs or seek help. While there are several governmental and non-governmental programs aimed at elderly care, awareness and accessibility remain limited, especially among those who are most isolated.

The issue of social isolation is not only a personal struggle but also a societal concern. As India prepares to accommodate a larger aging population, it becomes imperative to understand the lived realities of the elderly and the structural factors that contribute to their isolation. This understanding can inform policies, community initiatives, and grassroots efforts aimed at fostering inclusion, connection, and dignity in old age.

This study seeks to explore the experiences of socially isolated elderly individuals in selected areas of Chennai. Using a combination of qualitative interviews and descriptive data, it aims to examine the emotional, psychological, and social dimensions of isolation. The research will also explore the coping mechanisms employed by the elderly and the support systems—formal or informal—that influence their

well-being.

By highlighting the voices of the elderly, this project hopes to go beyond statistical representations and delve into the personal narratives that illuminate what it truly means to grow old in isolation. It asks: How do elderly individuals make sense of their solitude? What forms of connection do they seek or miss? What roles do community, technology, spirituality, and memory play in their everyday lives? These questions aim to provide a deeper, more empathetic understanding of the phenomenon and contribute to the broader discourse on aging in modern India.

In sum, this research underscores the urgency of recognizing social isolation as a critical aspect of elderly well-being. It advocates for inclusive and culturally sensitive approaches that centre the voices and needs of the aging population—not as passive recipients of care but as individuals with rich histories, identities, and aspirations.

2. Literature Review

Social isolation among the elderly has emerged as a significant concern globally, with consequences that span emotional, physical, and psychological well-being. Researchers have increasingly turned their attention to how aging populations navigate loneliness, loss of social connections, and the challenges of living independently or in institutional settings.

2.1 Global Perspective

Studies from Western contexts have highlighted that isolation in older adults is associated with increased risks of depression, cognitive decline, and mortality (Cacioppo & Hawkley, 2003). Research in the UK and Canada has shown that living alone, limited family interactions, and lack of community engagement contribute heavily to emotional deterioration among the elderly (Victor et al., 2009).

2.2 Indian Context

In India, the elderly population is growing rapidly due to increased life expectancy and declining birth rates. Traditional family structures are also undergoing transformation. As younger generations migrate for education and employment, many older adults are left to live alone or move into old age homes. According to HelpAge India (2022), a significant portion of elderly individuals report feeling neglected or emotionally unsupported, even when living with family.

Scholars like Rajan (2016) and Raju (2014) have examined how modernization and urbanization are impacting intergenerational relationships in Indian families. These studies emphasize that emotional loneliness can be just as prevalent among elders living with family as among those living alone.

2.3 Literature Gap

While several studies explore either emotional or physical aspects of isolation in urban Indian elders, few adopt a holistic, three-dimensional framework—emotional, physical, and social—as this study does. Moreover, limited literature exists that specifically compares experiences across different living arrangements (alone, with family, and in institutional care) in a South Indian urban setting like Chennai.

2.4 Positioning of the Current Study

This research fills an important gap by adopting a mixed-methods approach to explore how social isolation manifests in diverse elderly living contexts. It draws attention to how environment, family dynamics, and institutional support systems interact to shape the daily experiences of Chennai's older population.

3. Research Methodology

This research adopted a mixed-methods approach, integrating both qualitative and quantitative techniques

to gain a comprehensive understanding of social isolation among the elderly in Chennai. The study aimed to explore the emotional, physical, and social dimensions of isolation by engaging with elderly individuals across different living arrangements.

3.1 Research Design

The research followed an exploratory and descriptive design, rooted in mixed-methods methodology. The study incorporated both interview-based qualitative responses and basic categorization of responses to generate measurable observations. This combination allowed the researcher to document both statistical trends and in-depth personal experiences.

3.2 Sampling Method

Purposive sampling was employed to select 30 elderly participants, ensuring representation across:

- Those living alone,
- Those living with family, and
- Those residing in old age homes.

This method enabled the researcher to focus on participants most likely to provide relevant insights into the theme of social isolation.

3.3 Data Collection

Primary data were collected through in-person interviews, conducted in both Tamil and English, depending on the participant's language preference. A set of structured and open-ended questions were used to explore emotional well-being, physical limitations, and social interactions. No standardized scales (e.g., Likert or De Jong Gierveld) were used; instead, a custom checklist with open-ended prompts guided the interview process.

Participants' responses were categorized manually into levels such as:

- Emotionally stable / unstable
- Socially active / socially withdrawn
- Physically healthy / dependent

This categorization allowed for basic quantitative tabulation while preserving the qualitative richness of individual narratives.

3.4 Data Analysis

Data were analysed through:

- **Manual coding and categorization** of responses across emotional, physical, and social dimensions.
- Identification of **patterns and recurring themes** within participant narratives.
- Simple **numerical comparisons** across the three participant groups to observe trends and differences in experiences.

This mixed-method strategy enabled the research to combine the strength of numbers with the depth of human experience, aligning with the study's objective to understand elderly isolation in both statistical and emotional terms.

4. Major Findings

4.1 Demographic Distribution

The study reveals that the elderly population surveyed is predominantly within the age group of 60 to 64 years, representing 31.91% of the total sample. This indicates that a significant number of the elderly are in the early stages of old age, suggesting the need for early interventions in promoting healthy aging

practices.

In terms of gender distribution, a notable majority—65.96%—were women, while only 34.04% were men. This finding may reflect the general demographic trend of women having a higher life expectancy than men, but it also points to potential gendered experiences of aging, especially regarding widowhood, healthcare needs, and social support.

Language proficiency and preference indicate cultural and linguistic diversity among the elderly, with 40% of the sample population identifying Tamil as their primary spoken language, followed by 24.44% speaking English. This highlights the importance of culturally sensitive communication and support systems, especially in delivering services and awareness programs.

4.2 Social and Family Dynamics

Social structure plays a significant role in the lives of the elderly. A large proportion (82%) of participants grew up in environments described as loving and encouraging, indicating strong family bonds in their formative years. However, current social dynamics reveal a shift—only 44.68% are currently married, while a significant 48.94% are widowed, underscoring the emotional and psychological challenges of losing a life partner in later life (Refer Figure 1 and 2).

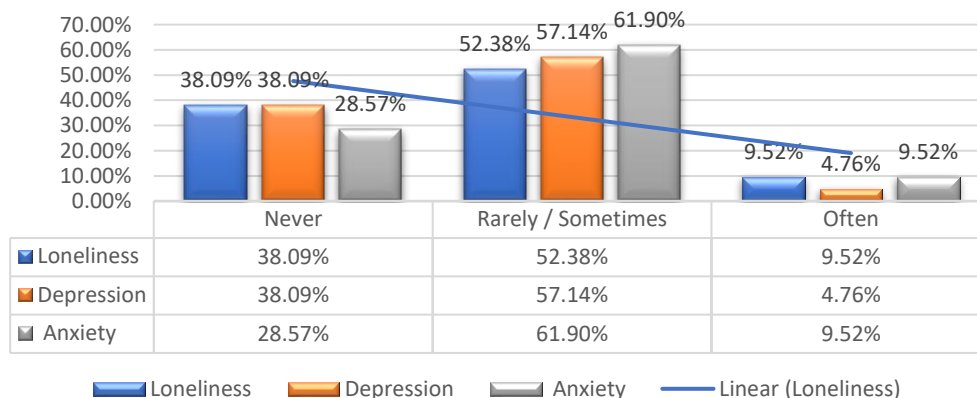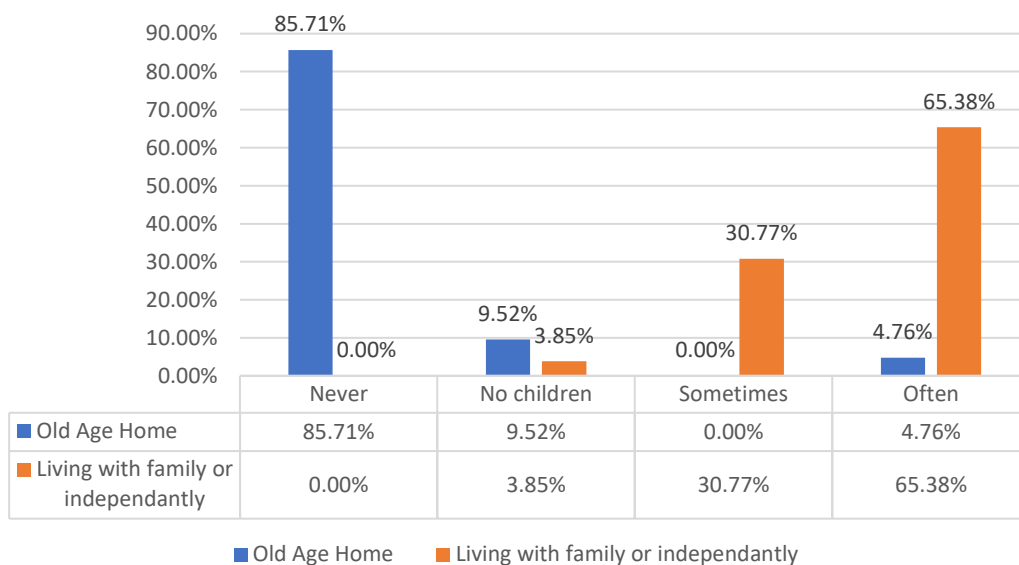**Figure 1: Loneliness, Depression and Anxiety among the elderly: spouse is alive**

	Never	Rarely / Sometimes	Often
Loneliness	38.09%	52.38%	9.52%
Depression	38.09%	57.14%	4.76%
Anxiety	28.57%	61.90%	9.52%

Figure 2: Loneliness, Depression and Anxiety among the elderly: no spouse, separated or widowed

	Never	Rarely / Sometimes	Often
Loneliness	3.8%	53.8%	42.3%
Depression	7.7%	50.0%	42.3%
Anxiety	3.8%	65.4%	30.8%
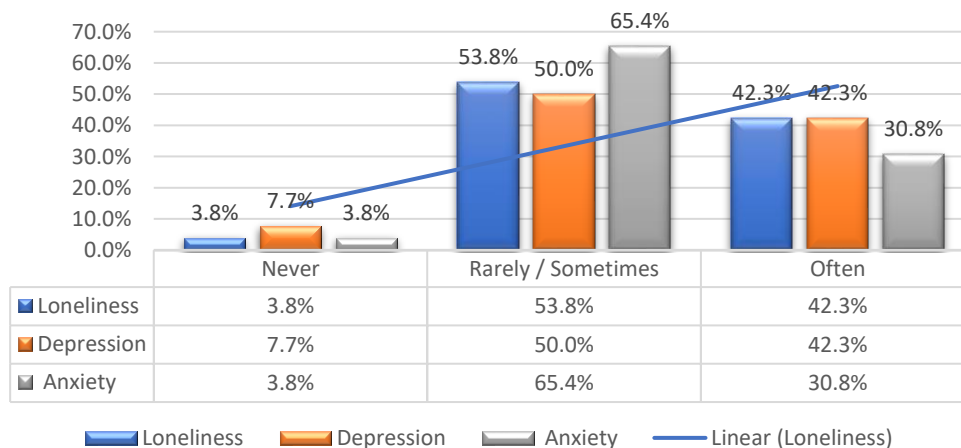
A considerable proportion of the elderly, 44.68%, reside in old-age homes, suggesting an increasing trend

of institutional care over family-based care. Meanwhile, 23.40% of elderly individuals live independently with a spouse, reflecting a segment still able to maintain some level of autonomy and companionship.

A deeply concerning finding is that nearly 44.68% of participants reported being abandoned or not visited by the children they helped raise. This form of neglect can contribute to feelings of worthlessness, social isolation, and emotional distress. These trends indicate a growing disconnect in intergenerational relationships, with the elderly facing emotional neglect and isolation in what should be their most supported years. The problem is accentuated for elderly who have been admitted to old age home. (Refer Figure 3).

Figure 3 : Comparison of visits of the elderly by their children in old age home and family setting

	Never	No children	Sometimes	Often
Old Age Home	85.71%	9.52%	0.00%	4.76%
Living with family or independantly	0.00%	3.85%	30.77%	65.38%

4.3 Health and Well-being

The physical health of the elderly emerged as a major area of concern. Around 68.09% of participants reported suffering from at least one physical condition, with the most common ailments being general weakness, diabetes, and high blood pressure. This underlines the demand for consistent and affordable healthcare services targeting chronic conditions in the elderly.

Self-assessed health status shows that over half (51.06%) of respondents rated their health as "medium," while 6.38% rated it as "extremely poor." This emphasizes the need for both preventive and curative healthcare strategies, particularly in addressing manageable chronic conditions before they escalate.

Mental health indicators present a troubling picture. Approximately 44.68% of participants frequently experience loneliness, and 40.43% report struggling with depression. This significant overlap between social isolation and mental health concerns requires urgent attention. The silent suffering experienced by many elderly individuals, particularly those in old-age homes or widowed, points to a deeper crisis of emotional well-being that is often overshadowed by physical health needs.

4.4 Financial Security and Government Support

Economic security among the elderly varies, with only 25% identified as financially self-sufficient. Another 21.67% rely primarily on pensions for their daily needs, which may or may not be adequate depending on rising living expenses. The rest of the elderly population is either dependent on others or

lives with insufficient financial means.

A glaring gap in government outreach becomes evident, as only 23.40% of elderly respondents are aware of existing schemes and benefits available to senior citizens. This suggests systemic barriers in communication, literacy, or accessibility, which prevent the elderly from accessing what they are entitled to. The lack of awareness about schemes can have a cascading impact on their access to healthcare, nutrition, housing, and financial support.

4.5 Mobility and Independence

Despite various age-related challenges, a considerable number of elderly individuals—78.72%—reported being able to sit and stand without difficulty, suggesting a degree of retained physical independence. However, difficulties begin to emerge in activities that require more physical effort; for instance, 25.53% of respondents experience challenges when climbing stairs, which may limit their mobility and affect their participation in social activities.

When it comes to basic daily activities, 85.11% of the participants are able to eat independently, while a smaller group (8.51%) requires assistance. Though these numbers may seem encouraging at first glance, even minor limitations in mobility can severely impact the quality of life for elderly individuals, especially if support systems are weak or unavailable.

4.6 Overall Implications

The findings across all domains—social, emotional, physical, and financial—paint a picture of vulnerability among the elderly population surveyed in Chennai. While some elderly individuals still live with a spouse or maintain basic independence, a significant proportion suffer silently in isolation, neglect, and poor health. The overlap of widowhood, loneliness, poor health, and financial dependency creates a vicious cycle that may push elderly individuals into deeper levels of distress.

The lack of awareness regarding government schemes adds another layer of helplessness, especially when combined with the emotional toll of being forgotten by one's own family. This calls for a paradigm shift in how society views and supports the elderly—not merely as passive recipients of care but as individuals deserving dignity, companionship, and active inclusion in the community.

A comprehensive approach that integrates health care, emotional support, financial planning, and intergenerational connections is necessary to address the deep-seated issues uncovered in this study. Each data point not only reflects a percentage but also tells a story of an aging individual navigating life amidst challenges that could be mitigated through collective action and compassionate policy-making.

5. Discussion and Analysis

This chapter delves into the interpretation of the findings in light of the research objectives and relevant literature. It examines the interplay between emotional well-being, social connections, health, and spirituality among elderly individuals in Chennai. The discussion draws out the implications of the findings and highlights the nuances behind the data gathered.

5.1 Interconnectedness of Emotional Well-being and Living Arrangements

The study highlights that elderly individual who live alone or in old-age homes often struggle with heightened emotional distress. These findings align with existing literature suggesting that social isolation is a major contributor to emotional vulnerability in aging populations. In contrast, those living with family members demonstrated better emotional resilience. This affirms the role of companionship and daily

interaction in reinforcing emotional security (Refer Figure 4).

Figure 4 Depression among the elderly living independently or with their family and those living in old age homes

	Never	Rarely / Sometimes	Often
Old Age Home	0.00%	52.38%	47.62%
With Family	38.46%	53.85%	7.69%
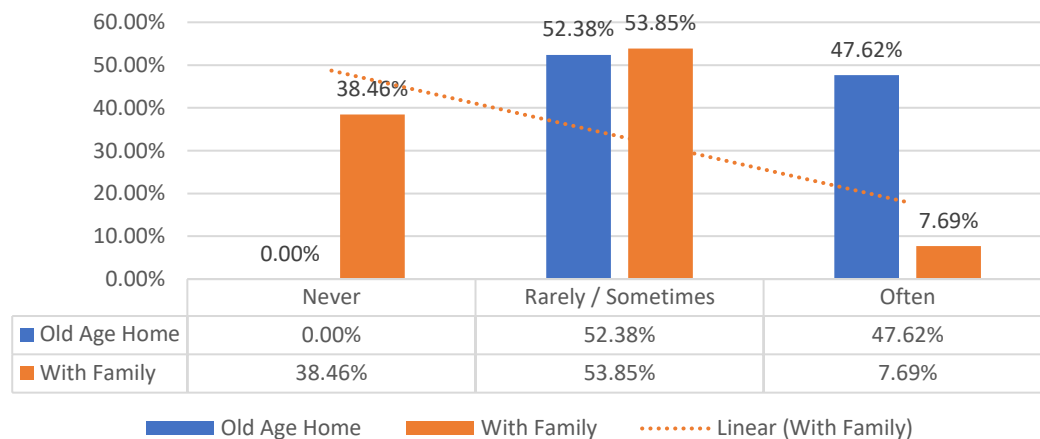
Interestingly, even in institutional settings with sufficient amenities, the lack of personal emotional connection weakened the sense of well-being. The emotional needs of the elderly extend beyond physical care; they seek meaning, warmth, and remembrance. Thus, policies and interventions must go beyond material provisions to include emotional engagement strategies.

5.2 Health and Emotional Decline: A Vicious Cycle

The data suggests a cyclic relationship between physical health and emotional state. Physical ailments, limited mobility, and dependency on others resulted in low self-worth and emotional fatigue. Elderly individuals often internalized their physical limitations as personal failures, which further intensified feelings of helplessness. On the other hand, those who enjoyed even modest levels of independence expressed optimism and higher emotional balance.

This echoes gerontological studies that advocate for holistic elderly care that supports both physical functionality and emotional independence. Encouraging regular physical movement, even within limited settings, could become a simple yet powerful tool to uplift their spirits.

5.3 The Power of Social Bonds and the Pain of Absence

Social interaction emerged as a major protective factor against emotional decline. Regular communication with children, friends, or neighbours—even minimal gestures like a phone call—appeared to significantly enhance emotional well-being. Conversely, lack of contact or neglect created deep emotional scars. Participants expressed a profound longing to be seen and acknowledged.

This points toward an urgent need for awareness-building among families and communities about the emotional consequences of neglect. It also suggests a role for community-based programs to bridge the emotional gap where family engagement is absent.

5.4 Spiritual Coping as a Lifeline

One of the most profound insights from the study was the role of spirituality in emotional resilience. Faith practices provided structure, meaning, and comfort to the elderly. This form of coping appears to be internally driven and culturally embedded. Spiritual engagement functioned not only as a belief system

but also as a psychological anchor during times of uncertainty and loneliness.

Thus, religious institutions and spiritual communities could serve as allies in emotional health interventions for the elderly. Even virtual or radio-based devotional platforms may offer consistent emotional support to those unable to leave their homes.

5.5 Economic Security and Emotional Balance

The findings showed that financial dependence on uncooperative or indifferent family members led to emotional distress. Elderly individuals with a reliable income source, on the other hand, exhibited emotional confidence and reduced anxiety. Economic freedom provided not just physical security, but also dignity and peace of mind.

This emphasizes the need for sustainable financial planning and pension schemes. Elderly empowerment must include not just emotional and physical care, but also financial autonomy where possible.

6. Conclusion and Recommendations

Conclusion

This study explored the emotional and social well-being of elderly individuals in Chennai, revealing a complex web of interconnected factors including living arrangements, physical health, social bonds, spiritual coping, and economic security. It became clear that aging is not just a biological process but also a deeply emotional journey, influenced by relational, spiritual, and economic dimensions.

The elderly face unique emotional challenges stemming from abandonment, loneliness, and loss of autonomy. Yet, many of them show remarkable resilience, often rooted in faith, past experiences, and the occasional presence of supportive relationships.

This research reinforces the importance of integrated elderly care—where emotional, social, and spiritual well-being are given as much importance as physical health. It highlights the silent crisis of loneliness that persists even in urban, resource-rich environments like Chennai.

Recommendations

- **Family awareness campaigns** to sensitize the younger generation about the emotional needs of their elderly members.
- **Community centres** or mobile outreach programs that provide emotional and social engagement opportunities.
- **Religious/spiritual programming** made accessible through media to those with mobility issues.
- **Policy-level interventions** to support pension access, health insurance, and mental health counselling for the elderly.

References

1. Arokiasamy, P., Yadav, S. (2014). Changing age structure, family dynamics, and elderly care in India. The Indian Journal of Social Work, *75*(4), 485–502.
2. Cacioppo, J. T., Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. Social and Personality Psychology Compass, *8*(2), 58–72. https://doi.org/10.1111/spc3.12087
3. Choudhry, F. R., Bokharey, I. Z. (2013). Perception of death and coping strategies among elderly Kashmiri migrants. Journal of Loss and Trauma, *18*(6), 494–506.

https://doi.org/10.1080/15325024.2012.719339

4. Davidson, P. M., Digiacomo, M., McGrath, S. J. (2011). The feminization of aging: How gender influences the experience of aging. Journal of Women's Health, *20*(6), 1035–1040. https://doi.org/10.1089/jwh.2010.2296

5. HelpAge India. (2022). Elder abuse in India: Changing cultural contexts and elder rights. New Delhi: HelpAge India. https://www.helpageindia.org

6. Jadhav, A., Weir, D., Anglewicz, P. (2019). Household structure and disability among older adults in India. Social Science & Medicine, *229*, 79–86. https://doi.org/10.1016/j.socscimed.2018.04.026

7. Kishore, S., & Gupta, N. (2020). Role of spirituality and religion in mental health of elderly. Indian Journal of Gerontology, *34*(2), 157–173.

8. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, *392*(10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

9. Rajan, S. I., Mishra, U. S., Sarma, P. S. (2000). India's elderly: Burden or challenge? Sage Publications India.

10. Shah, A. (2017). Psychogeriatrics in India: Past, present, and future. *Indian Journal of Psychiatry, 59*(3), 249–254. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_135_17

11. United Nations Population Fund (UNFPA). (2017). Caring for our elders: Early responses – India ageing report 2017. New Delhi: UNFPA. https://www.india.unfpa.org

12. World Health Organization. (2021). Decade of healthy ageing: 2021–2030. Geneva: WHO. https://www.who.int/publications/i/item/9789240038844