

CHAPTER 7

SUMMARY AND CONCLUSION

Aging is a socio-cultural phenomenon, defined not only by physiological vulnerability over the period of time but also by the value imbibed by the society which associates senescence with incapacity, debilitation and disability. Family is an institution which provides support to its members not only financially but also psychologically. With the advent of urbanization and migration social fabric of our society is disintegrating. As more and more people migrate to other places aged of the family are left behind alone with lack of support system making them vulnerable.

Group of Economics and Social Studies (2009) has reported that around 12 percent of elderly live alone in India. Though, there are many elderly who live alone and have a good health and also are engaged with the society. But some elderly who live alone can be vulnerable due to ill health and abilities to active engage in life. Studies show that those elderly who were living alone more likely to be lonely and depressed than those living with a partner, as they had a small social network, and infrequent contact with children (Hermlin, 2000).

An effort was made to study isolation among single elderly who were living alone. Some elderly may always have lived alone whereas others may only have experienced living alone for a short period of time, having spent most of their lives with their spouse or with relatives. Living alone is often viewed as undesirable in later life by elderly.

The single elderly come from different class background, gender, age groups and marital status. Issues of single elderly are different from other elderly because they are stigmatized as single. According to the Census (2011), 8.3 percent of the population is elderly population and among these 40 percent are single elderly. They face many problems in their day to day life when one of the partners is missing. Life of the single elderly persons is more pathetic as they are doubly affected due to combined effects of ageing and being single (Chakravarty, 2001). An elderly couple is dependent on each other for support but there is an absence of support in the case of single elderly. They are disengaged from the family and society as well. In some studies living alone has been equated with social isolation and in all studies of isolation, living alone appears to be a sine qua non of the definition, for while not all those living alone are isolated, nearly all those who are isolated live alone (Bikson and Goodchilds, 1978; Havens and Hall, 1999).

However, an increasing number of elderly may be at risk of being socially isolated. This may be due to a number of factors such as increased likelihood of living alone, death of family spouse, retirement or poor health. As the population gets aged then the more people starts living alone. Social isolation is major cause of concern for these elderly which also adversely impact on health and wellbeing. There is an absence of support system because they live alone. The purpose of the present study was to study social isolation among single elderly living alone.
Social isolation can be referred to living without any family member, social support and social network. Social isolation occurs due to complete lack of contact with other people. It is usually involuntary, which makes a distinction from isolating tendencies or actions consciously undertaken by a person. Social isolation can be issue for anyone despite their age; however single elderly persons are more prone to it. The term **Social isolation** has been operationalized for present study. An elderly person is considered to be socially isolated when he/she perceives lack of social support, absence of social contacts and has independent living arrangement without family and kins around.

The objectives of the present study were:

1. To identify the problems (Health, economic, social networking, living arrangement and loneliness) of single elderly and the reasons of these problems.
2. To measure social isolation among single elderly.
3. To find out the relationship between socioeconomic profile of the single elderly and social isolation.
4. To examine the relationship between loneliness and social isolation of the single elderly.
5. To examine the coping mechanisms used by single elderly to overcome social isolation.
6. To provide suggestions to policy makers for welfare of single elderly.

Due to lack of sampling frame, a purposive sample of 180 single elderly living alone was collected with the help of snow ball method. The single elderly belonged to three different categories i.e. widowed, divorced and never married. The number of respondents in each category was 60 i.e. 30 males and 30 females. Further, 10 case studies were also included for the peculiar and unique cases. The research design for the present study was partly exploratory and partly descriptive.

Chandigarh, being a planned city has a housing pattern which clearly demarcated. The living arrangement ranges from one room set to large boundaries. For the purpose of giving equal representation to all the classes of people residing at Chandigarh, it was decided to draw sample on the basis of house type. Elderly living in one room set or in huts were treated as belonging to the lower class. Those residing in houses consisting of two rooms were designed as belonging to working class. The middle class consisted of those persons who were living in houses consisting of three to four rooms (10marla) and upper class stood for those who were living in the houses having five or more rooms (1kanal).

In order to represent all the sections of the society, sample was drawn from lower, working, middle and upper sections of the society. For the lower and working sections of the society, the list of Widow Pensions, Old Age Pensions were drawn from the Social Welfare Department, Chandigarh and the respondents were identified.
For the middle and upper sections Associations of Senior Citizens of different sectors were contacted. Using a Snow Ball technique 60 single elderly persons i.e. 30 males and 30 females from each class was drawn. In all 180 households situated in different sectors was selected giving equal representation to all four classes identified on the basis of accommodation. However, for the purpose of sociological interpretation, these cases were required taking into account education, income and accommodation. After dividing the three variables with four categories, gamma test was used to find out the association between these three variables, in order to avoid further discrepancies a comprehensive index was worked out for the purpose of identifying the social class. Weightages were assigned on these three variables. Individual’s scores could range from 3 to 12. Then the scores were arranged in ascending order to calculate quartiles in order to compute social class. The distributed sample according to social class background came to be 53 cases from lower class background, 43 cases from working class, 49 cases from middle class and 35 cases from the upper class (for details see Appendix I).

SUMMARY OF THE RESULTS

Results presented in the six chapters are summarized below:

“Chapter-1” of the study outlines the general introduction of the present study, overview of elderly persons, single elderly persons, population of elderly persons -worldwide and in India, a theme-wise review of literature and gaps in literature. The present study mainly centered on social isolation among single elderly living alone. Thus, the problems and contemporary issues like social isolation and loneliness among single elderly living alone and policies and programmes for the welfare of single elderly persons were discussed. A theme wise review of literature was done which included- Incidence of single elderly who live alone, profile of single elderly persons, reasons for remaining single, widowhood and elderly, divorced and elderly, never married and elderly, daily activities of the elderly, reasons for living alone, problems of single elderly persons (Health problems- mental and physical, problem of nutrition, problem of living arrangements, economic problem, changing social networking, sibling interaction, support system, problem of abuse, crime and elderly, relations with children, loneliness and social isolation.

There are multiple theories of aging. Theories of aging attempt to explain the phenomenon of aging as it occurs over the lifespan of an individual. Each theory has its own importance and limitations. A set of three theories was applied namely activity theory, dependency theory and modernization theory of aging. Due to decreased activities, emotional dependency on others and modernization have made elderly persons lonely and socially isolated as their traditional status has been declined. Therefore, they have to make adjustments in the society.

Further, methodology that included objectives, research questions, locale of the study, sample and techniques of data collection were discussed. In total of 180 respondents and 10 case studies were taken in the present study.
One of the objectives of the present study was to understand the profile of the respondents. “Chapter-2” was divided in two sections. First section of the chapter dealt with the profile of the respondents and second section of the chapter dealt with daily activities of the respondents. Thus “(Section I)” dealt with the profile of the respondents.

There was a high concentration of the respondents in the age group of 60-70 years in which there were 56.7 percent female and 62.2 percent male respondents. Number of respondents declined as they become aged but there were more male respondents than females in the age group of 80+ years. Results show more longevity among male respondents than female respondents in all the three categories of marital status.

There were 15.6 percent male respondents and 11.1 percent female respondents who were illiterates. There were 34.4 percent post graduate male respondents and 27.8 percent graduates female respondents. There were 33.3 percent widows who had studied upto matriculation whereas 36.7 percent widowers were post graduates. 30 percent divorced female respondents were graduates and 30 percent divorced male respondents were post graduates. There was equal number of the respondents i.e. 30 percent of never married female respondents who were graduates and post graduates whereas 36.7 percent never married male respondents were post graduates.

There were 33.3 percent spouses of female respondents and 16.7 percent spouses of the male respondents who were illiterate. There was equal number i.e. 25 percent spouses of both male and female respondents percent who had studied up to matriculation.

There were 38 percent female respondents and 36 percent male respondents who had taken education in city and, widowed respondents were in majority. With regard to marital status, the number was more in case of never married female respondents i.e. 46.7 percent followed by widowed and divorced male respondents who got education from institutions located in urban areas. 15.6 percent male and 10 percent female respondents could not study due to poverty. There was equal number i.e. 20 percent of divorced respondents and never married male respondents who could not study.

There were 51.1 percent female and 50 percent male respondents who were engaged in government jobs. There were 60 percent never married female respondents, followed by 53.3 percent divorced female respondents and 40 percent in widowed category who were engaged in government jobs. A majority of the spouses of the respondents i.e. 71.1 percent females and 53.3 percent males were not engaged in any paid work. There were 66.7 percent spouses of the widows and 76.7 percent spouses of the divorced female respondents who were not engaged in any paid work. There were 26.7 percent female respondents and 40 percent male respondents who were engaged in menial jobs such as servants, peons, rickshaw pullers, daily wage workers, barbers, sweepers etc. With regard to different categories of single elderly,
the number of divorced males i.e. 46.7 percent was the highest, then never married males followed by widowers i.e. 40 percent and 36.7 percent respectively engaged in menial kind of jobs.

A majority of the respondents i.e. 62.2 percent female and 64.4 percent male respondents were retired. 31.1 percent male and 27.8 percent female respondents were earning less than Rs. 10,000 per month. Among all the three categories it was divorced male respondents who were earning more than other respondents. A majority of the respondents i.e. 72.2 percent female and 67.8 percent male respondents were having pension as the main source of income and there were more female respondents in each category except divorcees where 80 percent divorced males and 60 percent divorced females were getting pension.

There 27.8 percent female and 31.1 percent male respondents in the lower social class. There were more divorced male respondents in the lower social class in all the three categories. There were 27.8 percent female and 20 percent male respondents who belonged to working class background and the highest number was of never married female respondents. There were 24.4 percent female and 30 percent male respondents who belonged to the middle class background and the highest number was that of widowers. In upper social class, there were 20 percent female and 18.9 percent male respondents and the highest number was of widows. Results indicated that highest number of respondents who were living alone belonged to lower class and lowest were from upper class background.

A majority of the respondents in the sample belonged to Hindu religion that included 55.6 percent females and 46.7 percent male respondents followed by Sikhs i.e. 26.7 percent female and 33.3 percent male respondents. In all the categories except never married category there were more female respondents who belonged to Hindu religion. There was not much difference in respondents on the basis of caste background. There were 57.8 percent female and 52.2 percent male respondents belonged to unreserved caste category and the highest number was that of the divorced females i.e. 66.7 percent followed by widowed respondents and never married males i.e. 56.7 percent each. Findings indicated that living alone in old age was an urban phenomenon because more respondents belonged to the urban background i.e. 51.1 percent female and 51.1 percent male respondents. Most noticeable difference was seen in the never married respondents which were least in those who belonged to rural background and highest in those who belonged to urban background. Hence it can be stated that there were more respondents who belonged to urban background. 54.4 percent female and 66.7 percent male respondents shifted to Chandigarh more than 40 years back. Most of them were single males in all the three categories i.e. widowed, divorced and never married categories. A high proportion of 34.4 percent female and 50 percent male respondents came to Chandigarh for job. There were more male respondents than female respondents in all the three categories who came to Chandigarh for seeking job. 46.7 percent female and 48.3 percent male respondents were living alone for more than 20 years and the highest number was that
of divorced respondents. It can be concluded that a majority of the respondents were
living alone for more than 20 years.

36.7 percent respondents did not get married because they gave preference to
their career over their marriage. There were 33.3 percent respondents who did not
give any reason; they just mentioned that remaining unmarried was their personal
choice that included 40 percent male and 26.7 percent females. There were 14.4
percent female and 17.8 percent male respondents who had one child. Out of these the
highest number was that of widowers. There was one exceptional case where an
unmarried female respondent had adopted a male child. 18.9 percent female and 14.4
percent male respondents had male child only, out of which the highest number was
that of widowers and divorced female respondents.

“(Section II)” dealt with the daily activities of the respondents. It was found
that 41.1 percent female and 46.7 percent male respondents woke up between 6-7 a.m.
and the number of never married respondents was the highest. A majority of the
respondents i.e. 67.8 percent female and 65.6 percent male respondents reported that
they were sleeping 1-2 hours during the day, among them the highest number was that
of divorced male respondents followed by widows and divorced female respondents.
There were 88.9 percent female and 93.3 percent male respondents who reported that
they spent time in spiritual activities, and the highest number was that of divorced
respondents.

Most of the respondents spent 4 to 5 hours on hobbies that included 41.1
percent female and 36.7 percent male respondents, and among them highest number
was that of divorced respondents. A majority of the elderly respondents were quite
independent in doing their chores. 50 percent respondents were doing their own
cooking, 43.3 percent respondents were washing dishes, 46.7 percent respondents
were washing clothes, 73.3 percent respondents were going to the market for buying
medicines, 63.9 percent were paying their bills, 33.3 percent respondents were ironing
their clothes, 37.2 percent respondents were dusting the house, 57.2 percent
respondents were engaged in maintenance of their house.

A high proportion of the respondents i.e. 73 percent female and 71.1 percent
male respondents reported that they eat food of their own choice, out of which the
highest number was that of widows followed by never married male respondents.
There were 16.7 percent female and 18.9 percent male respondents who reported that
they did not eat food of their own choice because of health reasons, among them the
highest number was that of divorced male respondents. 48.9 percent female and 42.2
percent male respondents were preparing food on their own, among them the highest
number was that of never married male respondents followed by 42.2 percent female
and 47.8 percent male respondents whose food was prepared by their servants, among
them the highest number was of never married female respondents. A majority of the
respondents i.e. 76.7 percent female and 75.6 percent male respondents were taking
meal three times a day, and the highest number was that of never married
respondents; especially females and they belonged to upper and middle class
background. 55.6 percent female and 57.8 percent male respondents were taking vegetarian food, and the highest number was that of widows. There were 63.3 percent female and 58.9 percent male respondents who reported that they did not eat fresh food every time, among which the highest number was that of widows. It was found that most of the respondents were from lower class background and above the age of 70 years who reported that they didn’t eat fresh food every time. There were 52.5 percent female and 58.9 percent male respondents who reported that they don’t eat fruits in their daily routine, and the highest number was that of widowers and never married male respondents.

“Chapter-3” documented the various problems faced by single elderly persons. One of the objectives was to identify the problems (health- physical and mental, economic, social networking, living arrangement and problem of security) of single elderly persons. The perception of respondents on the problems of elderly was also discussed in this chapter.

The results show that there were 84.4 percent female and 87.8 percent male respondents reported that elderly persons who live alone face the problems and the highest number was that of divorced respondents followed by widowed respondents. 43.3 percent female and 45.6 percent male respondents reported that elderly who live alone face health problems and the highest number was that of divorced respondents. 38.9 percent female and 37.8 percent male respondents reported that elderly who live alone face problems because of loneliness and the highest number was that of widowed respondents.

A majority of the respondents were of the view that elderly themselves didn’t want to stay alone. 68.9 percent female and 71.1 percent male respondents mentioned that they live alone as didn’t have an alternative.

There were 32.2 percent female and 30 percent male respondents who were living alone voluntarily and a majority were divorcees followed by 28.9 percent female and 26.7 percent male respondents who were living alone because they lost their spouse. A large number of the respondents were staying alone for more than 20 years, among them the number of divorcees was the highest. A majority of the respondents i.e. 61.1 percent male and 56.7 percent female respondents reported dissatisfaction with living alone, among them the highest number was of widowed and then divorced respondents. It was found that 44.4 percent female and 41.1 percent male respondents showed dissatisfaction with living alone; loneliness was the major reason for their dissatisfaction and most of them were widows followed by divorced men.

The results show that 70 percent female and 67.8 percent male respondents acknowledged difference in the problems faced by single elderly living alone and single elderly living with their family and a majority of them were widowed respondents. It was found that 26.7 percent female and 25.6 percent male respondents reported that those who live with the family feel less lonely, among them the highest number was that of widowed respondents.
The results show that a majority of the respondents i.e. 90 percent females and 90 percent males reported that there was difference in the problems faced by single elderly male and female respondents, out of which the highest number was that of widowed respondents. A majority of the respondents i.e. 71.1 percent female and 66.7 percent male respondents mentioned physical differences between the two. It was found that elderly men were more active and mobile; they participated in the physical activities. With regard to marital status, the highest number was that of widowed respondents followed by never married respondents who admitted physical difference between the two genders.

The results show that a majority of the respondents i.e. 64.4 percent female and 62.2 percent male respondents admitted the difference in problems of elderly who lived alone and those who lived in old-age homes. According to marital status the highest number was that of widowed respondents, followed by divorced respondents who admitted the difference in problems faced by the elderly who lived alone and those who lived in old-age homes.

Out of different problems threat to personal security emerged as a major problem of elderly living alone. There were 41.1 percent female and 36.1 percent male respondents who reported personal safety as the major issue. A majority i.e. 90 percent widows and 86.7 percent divorced elderly respondents reported safety as a major problem.

With regard to physical ailments a high proportion of the respondents i.e. 57.8 percent female and 65.6 percent male respondents who reported a vision related problems, there were more widowers and female divorced respondents i.e. 70 percent each who reported vision related problems. It was followed by 36.7 percent female and 46.7 percent male respondents who reported the problem of Hypertension and most of them were widowed, among them the number of widows was the highest.

The results show that the problems related with Diabetes, Hypertension, Cancer, Eyes, Lungs, Dental ailments and Obesity were found more among elderly male respondents whereas the elderly females were suffering from Parkinson’s, Cardiovascular, Arthritis and Respiratory diseases. It was found that most of the respondents who reported Vision problems, Dental problems, Cardio vascular problems and Hypertension also reported problems due to Diabetes and most of them were male respondents.

In the case of mental ailments, 40 percent female and 31.1 percent male respondents complained of Insomnia, among them the highest number was that of widows and most of them were in the age group of 60 -70 years. The problem of Insomnia and Depression was more among female respondents whereas forgetfulness was found more among male respondents. 35.6 percent female and 26.7 percent male respondents were suffering from insomnia. A majority of them had insomnia for less than 10 years and the highest number was that of widows. Among all the mental health problems, insomnia was found to be a major problem among respondents followed by depression. Both of these mental ailments were found in those
respondents who were living alone for less than 10 years especially in the case of widows who recently lost their spouses. There were 28.9 percent female and 22.2 percent male respondents who were taking treatment for their mental ailments. It was found that female respondents were more in all three categories except never married who were taking treatment. Results depict that 64.4 percent female and 70 percent male respondents preferred treatment from government hospitals. It was noticed that there were more male respondents except never married in all the three categories of marital status who preferred to go to government hospital and the highest number was that of never married female respondents. 45.6 percent female and 56.7 percent male respondents were uncertain about their health status and most of them were divorced female respondents; followed by 24.4 percent female and 20 percent male respondents who rated their health as poor and the highest number in them was of widows. Results show that respondents were engaged in multiple activities to keep themselves fit. A large number of the respondents reported that they relaxed and kept themselves engaged in leisure activities such as watching television to keep them tension free, and 74.4 percent were female and 81.1 percent male respondents. The male respondents were more in number in all the three categories, and the highest number was that of widowed and divorced male respondents. A majority of the respondents (i.e. 67.8 percent female and 62.2 percent male respondents) stated that their health deteriorated after they started living alone and highest number was that of widowed respondents.

Results show that 34.4 percent female and 32.2 percent male respondents were living in 1Kanal houses and a large number of them were divorced female respondents. A majority of the respondents i.e. 81.1 percent female and 80 percent male respondents owned living arrangement, among them the number of widowed respondents was the highest in all the three categories. 13.3 percent female and 15.6 percent male respondents didn’t own any living arrangement because they were financially weak and belonged to the lower class. A majority of the respondents i.e. 82.2 percent female and 77.8 percent male respondents reported no problem with regard to their living arrangement. There were more widowed respondents among all the three categories. 7.8 percent female and 6.7 percent male respondents reported that their house was very congested and these respondents belonged to the lower social class and most of them were from never married category. Due to the congested house, they had to live in poor and unhealthy environment which adversely affected their health.

With regard to the mobility of the respondents, it was found that 87.8 percent female and 90 percent male respondents were physically active; among them the highest number was that of divorced female and never married male respondents. It was found that a majority of them were in the age group of 60-70 years. A majority of them go out of their house every day. Surprisingly, there were more female respondents who go out every day. 7.8 percent female and 3.3 percent male respondents reported that due to poor health they were unable to move out.
There were more female respondents and widowed respondents who reported health problems due to their sedentary life style.

There was not much difference in frequency of interaction between respondents and their children. 20 percent female respondents and 21.1 percent male respondents rarely interacted with their children, among them the highest number was that of widowed respondents followed by divorced respondents. It was found that those respondents who did not have good relations with their children rarely interacted with them. There were 17.8 percent female and 18.9 percent male respondents who had un-cordial relations with their children that included equal number of divorced and widowed respondents.

Results show that a majority of the respondents i.e. 74.4 percent female and 65.6 percent male respondents had siblings, and the highest number was that of never married female respondents. There were 44.4 percent female and 35.6 percent male respondents who had normal relations with their siblings, among them the highest number was that of never married respondents followed by divorced respondents and then widowed respondents.

A majority of the respondents, i.e. 53.3 percent female and 68.9 percent male respondents contact their relations in-person, out of which highest number was of never married respondents, followed by widowed and then divorced respondents. Equal in number of the female and male respondents i.e. 35.6 percent each like to interact with the children, among them the highest number was that of widowed respondents especially widows. The results show that elderly widowed respondents preferred to interact with the children, divorcees preferred to interact with all age groups and never married preferred to interact with people of their own age group. It was found that more male respondents interacted with the younger generation and more female respondents interacted with the elderly persons.

Results show that 28.9 percent female and 30 percent male respondents were the members of senior citizens' association and they belonged to the upper and middle class background. It was noticed that there were more males in each category except divorcees, and the highest number was that of never married male respondents. There were 42.2 percent female and 28.9 percent male respondents who joined different associations, in order to break monotony in their lives. 44.4 percent female and 44.4 percent male respondents reported that they were somewhat social and most of them were widowed. There were 47.8 percent female and 54.4 percent male respondents who felt that their social activities decreased and the highest number was of divorced male respondents. It was due to the fact that these elderly withdrew from social activities and disengaged emotionally from others.

Results show that a majority of the respondents i.e. 96.7 percent female and 95.6 percent male respondents were financially independent. They managed their expenses on their own. All the never married respondents reported their financial independence and they belonged to upper and middle class background. No striking
difference was found between female and male respondents with regard to management of financial affairs. 50 percent female and 41.1 percent male respondents had their monthly household expenses more than Rs. 10,000 as they had hired care taker for themselves and their lifestyle was much better than the other elderly people. Results reveal that a majority of the respondents i.e. 83.3 percent female and 86.7 percent male respondents were able to manage their expenses. It was also found that the number of male respondents was more in all the three categories except never married category. The data show that male respondents were able to handle their expenses more properly than female respondents. Among those respondents who were not able to manage their expenses, equal number of female and male respondents i.e. 13.3 percent each borrowed money to meet their expenses and they belonged to the lower class background. It was found that most of them were widowed and never married respondents who were equal in number. There were 7.8 percent female and 4.4 percent male respondents borrowed money from their relatives, and there were more female respondents who borrowed money from their relatives and highest were never married female respondents. There were 32.2 percent female and 24.4 percent male respondents who reported their financial status as very good. There were more females in each category except widowed. There were 27.8 percent female and 30 percent male respondents who rated their financial status as good, among them the highest number was that of widows followed by widowers. High proportion of the respondents i.e. 54.4 percent female and 58.9 percent male respondents who reported that their financial condition had deteriorated, among them widowed and never married respondents were equal in number i.e. 60 percent, respectively.

With regard to the awareness of the crime of the single elderly, it was found that a majority of the respondents i.e. 96.7 percent females and 96.7 percent males were aware of the crimes related to elderly. All the widowed respondents and male divorced respondents were aware of the fact that crimes related to elderly were increasing. A majority of the respondents i.e. 86.7 percent female and 84.4 percent male respondents reported that it was not safe to live alone and most of them were widowed respondents followed by divorced respondents. A majority of the respondents i.e. 67.8 percent female and 68.9 percent male respondents reported they had no one to protect them. They took care of themselves. A majority of the male respondents had left themselves to their fate. The data reveal that 58.9 percent female and 57.8 percent male respondents were aware of the police helpline number for the elderly and most of them were divorced respondents, followed by widowed respondents. They had kept the number accessible to them at the time of emergency. 52.2 percent female and 47.8 percent male respondents never used the Police helpline number and most of them were widowed respondents and the highest number was that of never married female respondents. 4.4 percent female and 3.3 percent male respondents had called police because they had problem with their tenants. There were more divorced respondents followed by widowed respondents who called police because they were facing problems from their tenants. A high proportion of the respondents i.e. 81.1 percent female and 80 percent male respondents were not
satisfied with their status in the modern time; among them the highest number was that of widows and divorced female respondents. Results show that an overwhelming majority of the respondents i.e. 95.6 percent female and 98.9 percent male respondents felt that elderly persons should be given a special status; it included all of the never married respondents.

“Chapter-4” has focused on social isolation and single elderly persons. The second objective of the present study was to measure social isolation and the third objective focused on finding association between socio-economic profile and social isolation. Though chapter 4 these objectives have been explained. Additionally, the fourth objective related to loneliness and social isolation has also been examined in this chapter.

In order to measure social isolation, a scale consisting of 14 statements was constructed. There were 9 positive and 5 negative statements. The responses were categorized as complete isolation, moderate isolation and no isolation. Results show that 30 percent respondents were completely isolated. 49.4 percent respondents were moderately isolated and 20.6 percent respondents were not found to be isolated in any way.

With regard to marital status and social isolation it was found that there were 31.1 percent female and 28.9 percent male respondents who showed a complete isolation, highest were divorced respondents. There were 48.9 percent female and 50 percent male respondents who showed a moderate level of social isolation and a majority of them were never married respondents. There were 20 percent female and 21.1 percent male respondents who showed no isolation i.e. they were completely integrated. The more respondents were from widowed category. Statistically, however no significant association was found. With regard to age and social isolation it was found that there were 33.6 percent respondents who were in the age group of 60-70 years followed by 30.4 percent respondents in the age group of 80 years and above and 22 percent respondents in the age group of 70-80 years who showed complete isolation. No significant association was found between age and social isolation.

With regard to social class, 49.1 percent respondents from the lower class, 21.7 percent respondents from working class, 16.3 percent respondents from the middle class and 28.6 percent respondents from the upper class showed complete isolation highlighting a significant association between social class and social isolation. There were 85.7 percent respondents reporting un-cordial relations, 38.1 percent respondents reporting normal relations and 11.1 percent respondents reporting cordial relations with their children showed complete isolation which showed a significant association between social isolation and relations with children. There were 63.5 percent respondents who had cordial relations with their siblings and 45.8 percent respondents who had normal relations with their siblings reported moderate level of isolation. Similarly elderly with no isolation there were 25 percent had cordial relations with their siblings and 15.3 percent had normal relations with their siblings.
Statistically there is a highly significant association between social isolation and relations with siblings of the respondents indicating thereby that there is an association between the social isolation and relations with the siblings.

Association was also found between social isolation and reasons for living alone by the respondents. 42 percent respondents who were living alone due to death of spouse, 25.6 percent respondents who were living alone because their parents got expired, 35.5 percent respondents were living alone because their children were living outside the city and 19.6 percent respondents who were living alone with their personal choice showed complete isolation. No significant association was found between social isolation and reasons for living alone by the respondents.

With regard to duration of living alone and social isolation, 35.2 percent respondents who were living alone for more than 20 years, 30 percent respondents who were living alone for 10-20 years and 13.8 percent respondents who were living alone for less than 10 years showed complete isolation. Statistically, a significant association was found between social isolation and respondents' duration of living alone.

With regard to social isolation and satisfaction with living alone, 37.7 percent respondents who were dissatisfied and 18.9 percent respondents who were satisfied with living alone showed complete isolation which indicates a significant association was found between social isolation and satisfaction in living alone. With regard to social isolation and facing problem in living arrangement, 29.4 percent respondents who didn't face any problem with living arrangements and 33.3 percent respondents who had problem with their living arrangements showed complete isolation. No significant association was found between social isolation and problems with living arrangements.

Association between mental health and social isolation was also found out. In order to measure mental health status a scale consisting of 14 statements was constructed. All the respondents were asked to give their views on these statements on five point scale ranging from very low to very high. Responses were grouped into two main categories i.e. poor mental state and good mental state. There were 54.7 percent respondents who reported a poor mental state and 19.7 percent with healthy mental state showed complete isolation which highlights a significant association between social isolation and mental health status of the respondents. There were 45.8 percent respondents who reported poor health and 22.5 percent respondents who had good health showed complete isolation. An association was found between social isolation and health status of the respondents. 40.2 percent respondents who reported deterioration in health and 13 percent respondents who reported no change in health showed complete isolation. Significant association was found between elderly persons' social isolation and their health since they started living alone. 63.9 percent respondents who were asocial which indicates an association between social isolation and social network status.
Association between social isolation and social network of the respondents was also worked out. Results show that most of the respondents rated themselves as social even when they were single and staying alone. Among those who rated themselves as asocial 63.9 percent respondents were completely isolated, and 11.1 percent respondents did not feel isolated at all. Out of those respondents who rated themselves as social 59.4 percent respondents were moderately isolated and equal number i.e. 20.3 percent each were in complete and no isolation category. Among those who rated themselves as somewhat social 52.5 percent respondents had moderate level of isolation, 25 percent respondents had no isolation and 22.5 percent were completely isolated.

An attempt was made to find out the relation between social isolation and changes in the social activities of the respondents. Changes in activities were grouped into three categories, increased activity, decreased activity and no change in social life. Results show that most of the respondents reported decreased social activity after they started living alone. Out of 92 respondents who reported decrease in social activity 38 percent respondents reported complete isolation, followed by 34.8 percent respondents who reported moderate isolation and 27.2 percent respondents who showed no isolation. There were more respondents who reported that their social activities have been decreased since they have started living alone which have made them socially isolated completely. On the other hand, out of 67 respondents who reported increase in social activity 56.7 percent respondents reported moderate isolation, followed by 28.4 percent respondents who reported complete isolation and 14.9 percent respondents who showed no isolation.

In order to measure loneliness, a scale consisting of 10 statements was constructed. There were 5 positive and 5 negative statements. The responses were grouped into three main categories i.e. complete loneliness, moderate loneliness and no loneliness.

Results show that 26.7 percent respondents were completely lonely. There were 53.3 percent respondents who reported that they were moderately lonely. There were 20 percent respondents who were not lonely. A significant association was found between loneliness and marital status of the respondents. There were 25.6 percent female and 27.8 percent male respondents who were completely lonely and there were more widowed respondents especially widowers (i.e. 43.3 percent). There were 51.1 percent female and 55.6 percent male respondents who reported a moderate level of loneliness. It was found that a majority of the respondents were never married especially male respondents (i.e. 83.3 percent) who were moderately lonely. There were 23.3 percent male and 16.7 percent female respondents who reported no loneliness and the number of divorced female respondents were highest. With regard to age and level of loneliness it was found that 39.1 percent respondents in the age group of 80 years and above, 28 percent respondents in the age group of 60-70 years and 18 percent respondents in the age group of 70-80 years showed complete loneliness. There was a significant association between loneliness and age of the respondents.
An attempt was made to find out the relation between loneliness and social class of the respondents. 31.4 percent respondents from upper class, 30.2 percent respondents from the lower class, 27.9 percent respondents from working class and 18.4 percent respondents from middle class showed complete loneliness. A significant association was found between loneliness and class background of the respondents. An attempt was made to find out the association between loneliness and type of relation with children. 85.7 percent respondents who had un-cordial relation, 42.9 percent respondents who had normal relations and 18.5 percent respondents who had cordial relation with their children showed complete loneliness. This shows a significant association between loneliness and relations with children. An attempt was made to find out the association between loneliness and type of relation with siblings. There were 38.9 percent respondents who had normal relations and 7.7 percent respondents who had cordial relations with their siblings showed complete loneliness. Statistically, a significant association was found between loneliness and relations with siblings of the respondents.

Association between loneliness and reasons for living alone by the respondents was found out. 42.9 percent respondents whose children were living outside the city, 30.4 percent respondents who were living alone due personal choice, 28 percent respondents living alone due to death of the spouse and 10 Percent respondents were living alone because their parents got expired showed complete loneliness. Statistically, a significant association was found between loneliness and respondents' reasons for living alone.

With regard to duration of living alone and loneliness it was found that 31 percent respondents living alone for less than 10 years, 28.3 percent respondents living alone for 10-20 years and 24.2 percent respondents living alone for more than 20 years showed complete loneliness. Statistically, no significant association was found between loneliness and duration of living alone of the respondents.

With regard to loneliness and satisfaction with living alone, 35.8 percent respondents who were dissatisfied with living alone showed complete loneliness which indicates a significant association was found between loneliness and respondents' satisfaction in living alone. Association between loneliness and problems with living arrangements by the respondents was found out. 33.3 percent respondents who were facing problems with living arrangements were completely lonely. Statistically, no significant association was found between loneliness and problems with living arrangement.

Association between loneliness and mental health was also found out. In order to measure mental health status a scale consisting of 14 statements was constructed. All the respondents were asked to give their views on these statements on five point scale ranging from very low to very high. Responses were grouped into two main categories i.e. poor mental state and good mental state. There were 49 percent respondents who had a poor mental state showed complete loneliness. A significant association was found between mental health status and loneliness. There were
35.4 percent respondents who reported a poor health status showed complete loneliness. Statistically also no significant relation emerged between loneliness and health status of the respondents. With regard to deterioration in health and loneliness, there were 37.6 percent respondents who reported deterioration in health and 7.4 percent respondents who reported no change on health showed complete loneliness. Chi square value came out to be significant indicating an association between loneliness and change in health.

An attempt was made to find out the association between loneliness and social network of the respondents. Self-perception of the respondents about their social life was taken which was divided into three categories i.e. social, somewhat social and asocial. There were 41.7 percent respondents who were asocial and were completely lonely. Statistically, however, no significant relation was found between loneliness and social network status of the respondents.

Association between loneliness and change in social activities since the respondents started living alone was also worked out. There were a large number of the respondents who reported decrease in social activities after they started living alone. Among those respondents who reported decrease in social activities, there were 45.6 percent respondents who were moderately lonely and an equal proportion i.e. 27.2 percent each were completely lonely and not lonely. In contrast, those respondents who reported increase in social activities, there were 56.7 percent respondents who were moderately lonely followed by 28.4 percent respondents who were completely lonely and 14.9 percent respondents who were not lonely. Among those respondents who reported no change in their social activities, 76.2 percent respondents who were moderately lonely, 19 percent respondents who were completely lonely and 4.8 percent respondents who were not lonely.

An effort was made to find out the association between loneliness and social isolation. There were 72.9 percent respondents who were completely isolated were found completely lonely as well. Statistically, a highly significant association was found between social isolation and loneliness.

In order to measure social support a scale consisting of 12 statements was constructed. There were 10 positive and 2 negative statements. The responses were grouped into three main categories i.e. total support, partial support and no support. There were 32.8 percent respondents who reported total support. There were 53.3 percent respondents who reported partial level of support and there were 20 percent respondents who reported absence of support. An attempt was made to find out the association between social support and marital status of the respondents. Statistically, no significant association was found between social support and marital status of the respondents. With regard to age and social support it was found that 39.2 percent respondents in the age group of 60-70 years, 34.8 percent respondents in the age group of 80 years and above and 18 percent respondents in the age group of 70-80 years showed no support. Statistically, no significant relation was found between social support and age of the respondents. With regard to social support and social
class it was found that 54.7 percent respondents from the lower class, 28.6 percent respondents from the middle class, 20.9 percent respondents from the working class and 20 percent respondents from the upper class showed no support. Statistically a highly significant association was found between social support and social class background of the respondents.

With regard to social support and relations with children it was found that 35.7 percent respondents with un-cordial relations with their children showed no support which indicates a significant relation between social support and relations with their children. An attempt was made to find out the association between social support and relations with the siblings of the respondents. It was found that more respondents reported normal relations with their siblings but lacked support from them. The most common cause for lack of support was poor health of the siblings due to old age. Statistically a significant relation was found between social support and relations with the siblings.

An attempt was made to find out the association between social support and reasons for living alone, it was found that 35.8 percent respondents who were living alone because their children shifted to other city, 33.9 percent respondents who were living alone due to personal choice, 32.6 percent respondents who were living alone because their parents expired and 30 percent respondents who were living alone due to death of spouse reported no support. A significant association was found between social support and reasons for living alone by the respondents. An attempt was made to find out the association between social support and duration of living alone, it was found that 43.3 percent respondents who were living alone for 10-20 years, 34.5 percent respondents who were living alone for less than 10 years and 25.3 percent respondents who were living alone for more than 20 years showed no support. Statistically, no significant association was found between social support and duration of living alone of the respondents.

While finding out the association between social support and satisfaction with living alone, it was found that 34.9 percent respondents who were dissatisfied with living alone showed no support. Statistically, no significant association was found between social support and respondents’ satisfaction in living alone. With regard to relation between social support and problems with living arrangements it was found that 41.7 percent respondents who faced problems with living arrangements reported no support. Statistically, no significant association was found between social support and respondents’ problems with their living arrangement.

Association between social support and mental health was also found out. In order to measure mental health status a scale consisting of 14 statements was constructed. All the respondents were asked to give their views on these statements on five point scale ranging from very low to very high. Responses were grouped into two main categories i.e. poor mental state and good mental state.51 percent respondents with poor mental state reported no support which indicates a significant association between social support and mental health status of the respondents. Additionally
association between social support and health status was also found out. 45.8 percent respondents who reported poor health status reported no support which also indicates a significant relation was found between social support and health status of the respondents. With regard to relation between social support and social network of the respondents it was found that 63.9 percent respondents who were asocial showed no support which shows a clear association between social support and social network status of the respondents. In all categories of social network, more respondents had partial level of support except those who were asocial and had no support. Chi square value is significant indicating a clear association between perceived lack of social support and social network status of the respondents.

With regard to social support and changes in health since elderly started living alone it was found that those respondents with deterioration in health, 45.3 percent respondents had partial level of support followed by 34.2 percent respondents with no support and 20.5 percent respondents with total support. Similarly, those respondents who reported no change in their health since they had started living alone, there were 50 percent respondents who had partial level of support, 35.2 percent respondents who had no support and 14.8 percent respondents who had total support 34.2 percent respondents with deterioration in health since they started living alone reported no support which shows a significant association between social support and change in health since they started living alone.

Association between social support and change in social activities of the respondents showed that 40.2 percent respondents who reported decrease in social activities since living alone showed no support followed by 38.1 percent respondents who had partial level of support and 21.7 percent respondents who had total support. The results show that those respondents who reported decline in social activities had no support whereas those who reported improvement in social activities had partial and total support. Statistically, however, no significant association was found.

With regard to association between social support and loneliness it was found that among those respondents who were completely lonely, a majority of the respondents i.e. 68.7 percent respondents reported no support, followed by 20.8 percent respondents who showed partial level of support and 10.4 percent respondents who showed total support. In contrast, those respondents who were not lonely, 44.4 percent respondents showed partial level of support, 41.7 percent respondents showed total support and 13.9 percent respondents showed no support. Among those respondents who were moderately lonely, 57.3 percent respondents had partial level of support, 21.9 percent respondents had no support and 20.8 percent respondents had total support. Statistically, a highly significant relation was found between social support and loneliness among the respondents.

Similarly an association between social support and social isolation was found. There were 61 percent respondents who showed complete isolation but reported no support. Statistically, a highly significant association was found between social isolation and social support of the respondents.
“Chapter-5” focused on the Policy, Programmes and Schemes for the elderly. The sixth objectives was to provide suggestions to policy makers for welfare of single elderly persons, thus the chapter focused on the initiatives by government for the welfare of the elderly persons at central and U.T. level. Various policies, programmes and schemes for the welfare of elderly persons have been discussed in detail in chronological order. Additionally, information on awareness of the respondents with regard various schemes was discussed.

It was found that a majority of the respondents were aware of National Old Age Pension Scheme, Passenger Reservation System (PRS), concession in Travelling Facilities, Parents Maintenance Act (i.e. 70.6 percent, 62.8 percent, 88.3 percent and 63.9 percent, respectively). It was found that there were more respondents i.e. 51.3 percent respondents who were beneficiaries of Passenger Reservation System (PRS), followed by 41.5 percent respondents availing the benefits of Concession in Travelling Facilities. There were 25.8 percent respondents who were facing problems while availing of the benefits of National Old Age Pension followed by 22.7 percent respondents who reported problems in availing the benefits of the Concession in Travelling Facilities. In the age group of 60-70 years, 64.6 percent respondents who were aware of the National Old Age Pension Scheme; in the age group of 70-80 years, 35.7 percent respondents were aware of the Senior Citizen Saving Schemes whereas in the age group of 80 years and above, 20 percent respondents were aware of Rashtriya Swasthya Bima Yojana. With regard to marital status wise awareness among single elderly, it was found that 43.5 percent of widowed respondents were aware of the Parents Maintenance Act; and 48.8 percent divorced respondents were aware of Annapurna Scheme and 40.4 percent never married respondents were aware of Indira Gandhi National Widow Pension Scheme (IGNWPS). 33.1 percent respondents were aware of the National Old Age Pension Scheme belonged to lower class background; 39.6 percent respondents from working class were aware of Integrated Programme for Older Persons (IPOP); 35.7 percent respondents belonged to the middle class were aware of the Senior Citizen Saving Schemes and 31.8 percent respondents from upper class were aware about National Programme for the Health Care for the Elderly (NPHCE).

The results show that a majority of the respondents (i.e. 75.6 percent) were satisfied with the initiatives taken by the government for the welfare of the elderly persons. A majority of the respondents i.e. 96.7 percent felt that government ought to take some more steps for the welfare of the single elderly persons living alone in the society.

In the fifth chapter suggestions were also taken from the respondents and it was found 32.2 percent of the respondents suggested mobile ambulance for the single elderly persons living alone in the society. 13.3 percent respondents asked for financial help for the single elderly persons.

In this chapter some studies were highlighted which have evaluated some of the policies and programmes initiated by the government. After reviewing these
studies, suggestion were given to the policy makers for the welfare of single elderly persons as there was not even a single policy or programme exclusively for single elderly persons living alone. Suggestions on health-care, safety and security, productive aging and sensitization programmes for youth on single elderly persons were given.

“Chapter-6” dealt with the case studies and their analysis. In addition to quantitative data, a qualitative research method was also used for the present study. In order to highlight the whole life experiences of the elderly case study method used. After discussing the case studies of single elderly i.e. widowed, never married and divorced, the case analysis was done.

Results show that there were 5 cases in the age group of 60-70 years, 1 case was in the late seventies and 4 cases were above the age of 80 years. There was an equal number of male and female respondents out of which 3 cases were widowed, 4 cases of divorced and 3 cases of never married respondents. There were 2 cases of reserved caste and 8 cases belonged to general caste. There were 7 cases of Hindus and 3 cases of Sikhs. There were 5 cases from urban background and 5 cases from rural background. 1 case was illiterate, 3 cases studied up to matriculation, 1 case studied up to high school, 4 cases were graduates and 1 case was post graduate.

4 cases were engaged in Government- class 1 job before retirement among which one case of a Banker, one case of a Principal of school, one case of an Engineer and one case of colonel in Army and one case of a Nurse. There were 3 cases that did menial kind of work among which one case was of a House Maid, one case was of a worker in shop and one case was of ice-cream seller. 2 cases were never engaged in any kind of paid work.

With regard to the income, 5 cases had income of more than Rs. 30,000 per month, 4 cases had income of less than Rs. 10,000 per month. Results of the qualitative study show that most of the cases belonged to high socio-economic background. There were 5 cases that had 1 kanal house and a majority of them were living in Chandigarh for more than 40 years.

The results show that 3 cases were living alone because they were widowed, 4 divorced cases had strained relations with their children who led them to live alone; and nobody was ready to live with all the 3 cases of unmarried. Earlier they were living with their parental family or friend but after their death they were on their own. It was found that 5 cases were living alone for less than 10 years.

Results show that 7 of the cases had children. It was found that there was one of unmarried case had an adopted son. Except one case of the widowed had normal relations with his children; all the divorced cases (i.e. 5 cases) including the case of never married (who had adopted child) had bad and abusive relations with their children.

With regard to the help in daily activities, 4 Cases had servants who helped them in their daily activities.
There were 3 cases had good physical health. 3 cases had an average health state and 4 cases reported poor health. Such findings indicate age and gender don’t play significant role in determining physical health. 2 cases were suffering from Arthritis, 1 case had heart problem, 1 case had respiratory problem and 1 Case had diabetes. All respondents reported a natural deterioration in physical health due to their age like dental problem; poor eye sight, poor hearing etc. and 4 cases were taking medicines for their ailments, 1 case could not take any medicine because of her poor financial condition.

All of the cases reported poor mental health but only 2 cases were on medication for their mental ailments. Insomnia, forgetfulness and depression were mentioned by all the cases. 4 reported poor financial conditions.

All the cases reported loneliness as they were living alone and they had no one to talk to. All of them irrespective of socio-economic background reported loneliness which shows that socio-economic profile doesn’t have impact on loneliness. Living alone and lack of mobility due to deterioration of health with increase in the age also makes them vulnerable to loneliness.

5 cases reported presence of support but not always. 4 cases mentioned absence of social support system. Those cases who had un-cordial relations with their children and siblings reported lack of support.

Results show 4 cases were completely isolated. The results show that firstly, age is responsible for the social isolation. Secondly, the marital status which led to isolated the elderly. Thirdly, the gender difference which made most of most of the elderly women isolated. Fourthly, the health status of the elderly was one of the reasons for their isolation. Lastly, the security reason was also responsible for isolation.

With regard to the insecurity, it was found that a majority of the cases (i.e. 7 respondents) felt insecure as they were living alone. Most of the females were afraid of their security because they were living alone and moreover they were aged. Those who belonged to the lower class had no security issue whereas cases from the high socio economic classes were afraid of their safety even though they had installed a security system at their home. 7 cases had poor social network.

With regard to the coping mechanism, it was found 8 cases prayed, 5 cases (including 3 cases who prayed) reported that they sleep to avoid tensions and stress. They also engaged themselves in social and leisure activities such as watching T.V., engaging in social activates, going for walk and keeping themselves busy with daily chores such as maintaining house, gardening etc. helped them to cope with stress and tension of social isolation.

5 cases suggested that there should be some support system for those who are living alone especially single women and differently abled persons, 3 cases suggested that there should be security measures for single elderly living alone.
After summarizing the results, an effort has been made to highlight the main findings of the study.

MAIN FINDINGS

The main findings have been discussed keeping in mind the objectives of the study.

The first objective of the study focused on the profile of single elderly persons.

The single elderly persons constituted the sample for the present study. There were 180 single elderly persons i.e. 90 male and 90 female single elderly. Additionally there were 10 cases that included 5 males and 5 female.

Profile of the single elderly persons with regard to the quantitative data a majority of the respondents in the age group of 60-70 years. Results show more longevity among male respondents in quantitative research and more longevity among female respondents in qualitative research. Findings of the quantitative research negate the results of Prasad (2015) who reported higher longevity in females. There were more respondents were graduates in qualitative research and more respondents were post graduates in quantitative research. Findings negate the results of Thakur et al., (2013) and Mohapatra, (2012). More respondents belonged to the urban background in the quantitative research whereas an equal number of the respondents belonged to the rural and urban background in the qualitative research. The present study also negates the study by Jamuna et al., (2004), which shows that most of the elderly persons were from the rural background. High proportion of the respondents was engaged in government jobs. A majority of the respondents were retired. More respondents were earning less than Rs. 10,000 per month in quantitative findings whereas more respondents were earning Rs. 30,000 per month in qualitative findings. Results negate the findings of Mohapatra, (2012). A majority of the respondents were having pension as the main source of income, this negates the findings by HelpAge India, (2008). A large number of the respondents belonged to lower social class background in quantitative research but more cases in the qualitative research belonged to the upper class. A majority of the respondents belonged to Hindu. A large number of the respondents belonged to unreserved caste category. There were more respondents who belonged to the urban background in the quantitative research whereas an equal number of the respondents belonged to the rural and urban background in the qualitative research. A large number of the respondents were living alone in 1 kanal house living arrangement. A large number of the respondents were staying alone for more than 20 years and less than 10 years in qualitative research. In the quantitative research, living alone was personal choice for highest proportion of the respondents; the results are in line with the findings of Wongboonsin et al., (2013). But in qualitative research death of the spouse was the major reason for living alone. A majority of the respondents had one child, out of these the highest number was that of widowers. Results don’t endorse the findings of Rajan and Kumar, (2003); Zimmer and Kwong, (2003). There was one exceptional case where an unmarried
female respondent had adopted a child. Most of the respondents had male child, out of which the highest number was that of widowers and divorced female respondents.

The Second objective discussed the problems (Health, economic, social networking, living arrangement and loneliness) faced by single elderly and the reasons of these problems.

Health problems: The results show that the problems related with Diabetes, Hypertension, Cancer, Eyes, Lungs, Dental ailments and Obesity were found more among elderly male respondents whereas the elderly females were suffering from Parkinson’s, Cardiovascular, Arthritis and Diabetes. Results of the present study don’t support the findings of Vijayakumar et al., (1992) who found that more males than the females were suffering from diabetes. But in qualitative study, gender didn’t play significant role in determining physical health. Results also support the findings of Sarwari et al., (1998) that women living alone experience less deterioration in functional health status.

Mental health: The results show that the problem of Insomnia and Depression was more among female respondents whereas forgetfulness was found more among male respondents. It was noted that female respondents belonging to upper social class background were more prone to mental ailments. Also, female respondents were facing more mental ailment as compared to male respondents. Thus, findings support Clayton, (1979); Forette et al., (1999); Madison and Viola, (1968); Thuen et al., (1997); and Chen et al., (1999). Results show that more female respondents sought treatment for mental ailment than male respondents. In the qualitative research, all of the respondents reported poor mental health.

The results show that a large number of the respondents preferred government hospitals for their treatment. Results support the findings of Kumari, (2001) and Joshi (2006) that a large number of the respondents prefer treatment from government hospitals. A large number of the respondents in the present study were uncertain about their health status. They were not suffering from any major ailment and they didn’t consider themselves suffering from poor health. The results of the present study support the findings of Kumari, (2001). Results of the qualitative research show a poor physical health. Results highlighted that a majority of the respondent preferred leisure activities to keep themselves mentally and physically fit.

Economic problems: Results show that a majority of the respondents were financially independent. The results supported the findings of Agewell foundation (2011), that a majority of the elderly respondents were independent. The results negate the Report on the Status of Elderly in Select States of India, (2011) as more respondents reported that their monthly household expense was more than Rs.10,000 per month. But in the qualitative research, more respondents were getting more than Rs. 30,000 per month.

A majority of the respondents managed their expenses within the budget. Most of the respondents who were incapable to manage their expenses borrowed money
from others, out of which a majority were the female respondents who borrowed money from their relatives. Results show that a majority of the respondents rated their financial status as good as they were able to manage their financial and household expenses within their stipulated income.

**Social networking:** The data reveal that a majority of the respondents were socially active and surprisingly most of these respondents were female respondents. A large number of the respondents joined social organizations for keeping themselves occupied. Such responses indicated that these elderly respondents had an active social life and they wanted to continue with it in their old age also. A large number of the respondents rated themselves as somewhat social and most of them were widowed. Results show that a large number of the widows were socially connected. Results from the qualitative research revealed that a most of the cases had a poor social network. These cases used to live alone and did not find any change in their social activities since they started living alone.

**Living arrangement:** The results of the present study show that more respondents were living alone in the bigger house. A larger number of the respondents in the present study owned living arrangement, thus it supported the findings of the Survey of English Housing, (2006). Further, it was found that those who did not own any living arrangement belonged to financially weak sections. The results show that a majority of the respondents were not facing any problem concerning their living arrangement and they were satisfied with it. Most of the never married female respondents faced problems related to living arrangement who belonged to the lower social class.

**Loneliness:** A majority of the respondents felt moderate level of loneliness whereas in qualitative research all the cases reported loneliness as they were living alone. The results show that there were more widowed respondents who reported complete loneliness as compared to divorced and never married respondents. A highly significant association was found between loneliness and marital status of the respondents. The results were in agreement with Lopata, (1980). Those respondents who just entered the old age were less lonely than those who were the oldest. A significant association was found between loneliness and age of the respondents. The results were in congruence with the findings of Pinquart and Sorensen, (2001). No impact of socio-economic background was reported on loneliness but in quantitative research a significant association was found between loneliness and social class background of the respondents. The results were in line with the findings of Cloutier-Fisher, (2006) and Stewart et al., (2009). The results show that those respondents who had un-cordial relations with their children faced more loneliness than those who had normal and cordial relations with their children. A highly significant association was found between loneliness and respondents' relations with their children. The results of the present study coincide with the findings of De Jong Gierveld et al., (2009) and Long et al., (2000). The study reveals that those who had normal and cordial relation with their siblings faced the problem of loneliness. A significant association was
found between loneliness and reasons of the respondents for living alone. The results of the present study were in agreement with the findings of Lebret et al., (2006). In all the three categories of duration of living alone, more respondents were feeling moderately lonely. No significant association was found between loneliness and duration of living alone of the respondents. The results of the present study were in line with the findings of Van Baarsen et al., (2001). The results show that most of the moderately lonely respondents were dissatisfied with living alone. The results were not in agreement with the findings of Age Well foundation, (2010); Kramarow, (1995); Kim and Rhee, (1997).

The results show that more respondents who were completely lonely had a poor mental health and vice versa. The present study was in agreement with the findings of Lim and Kua, (2011); Singh and Mishra, (2009) and Agewell foundation, (2010). Findings show that more respondents who reported deterioration in health had moderate level of loneliness and more respondents who reported an improvement in health showed no loneliness. The results were in line with the findings of Agewell foundation, (2010); Nummela et al., (2010); Tiikkainen and Heikkinen, (2005).

The results show that those respondents who were socially well connected were feeling less lonely than those who were not social. However, no significant relation was found between loneliness and social network of the respondents. The results were in congruence with the findings of Fees et al., (1999); Hawkley et al., (2003); Hughes et al., (2004); Mullins et al., (1987). With regard to qualitative research, it was found that loneliness has affected the social life of the cases as they have limited contacts and vice versa. It was found that irrespective of the level of loneliness, the social activities of the respondents decreased with old age.

**The third and fourth objective of the study measured social isolation relationship between socioeconomic profile of the single elderly and social isolation.**

**Social isolation:** The results of the present study show that a large number of the respondents felt a moderate level of isolation. There was no significant association between social isolation and marital status of the respondents. The results were not in line with the findings of Wenger and Burholt, (2004) but were coincide with Kivett, (1979).

The results did not indicate very drastic differences with regard to age groups. They revealed that those respondents, who showed complete isolation, mostly fell in the age group of 60-70 years. A sudden change in the life style from active to sedentary might have made them isolated. Similarly more respondents who reported no isolation were from the age group of 60-70 years. There was no significant relation between social isolation and the age of the respondents.

The results revealed that more respondents from the lower class background showed complete isolation as compared to respondents from other class backgrounds that showed moderate level of isolation. The results of the present study were similar to the findings of Blum, (1964); Briggs, (2005); Massey and Denton, (1993); Rankin and Quane, (2000); Smith, (2010); Steele and Sherman, (1999); Wilson, (2009).
Findings indicate that healthy relations with children integrate the elderly with their family and they don’t feel any isolation. The results were in agreement with the findings of Brody, (1970); Cottrell, (1974) and Johnson and Bursk, (1977). The results were in agreement with the findings of Cicirelli, (1995) that relationships with siblings could contribute to satisfaction in life, higher morale, fewer depressive symptoms, psychological well-being, and a greater sense of emotional security in old age.

Among all the reasons for living alone more respondents were moderately isolated except in the event of death of the spouse where more respondents were feeling completely isolated. There was no significant association found between social isolation and respondents' reasons for living alone by the respondents. Results show that as the period of living alone increased, the feeling of isolation increased. The findings show that longer the duration of staying alone, more impact it had on social isolation of the single elderly persons.

Results show that more respondents with complete and moderate level of isolation were not satisfied with living alone. A significant association was found between social isolation and satisfaction in living alone by the respondents. The results of the present study were in agreement with the findings of Agewell foundation, (2010).

The results show that the highest number of the respondents who were not facing problems with living arrangements had moderate level of isolation. No significant association was found between social isolation and problems with living arrangements.

The results show that more respondents having a poor mental state were feeling completely isolated and those with good mental health were moderately isolated. The results were in agreement with the findings of Cacioppo and Hawkley, (2003); and Tomaka et al., (2006).

There were more females who reported a complete isolation and a poor health status. Results were in agreement with the findings of Hawkley, (2003); Clayton, (1979); Forette et al., (1999); Madison and Viola, (1968); Thuen et al., (1997) and Nicholson, (2008). A significant association was found between social isolation and changed health status since elderly started living alone.

The results show that those respondents, who were not social, felt completely isolated whereas those respondents who were social showed no isolation. Thus, the results indicated that there was a relation between social network status and social isolation among single elderly persons living alone. The results support Fratiglioni et al., (2000). The results show that more respondents reported decreased social activities with complete isolation. The results support findings of Anderson, (1985).

With regard to qualitative research, age and marital status were found to be responsible for the social isolation. The elderly women were found to be more...
isolated. The deterioration in health status of the elderly was one of the reasons for their isolation. Lastly, safety issue was also emerged as a reason for isolation. Rests of the respondents were also feeling social isolation but it was to the moderate level.

**The fourth objective explored relations between loneliness and social isolation of the single elderly.**

Results show that most of the respondents were completely lonely as well as completely isolated whereas those respondents who showed no isolation were not lonely. A highly significant association was found between social isolation and loneliness among the respondents. Thus, the results indicate that there was a relation between loneliness and social isolation. The results were partially supported Havens et al., (2004) and fully supported Cacioppo et al., (2010). With regard to qualitative research it was found that all the respondents were facing problem of loneliness and more respondents were socially isolated.

**The fifth objective highlighted the coping mechanisms used by single elderly to overcome social isolation**

There are various coping mechanisms used by single elderly persons to overcome social isolation and loneliness. The results indicated firstly, a majority of the respondents spent time in spiritual activities to cope up with social isolation and loneliness, and in these the highest number was that of divorced respondents. Secondly, they spent most of their time in watching Television; widowed and divorced respondents were equal in number, out of which highest number was that of widows. Thirdly, they go for a walk to while away their time, among them the highest number was that of divorced male and never married female respondents. Fourthly, they spent time in reading newspaper/magazines/books etc., among them highest number was that of never married male respondents. Fifthly, they spent time in listening to the Radio, among them the highest number was that of divorced female respondents. Lastly, they spent time in doing yoga/meditation, among them the highest number was that of widowed respondents. More male respondents were involved in spiritual activities whereas more female respondents watched Television. Watching television was found to be the cheapest, the most accessible and the easiest way of spending time.

A high proportion of the respondents spent 4 to 5 hours on their hobbies and among them highest number was that of divorced respondents. It was also found that some respondents joined different associations and clubs to overcome their loneliness, among them the highest number was that of never married, followed by divorced and then widowed respondents.

With regard to qualitative research, it was found that praying to God emerged as major mechanism to cope with their loneliness and social isolation followed by sleep and engaged themselves in social and leisure activities.
The sixth objective to give suggestion for policy makers for the welfare of the single elderly

Results show that respondents gave different suggestions. There should be mobile ambulance for the single elderly persons living alone in the society. Secondly, government ought to take some steps for the security of the single elderly persons living alone. Thirdly, government should provide financial help to single elderly persons. Fourthly, government should take initiative to provide health facilities to single elderly persons. Fifthly, voluntary care takers should be provided to infirm single elderly persons. Sixthly, government should create employment for the single elderly persons so that they could remain productive even at the fag end of their lives. Seventhly, proper implementation of the schemes and programmes made for the elderly persons which could improve the situation. Eighthly, government should give priority to pending court cases of the elderly. Lastly, government should provide a special help to those single elderly who were differently abled and were living alone. The results of the present study showed that most of the respondents had given suggestions about those programmes on health and security of the single elderly persons living alone, in which the elderly faced major problems. With regard to qualitative research, a high proportion of the respondents suggested that there should be some support system and financial help for those who are living alone especially single women and differently abled persons.

RESEARCH QUESTIONS ANSWERED

The present study aimed to answer the research questions such as:

1. Does the socio-economic status (sex, age, class etc.) associate with single elderly about social isolation?
2. What are the reasons for living alone of single elderly?
3. To what extent social isolation is found among single elderly?
4. What are the adverse effects of social isolation on health of the single elderly?
5. What are the coping mechanisms used by the single aged to overcome loneliness and social isolation?
6. What are the policy suggestions to the policy makers for the welfare of single elderly?

An effort has been made to provide brief summary of answers research questions raised in the study.

- It was found that some socio-economic variables of single elderly persons had influence on social isolation. Socio-economic indicators like age, marital status, social class, relations with the children, relations with siblings, reasons for living alone, duration of living alone, satisfaction with living alone, problems with living arrangements, mental health, health status, changes in
health since living alone, social network and changes in social activities since living alone were associated with social isolation. The results show a significant association between social isolation and social class, relations with the children, relations with siblings, duration of living alone, satisfaction with living alone, mental health, health status, changes in health since living alone, social network and changes in social activities since living alone.

- Personal choice was reported as the main reason for living alone and a majority of such respondents were divorcees. Secondly, loss of the spouse was the reason for alone. Thirdly, when the respondents were young they were residing with their parents but when their parents expired they were bound to live alone. Fourthly, as children had migrated to other places elderly were left with no choice but to live alone, among them a large number of the respondents were divorced.

- A large number of the respondents felt a moderate level of isolation followed by complete isolation and no isolation.

- Social isolation has adverse effects on both mental and physical health. A significant association was found between social isolation and mental health and physical health of the respondents.

- Single elderly persons spent most of the time in spiritual activities, followed watching Television; going for a walk; reading newspaper/magazines/books etc.; listening to the Radio; doing yoga/meditation. More male respondents were involved in spiritual activities whereas more female respondents watched Television. It was also found that some respondents joined different associations and clubs to overcome their loneliness, among them the highest number was that of never married, followed by divorced and then widowed respondents.

- Most of the respondents had given suggestions about those programmes on health and security of the single elderly persons living alone, in which the elderly faced major problems. But in qualitative research, a high proportion of the respondents suggested that there should be some support system and financial help for those who were living alone especially single women and differently abled persons.

The usage of activity theory, dependency theory and modernization theory of aging were found to be helpful in understanding the issues and problem of social isolation and loneliness of single elderly persons in modern society. The activity theory proposed successful aging which occurs when elderly persons stay active and maintain social interaction. It was found in the present study that those respondents who were socially active were facing fewer problems than those who were not active. Loneliness and social isolation is also somehow related with the activities of the
persons. Those respondents who were socially active were less lonely and not socially isolated. More roles provided to the elderly persons for the participation will be better for the person when he/she will enter in old age. In addition to the activity theory, dependency theory was also found to be quite important to explain the situation of single elderly persons living alone in the community. This theory shows the difference in subjectivity and objectivity of dependency. The subjective dependency was found with regard to the problems of the single elderly persons. Those respondents who were financially dependent on others were facing more problems than others. Dependency theory helps define the problem of loneliness in single elderly persons. Modernization theory of aging is also seen as useful in the present study. This theory helps to understand the status of elderly persons in the modern times. This general model of the relationship between modernization and aging predicts a linear relationship between the status of older people and the degree of modernization experienced in a given society. It was found that personal choice emerged as a major reason to live alone for most of the respondents. They opted to live alone because they didn’t want any interference in their life. Another major reason of living alone was living of children outside the city. Due to modernization and urbanization, migration took place for searching new jobs to other cities which led the elderly parents live alone. Living alone is itself a problem when a person is aged and single. Thus, it was found that these theories were very helpful to discuss the present scenario of single elderly persons.

LIMITATIONS OF THE STUDY

Although the study achieved its objectives but there are limitations that exist. It is imperative to inspect research findings in the milieu of its limitations.

- Major shortcoming of the present study has been that it is urban based. A large number of elderly live in the rural area and a majority of them are dependent on their children. They face more problems which the present study didn’t explore.

- Another shortcoming of the present study has been that it primarily focused on the single elderly persons who were living in Chandigarh only. The study is limited to one city only.

- The present study presented the perception of the single elderly persons. In order to arrive at final conclusion, it is essential that other side of the story should also be known.

Despite its limitations, the study provides insights on various issues faced by single elderly persons. This research is also interdisciplinary in nature, drawing from the fields of Sociology, Health, Psychology, Public Administration and Geriatrics.
DIRECTIONS FOR FUTURE RESEARCH

This study has opened the following avenues for future research:

- The present study opens up the ways for the future researchers to understand the future related problems of single elderly living on their own and whose who are living in Old Age Homes should be compared.

- In order to have holistic approach, perception of children/relatives/friends or divorced spouse (in case of divorced respondents) should also be taken along with perception of single elderly persons.

- A comparative analysis of economic position of single elderly living alone can provide information related socio-economic status of elderly and types of programmes and policies needed in future for their welfare.

- There is a need for more cross cultural research, as elderly staying in different types of communities like metropolitans, small towns or rural areas can be included.

- Since it is not possible to use single theoretical framework to explain the problems of single elderly persons, it is required a new theoretical model be generated at field level.

CONCLUSION

In the modern era the issues of single elderly living alone needs special attention. The population of elderly living alone is increasing. The vulnerability of single elderly has gone higher due to the transition in the family structure and individualism. Family no more strongly acts as a support system for the elderly because of the value system of the younger generation. The value orientation among the younger generation is more materialism than filial piety. On the other hand, the elderly in India, who have traditional orientation, have very high investments in the ideals of family. Their social reality has not been constructed outside family. It comes as shock to them when are forced to live alone. Nevertheless they don’t dissociate themselves with their family and look forward for support from their kinsmen be that children or siblings or ex-spouses. The elderly are bound to suffer because of the absence of anyone to interact with on a daily basis and to turn to in times of need can be major issues for older people.

It is a bitter truth of modern society that many people live alone in old age, often with significant health and other challenges. Living alone may contribute to social isolation that has negative influences on health and wellbeing. There can be many reasons for living alone such as death of spouse, failed marriage or not getting married. Ageing diminishes the capacity to work and earn. This makes the elderly more dependent on others for their needs resulting in higher levels of economic insecurity and deprivation.
Elderly people are vulnerable to loneliness and social isolation due to loss of family, health, income and mobility. This vulnerability becomes more acute in the case of single elderly belonging to poor sections of society because of lack of social security and support. This disadvantage increases their dependency on their children and the inability of the children in most cases to look after their needs, making them in the process more lonely and isolated. Due to their dependency on their children and lack of time with the children to visit them, the problem of loneliness and isolation is further aggravated. The changing social relations and breakdown of traditional systems are resulting in a more individualistic society leading to social isolation of the elderly. This social isolation affects the living pattern of the aged. The problem will be aggravated in the future as the system undergoes rapid modernization and transformation. Government interventions are required for this section of the society who has given productive years of their life for the society.