Chapter 1
INTRODUCTION

The last decades have witnessed the rapid aging of the population worldwide. India is no exception as she is the home of one-eighth of the world’s population. Increasing longevity and falling fertility have resulted in a dramatic increase in the population of people aged 60 and above. This change presents far-reaching and multifaceted health, social, and economic challenges at many levels; namely, the individual, the family and the nation. The loss of paid work, a decrease in income and deterioration in health makes the elderly persons a vulnerable group. The decreased size of families, the diminished role of extended families, and changed perceptions in respect of intergenerational support and caring for older persons makes elderly a disadvantaged group. Additionally it is predicted that increased aging population would have significant influence on the national economy such as consumption and saving patterns, public expenditure, and human capital. Thus ageing will have a profound impact on societies and will need to occupy the attention of policymakers.

In the coming decades not only the population would age but the living arrangements of older people would also change. Elderly would either live in non-familial residential settings or alone. Worldwide, one out of seven or 90 million elderly person live alone. This ratio has been increased in the majority of regions and countries over the past decades (United Nations, 2005). The trend is likely to continue and will have important social consequences, especially for women, who are more likely to live alone as they outlive their spouses. The present study emerges out of context in which the aged are left alone to fend themselves in the last leg of their life when old people need more of affection, love and respect. As a consequence these elderly feel alienated and socially isolated from their own family. In addition to economic difficulties due to lack of steady income and poor health they often experience a loss of social networks and a lack of support system. The single elderly who live alone without any family member or relatives were the focus of the present study. The problem of the single elderly persons in India is assuming a new dimension because of the changing age pyramids, value system and withdrawal of family support system, forcing these elderly persons to be on their own. It is argued that 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 members or friends, retirement or poor health.

Social isolation is a complex and multi-faceted issue. In simple terms, social isolation can be referred to the absence of meaningful interactions between one person and another, or with his/her community. As the population gets aged the more people start living alone thus increasing the vulnerability of being isolated. Social isolation is major cause of concern for elderly persons as it has adverse impact on their health and wellbeing. Elderly persons who spend most of the time alone in their house without their family members or children feel isolated. The changes in family structures have
had a significant effect on patterns of intergenerational provision of care and reciprocity. Co-residence of older and younger family members used to be the central component of lifelong reciprocity arrangements in which adult children provided care for their aged parents in exchange for parental support at earlier stages of their lives. However, changing family structures combined with increase in the population of elderly persons have presented unavoidable challenges to the provision of elderly persons. Obstacles to family support have increased while formal support systems remain limited (Cowgill, 1972; United Nations, 2005).

As the proportion of women in the formal labour market increases, remaining unmarried is another option available. Stepfamilies resulting from divorce and remarriage create complicated intergenerational relationships. In this context, society is experiencing a growth in the number of older people with fewer adult children available to provide care.

All single elderly do not constitute a homogeneous category. The problems of an elderly widowed person may vary from elderly divorced/never married and the problems of elderly never married person may differ from elderly widowed/divorced. A fundamental question that remains unexplored in this area of research is that single elderly are different from married elderly. There is paucity of research despite an increasing recognition of diversity in aging. In the present study, the focus is on elderly single persons. In the present context, word ‘single elderly’ includes: Widowed, Divorced and Never married.

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). The emotional support which one spouse provides to the other becomes all the more important during old age as the person in this age generally becomes more alienated. It is the spouse who consoles the partner in his/her difficulties and worries. There are many other problems related to the single elderly which differ from elderly who live with their partners. Single elderly refer to people aged 60 and above and living alone in the community without any family members or related persons. The single elderly are often the most vulnerable group in the community due to the fact that their self-care abilities gradually diminish; help from the other people is often not available; and the majority of them are living on an income which barely exceeds the subsistence level.

To study the problems and issues of single elderly, it is important to first understand the concept of aging.

**PROCESS OF AGING**

The process of aging is a biological process which has dynamic nature. From a biological point of view aging is a measure of maturity, a simple index of the duration of the mechanism in time. The organic development process of aging marks the various
stages of maturation in the individual. The physiological development view of aging may vary somewhat from the chronological norm. According to economic view, aging is significant in that it conditions the individual's role as consumer and/or producer of goods and his place as independent or dependent member of the group. From sociological perspective aging focuses on how individuals are viewed, what individuals expect of themselves, and what is expected of them by others that individuals experience over the various age categories. In other words sociologists are paying attention to the socio-economic and cultural antecedents of the process of ageing.

In the developed world, chronological time plays a paramount role. In most of the countries age of 60 or 65 years, is taken as the retirement age where the old age begun. In many parts of the developing world, chronological age has little or no importance in the meaning of old age. But there is no specific or general agreement to define the old age. In different countries different age is used for elderly.

Defining Elderly

Many terms are used to explain people considered elderly. Some gerontologists have objected to use the terms ‘elderly’ and ‘senior citizen’ as insufficient for the generalizations that indicate negative stereotypes, including social isolation, impairment, and physical and financial dependence. The United Nations considers those who are above the age of 65 years as elderly. The Indian Census classifies people in the age range of 60 years and above as elderly. Indian demographers while studying the demographic and socio-economic aspects of elderly have used the proportion of persons of age 60 years and above as an indicator of ageing.

In the present study elderly were referred as the persons above the age of 60 years. The terms elderly, aged, older people and senior citizens were used interchangeably in the present study.

POPULATION OF THE ELDERLY IN THE WORLD

Before presenting information on aging in India, there is need to know the situation of the elderly in the world. The world’s population is undergoing a marked change in age structure, with rapid population aging among its most notable characteristics. The world’s population of elderly 60 years and above was 760 million people, representing 11 percent of total population. By 2050, it is expected that 22 percent of total population, or 2.0 billion people, will be elderly above the age of 60 years and above (Bloom, 2011).

According to United Nations (2015), there were 901 million people were above the age of 60 which comprises 12 percent of the total population of the world. The population of elderly is growing at a rate of 3.26 percent per year. Currently, Europe has the greatest percentage of its elderly population (i.e. 24 percent), but rapid
Ageing would occur in other parts of the world as well, so that, by 2050, all major areas of the world except Africa will have nearly a quarter or more of their populations aged 60 or over. The number of elderly persons in the world is projected to be 1.4 billion by 2030 and 2.1 billion by 2050, and could rise to 3.2 billion in 2100. In the short, higher numbers of the elderly population are unavoidable, given that the relevant units are already alive.

**POPULATION OF THE ELDERLY IN INDIA**

As per Census of India 2011, the population of elderly was 121.08 million (8.3 percent) which is projected to be 12 percent by 2025. As per the projections the percentage of elderly will be 118 million in 2016, (9.3 percent) 143.7 million in 2021 (10.7 percent) and 173.1 million in 2026 (12.4 percent). The elderly are the fastest growing population of India. They will constitute 25 percent of the population by 2050. Based on 2011 Census, the overall old-age dependency ratio shows that there are over 14 elderly per 100 working age population. According to the Census (2011), 8.3 percent of the population is elderly population and among these 40 percent are single elderly. Loss of spouse in old age adds significant vulnerability in later years. The 2011 Census shows that nearly 66 percent of those over 60 years of age are currently married, 32 percent are widowed and nearly 3 percent are separated or divorced.

**Size and Growth of Elderly Population**

In India, there is a change in the population composition in which there has been a positive increase in both the number and size of elderly persons. The size of the elderly persons has been increasing consistently over the last century. In 1901 the size of the elderly persons of India was about 5 percent, which marginally increased to 5.4 percent in 1951, and by 2001 this share was found to have risen to about 7.4 percent. According to 2011 Census, 71 percent of the elderly live in rural India.

Figure 1.1 Showing the projection of population pyramid in 2050

Source: U.S. Census Bureau, International Data Base.
Population pyramid of India highlights that the population of elderly is growing fast. And it is projected that by 2050 elderly population will increase threefold from the present population. The population of elderly shows that there is an increase in the size of elderly females, especially widows. The marital status distribution of elderly male population is considerably different from females in which there are 82 percent elderly male (as compared to 50 percent of elderly females) are currently married. The proportion of those who have lost their spouse is much higher among female elderly as compared to males. The population of elderly shows that there is an increase in proportion of elderly women, especially widows in the population. Two reasons are given for the marked gender disparity in widowhood in India. Firstly, longer life span of females compared to that of the males and secondly, the general tendency in India for females to marry males older than themselves. Also widowers are much more likely to remarry and thus maintain their earlier marital status. Though the relationship between the well-being of the elderly and their marital status cannot be spelt out precisely, any change in the marital status of the elderly deserves careful examination.

**Elderly Living Alone**

Elderly living alone is a growing phenomenon everywhere. It is an index of paucity of public and family support; it is also an index of self-supporting survival mechanism during old age. Worldwide, one in ten elderly in developing countries lives alone (Bongaarts and Zimmer 2001).

Living arrangements among the elderly persons was not an issue in India till a few decades ago because their families were taking care of them. The negation of large family structure with compact nuclear family where young members are given more care, attention and importance devalued the aged. As the modern society is oriented towards individual the aged are bound to be rendered useless thus generating a feeling of meaningless in them (Mahajan, 1987).

There are different estimates about population of single elderly living alone in India. Group of Economics and Social Studies (2009) has reported that around 12 percent of elderly live alone in India. According to Help Age India nearly 40 percent of the elderly persons in Mumbai live alone or with their ageing spouses (The Times of India, 2012). The UNFPA in its study in India, has reported that around one-fifth of the elderly persons live alone (The Indian Express, 2013). On the basis of National Family Health Survey (2005-06) Sathyanarayana et al., (2012) reported that a majority of the elderly were living with their children in India, whereas one fifth of the elderly either were living alone or with spouse and have to manage their needs on their own. The proportion of older persons living alone without spouse (solo living) has increased over time from 2.4 percent in 1992/93 to 5 percent in 2004/05.
In today’s world, people have become more individualistic due to the urbanization and modernization. Due to urbanization, migration has taken place in most of the places, where elderly persons have been left behind by their children. Traditional system of joint family in India has shown remarkable changes in its structure and functions. While living alone elderly persons have to face different type of challenges in their day to day activities. The major reason behind these challenges is their deteriorating health. Those elderly who are single and live alone have to face more problems. Accompanying the aging of the Indian population is increasing feminization in older age groups, which brings its own unique issues and challenges. One of the most important implications of an increasingly female older adult population will be the prevalence of widowhood among women. Loss of spouse in old age adds significant vulnerability in later years. Thus, single elderly persons have to stay inside the house which limits their social networking. Limited social network leads to loneliness and social isolation. Further single elderly who live alone fear about their security. There is need to highlight the issues of single elderly persons who live alone in the community.

The present study focused on social isolation among single elderly living alone, it becomes pertinent to explain the concept of Social isolation.

SOCIAL ISOLATION

Social isolation can be referred to living without any family member, social support or 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.

**Defining social isolation**

The concept of social isolation has been defined by many thinkers. According to Cohen and Syme (1985), “Social isolation can be defined structurally as the absence of social interactions, contacts, and relationships with family and friends, with neighbours on an individual level, and with ‘society at large’ on a broader level” (p. 247). Day (1992) has defined it as “the absence of satisfying relationships and a low level of involvement in community life” (p. 7). According to Gardner et al., (1998), “elderly are said to be socially isolated if they experience low levels of social participation and levels of social activity” (p. 6).

Social isolation has two characteristics - social and emotional isolation. According to Findlay and Cartwright (2002), Social isolation includes lack of social interaction with the feeling of loneliness in which the social aspects are measured quantitatively while the emotional aspects are measured qualitatively. Those persons who are socially isolated are not necessarily lonely, and lonely persons are not necessarily socially isolated in an objective sense. Social isolation can be measured through the observations of an individual’s social interactions and network.

According to Cattan and White (1999); Hall & Havens (1999), “in objective terms social isolation has less or no interaction with others whereas emotional isolation can be a subjective feeling of dissatisfaction with a low number of social contacts” (p. 1). Loneliness is a subjective counterpart to social isolation and the antithesis to social support (Victor et al., 2000).

Elderly persons with many losses to physical and psychological health, social roles, mobility, economic status and physical living arrangement can contribute to decreasing social networks which also increase social isolation (Creecy et al., 1985; Howat et al., 2004; Ryan and Patterson, 1987; Victor et al., 2002). According to Fowles and Greenberg (2003), in the next two decades social isolation will become more concerned issue because the number of elderly persons is expected to increase. According to Delisle (2005), social isolation occurs on three levels, at the micro (individual level), the meso (community level) and at the macro level (level of greater society).

One of the major underpinning issues about the increase in social isolation concerns is the long-term trend towards elderly persons living alone. This is particularly marked amongst elderly who live alone in their own houses rather than with family or in an old age home. Social isolation is a loss of the relations and place within one’s own group.
FORMULATION OF THE RESEARCH PROBLEM

The aging of an individual, as a socio-cultural phenomenon, is defined not by physical deterioration or by time but by the value system of his/her society. A person is socially old when he/she is so regarded and treated by its people. The problems of personal and social adjustment confronting the elderly are the resultants of the role and status accorded to them. In most developing countries a majority of elderly live with relatives, mostly with their own children. Traditional family system has provided feeling to share the family resources and there was provision of mutual support emotionally and physically both. In developing countries it was duty of the children to stay with their parents as long as they were alive. By contrast, most children in the more developed countries eventually leave the parental home, and parents have to live alone without any child.

According to United Nations, World Population Ageing (2009) approximately one in every four persons aged 60 years or over lived alone in the more developed regions, compared with one in twelve in the less developed regions. In the most of the countries like Africa, Asia, Latin America and The Caribbean, the rates of living alone of the elderly persons are 8 to 11 percent. Though, there are many elderly who live alone have a good health and are also engaged actively with the society. There are others who can be vulnerable due to ill health and financial constraints. Further studies show that those elderly who are living alone are more likely to be lonely and depressed than those living with a partner, as they have a small social network and infrequent contact with children (Hermalin, 2000). Elderly females who live alone, especially the oldest-old (aged 80 years or over), are at high risk of poverty. In most developing countries there has so far been little development of institutional care (apart from limited facilities) for sheltering destitute and abandoned elders. However, policymakers in rapidly ageing countries in the less developed regions, including Asia, are considering different ways of responding to the growing need for long term care beyond what the family can provide.

Kramarow (1995) presents three possibilities: Firstly, there is decline in number of the adult children that elderly may choose with whom to reside. Secondly, elderly in recent decades have had increased incomes and are able to support their own residences with less of a financial struggle than in the past. Thirdly, it has been suggested that modern culture has changed to a more individual focus, and therefore living alone is more desirable for today’s elderly than for elderly of the past who had a stronger desire to live with family. In other words, today’s elderly values independence more than yesterday’s elderly.

An effort has been made in the present study to find out problems and issues facing single elderly who live 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. Tensions exists as ‘ageing in place’ is seen as desirable in economic and policy terms but as problematic within
family studies, as elderly living alone in later life are often linked to the breakdown of the extended family network, predominance of the nuclear type family and consequent abandonment of elderly (Burgess, 1960). There is a lack of empirical support for the idea that elderly live alone because they are abandoned but there are some evidence to the contrary (Shanas, 1979; Shanas et al., 1968). That is, elderly persons often prefer to live independently, either with a spouse or alone (Shanas, 1980; Troll, 1971). All single elderly do not constitute a homogeneous category as they are from different class, age groups and having different marital status.

Single elderly are themselves elderly but still they are different from their age mates because they are stigmatized as single. Other elderly have family to stay with but those who are single do not have anybody to take care. They face many problems in their day to day life when one of the partners is missing. An elderly couple is dependent on each other as they provide emotional as well as financial support to each other but there is an absence of this support in the case of single elderly. They are disengaged from the family and society as well. Elderly persons living alone are in the need of special intervention services. A body of research suggests that elderly living alone may not have greater physical and mental health problems when compared to elderly in other community living situations (Berardo, 1967; Pezzin and Schone, 1999). 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).

Thus, it can be argued that single elderly face difficulties in day to day life because they are single and living alone in the society without any family member. There is an absence of support system and they feel lonely. The purpose of the present study was to highlight problems of single elderly and focus on issue of social isolation faced by them.

REVIEW OF LITERATURE

Literature in any field forms the foundation upon which all future work can be built. It not only gives one an insight into future but provides better comprehension of the problems being faced. The review dealt with the investigations carried out in India and abroad pertaining to the issues related to the single elderly who live alone.

INCIDENCE OF SINGLE ELDERLY WHO LIVE ALONE

In recent decades, there has been a significant increase in the number of people who live alone (Chandler et al., 2004). Over half of all people aged 75 and over in the UK live alone (Office of National Statistics Older People, 2010) and it has been suggested that the number of people aged over 65 who are often, or always, lonely totals over 1 million (Age Concern and Help the Aged, 2009). The proportion of elderly living alone is low in Asian settings as compared to the levels observed in western settings (Palloni 2002). Of six million senior citizens over 65 in South Korea,
the number of old people who live alone is 1.19 million, around a 2.2 times increase compared with a decade ago (The National Statistics Office, 2012).

Martin (1988) has also pointed out that about 15 percent of the elderly in the United States live with their children, in contrast to a majority of elderly Asians live in the same household as their offspring. It was also indicated that approximately three-quarters of Asians who were above the age 60 years were living with children.

PROFILE OF SINGLE ELDERLY

Females, compared to males, are more likely to live alone (Davis et al., 1997). It is not surprising, that unmarried females above the age of 80 years are more likely to live alone than men of the same age group (Zimmer, 2005). This difference is present mainly due to the higher life expectancy of females and the tendency of marrying male older than themselves, as the death of a spouse is a primary reason people transition into living alone (Bureau of the Census and National Institute on Aging, 1993; Kinsella, 1995).

According to Rajan et al., (1999) there were approximately 55 percent of elderly widows in India, as compared to 15 percent widowers, this difference is due to the large age gap between husband and wife and greater incidence of remarriage among widowers as compared to widows. According to Johnson and Appold (2017), there were more than one quarter of the elderly population was widowed in 2011-2015. Nearly 15 percent were either divorced or separated. Just over half were married and the remainders were never married. According to Wong and Zhiwei (2011), one third of the elderly in residential housing were widowed. With more female elderly living longer than males, the proportion of widowed persons was higher for elderly females (50 percent) than for the males (12 percent) in Singapore.

According to the Ministry of Social Justice and Empowerment, Government of India (1999), 33.3 percent of the elderly population were living below the poverty line. Lena et al., (2009) have reported that nearly half of elderly population was living in poor socioeconomic conditions. Half of the Indian elderly were dependents, often due to widowhood, divorce, or separation, and a majority of the elderly were women (Rajan, 2001). De Vaus et al., (2007) have found that elderly divorced women had the lowest levels of household income.

National Sample Survey for India (2000) has reported that the more elderly persons continued to work and were economically active beyond the age of 60. The rate of working male was higher than elderly females. However, even in the age group of 80 and above, 22 percent of men and 17 percent of women respondents continued to work in India. According to a Report on the status of elderly in select states of India (2011) also found the rate of participation in work among elderly males in India was 39 per cent and 11 per cent in elderly females. According to Help Age India, (2008) remittance from children emerged as the major sources of income for the elderly. Mohanty and Sinha, (2010) have concluded that poverty among elderly living alone was higher as compared to those elderly who were living with children.
According to Johnson and Parnell (2016-17), the older adult population (15 percent) grew much more rapidly—five times faster than the total population (3 percent) between 2010 and 2015. The population of the 85+ population grew most rapidly between 2010 and 2015. Purohit and Sharma, (1972) have pointed out that single elderly person in the age group of 60-70 years were more independent biologically than in older age categories. Another study has shown that increase in life expectancy was more in the case of women than men (Prasad, 2015).

According to Thakur et al., (2013) it was found that more elderly respondents were illiterate than those who had received education up to graduation. The proportion of illiterates was much more among female respondents. According to Mohapatra (2012), there were 60 percent elderly respondents who were illiterate and only a few elderly respondents i.e. 1.1 percent were graduates or had higher education. Goldberg et al., (1986) have found that never-married elderly persons were most likely to be in the top occupational groups and at the highest income level. This may be explained by the fact that never married persons may forego marriage in order to pursue higher levels of education, resulting in the attainment of high-income occupations.

REASONS FOR REMAINING SINGLE

Adams (1976) has argued that the level of education and profession became the reason for singleness among elderly persons. In addition to this, it also gives choice of marriage postponement. Ward (1979) has found that highly educated females tend to remain single in old age also. This was found as a major reason to remain unmarried for elderly single women. It was also observed that family background was not a good predicator of singleness.

Jones (1981) has suggested that due to social and economic changes, marriages started getting postponed by the Malays. He has found that higher education and participation in job were major factors for remaining single in old age. Jones (2004) has found that both education and participation in job market influenced the decision of marriage by many young. Bumpass and Sweet (1989) on the other hand have reported divorce was the major reason for remaining single in old age. The increased life expectancy of females and the tendency to marry male elder than them was a primary reason for living alone by most of the elderly widows (Bureau of the Census and National Institute on Aging, 1993 and Kinsella, 1995).

Gray et al., (2010) have argued that elderly females who got divorced and remained single had better education and employment rates than married, while the reverse was true for divorced and single males. These elderly males were less advantaged than both married males and divorced single women. It shows that higher education was also predicator of singleness.

Wongboonsin et al., (2013) have mentioned four major reasons for remaining single. Firstly, the most common reason to remain single was that they didn’t get the perfect match. Secondly, they didn’t think marriage was the most important life goal.
Thirdly, most common reason was that they were not ready for the responsibility of raising a family and having children. Lastly, most common reason was the focus on career advancement.

**WIDOWHOOD AND ELDERLY**

Women, particularly widows, who were living without their sons or who live alone were argued to be at risk of economic destitution, social isolation, poor health, and death (Beales 2000; Cain 1986; 1991; Ellickson 1988). Smith (1955) has noted that most of the elderly widows were capable of living alone and were also taking care of themselves, whereas elderly widowers were more dependent on others to prepare meal and provide general care. Moreover, the elderly widows were more likely to be invited to live in the family of a son or daughter because she can be very useful in helping in the household chores.

Kutner et al., (1956) have reported that the elderly widowers faced more problems as compared to elderly widows because they were incapable of remaking their life into an integrated whole. Townsend (1957) has argued that the elderly widowed were likely to have higher mortality rates than married or single persons, including their age peers who have been widowed when younger. Thompson and Streib, (1961) have contended that widows faced less problems in household than the widowers. Berardo, (1968) has reported that widowhood status presents problems for the both the genders. He argued that widows and widowers exhibit higher rates of mortality, mental disorder, and suicide than married persons of the same age.

**DIVORCED ELDERLY**

Divorce also affects the life satisfaction, social networking, extended family networks and intergenerational exchanges in later life (Amato et al., 1995; Dykstra, 1997; Pezzin and Schone, 1999; Rezac, 2002 and Solomou et al., 1998). Divorce can also results in the loss of social status which gives a negative effect on wellbeing and happiness (De Botton, 2004; Hirsch, 1976). In addition, a number of studies have found that divorce has a greater impact on elderly males than on elderly females, especially regarding ties with extended family members (Cooney & Dunne, 2001; de Graaf and Fokkema, 2007; Pezzin & Schone, 1999; Rezac, 2002; Solomou et al., 1998).

Chiriboga (1982) has found that divorced elderly persons were less happy and had more difficulty in adjusting with the change and found long term dissatisfaction. He has also identified differential areas of vulnerability between male and female elderly, with males being less happy and more troubled by separation, and females experiencing greater emotional tension and more disorganization of their lifestyles. However, male and female do not differ in their level of optimism about the future.

Gray et al., (2010) have also found that divorce had a long lasting and negative impact on wellbeing in later life for both the genders. However, the negative effects of divorce on wellbeing were largely confined to those who did not get married again and remained single. Negative effects of divorce on general health, vitality and mental
health were more found in the divorced elderly female. While among the elderly males, there was no effect of divorce on their health. In addition, a growing number of elderly were experiencing divorce in later life (Nakonezny et al., 2003; Stroup and Pollock, 1999) which was considered rare in the past.

NEVER MARRIED ELDERLY

Connidis (1989) has found that never married elderly females were more satisfied with their life than never married elderly males, and felt less isolated and lonely than their male counterparts. This may be partly due to the fact that females are more likely than males to develop broad social and family networks which they can rely upon in old age.

Research also indicates that never-married elderly females have a large social network size despite the lack of spouse and children, while never-married elderly males have very limited social networks (Mugford and Kendig, 1986)

Connidis and Davies (1990) have found that siblings hold a greater significance in the lives of never married elderly females than never married elderly males, and that never married elderly females have reported more frequent and satisfying contact with brothers and sisters as compared to their single male counterparts.

DAILY ACTIVITIES OF THE ELDERLY

Leitner and Leitner (1996) have stated that leisure activities in later life are sedentary, the most popular ones being watching television, reading, gardening, and indoor hobbies. A study of socio-cultural activities of the elderly (aged 56-80 years) has found that the leisure-time activities of elderly persons included reading newspapers, listening to the radio, watching television, gardening, participating in religious activities and talking (Srivastava and Saksena, 1995).

REASONS FOR LIVING ALONE

Research has highlighted the ability to live alone of the elderly due to availability of siblings, economic conditions, and health status (Wolf, 1984; Wolf and Soldo, 1988). According to HelpAge India (2015), most of the elderly persons lived alone because their children were shifted to other places. The increased life expectancy of females and the tendency for females to marry male older than themselves, or the death of their spouse was a primary reason for people to live alone (Bureau of the Census and National Institute on Aging, 1993; Kinsella, 1995).

Panigrahi (2009) has reported the elderly persons who had a son and were financially dependent on them were less likely to live alone. Studies have shown that persons in the later stages of their lives preferred to live independent, whether alone or, if married, in a couple-headed household (Beresford and Rivlin, 1966; Chevan and Korson, 1972; Shanas, 1980; Troll, 1971).
Some researchers have suggested that elderly persons who live alone may be vulnerable to physical and mental health problems. These problems may occur because of their age and disconnection from the society. An effort has been made to highlight various problems faced by single elderly such as health related problems, problem of nutrition and living arrangements.

**PHYSICAL HEALTH PROBLEMS**

Elderly persons suffered from severe physical and mental problems (Parikh, 2002). Chacko (1990) has reported that 55 percent elderly had visual problems (cataract), followed by orthopedic problems. Chronic respiratory disorders were significantly more in men while orthopedic problem were more in elderly females. The death of a spouse is seen as profoundly stressful event that places elderly at increased risk for mortality and morbidity. Epidemiological studies have shown that high mortality rates among elderly persons following the death of a spouse (Crossman et al., 1981; Jagger and Sutton, 1991), as well as higher suicide rates (Helsing et al., 1982; MacMahon and Pugh, 1965). Elderly persons who live alone had an increased risk of infections, falls, dehydration, and injuries (Campion, 1996). Living alone may be related to declining health for elderly females with severe health ailments. Research on the elderly population in Hong Kong has suggested that those elderly, who live alone had rated their health poor than those who live with others (Chou & Chi, 2000).

According to Bhatia et al., (2007) there were 86.1 percent elderly persons who reported one or more health ailments, with an average of two ailments. The illness was higher among the elderly females (59.5 percent) whereas 40.5 percent elderly male respondents who participated in the study had some kind of illness. 51.2 percent of the participants reported disorders of the circulatory system as their main health related problems. Sarwari et al., (1998) have reported that elderly women living alone had experienced less deterioration in functional health status.

High death rates from infectious diseases among elderly persons were found to be commonly associated with the poverty, poor diets, and limited infrastructure found in developing countries (World Health Organization, 2011).

**MENTAL HEALTH PROBLEMS**

Lowenthal and Berkman (1967) have found a relationship between widowhood and psychiatric impairment. They have found differential rate of psychiatric impairment between the widowed and married elderly respondents. Researchers reported that elderly widowed persons faced more mental problems as compared to married elderly and elderly females faced more mental health problems than elderly males (Clayton, 1979; Forette et al., 1999; Madison and Viola, 1968 and Thuen et al., 1997). According to Chen et al., (1999) widows had higher mean levels of traumatic grief, depressive and anxiety symptoms as compared to widowers.
According to Victor et al., (2000) main causes of mental problems among elderly women were distress and sense of helplessness, problem in adjustment, social isolation, loss of confidence and self-worth, misconception that family members and society no longer respect them and sense of loneliness as adult children leave them. Depression was found the common mental problem in elderly widows and it was viewed as a serious outcome of the feelings of loneliness (Victor et al., 2005).

Maeng-je (2009) has reported that single elderly persons were exposed to a higher risk of getting dementia. The odds of people without a spouse getting dementia were 2.4 times higher than those who had a spouse. Elderly women over 85 years were 11.6 times more likely to get dementia than men of the same age group.

**PROBLEM OF NUTRITION**

Quandt and Chao (2000); Schoenberg (2000); Shotland and Loonin (1988) have indicated that health problems related to inadequate nutrition were more prevalent among elderly persons. Schoenberg (2000) has suggested that single elderly females could be found on at least one of the four pathways to nutritional inadequacy—namely lack of access to necessary resources. Results confirmed the importance of providing healthful meal options for single elderly females who faced financial problems, limited mobility, or higher costs associated with obtaining food.

Sahyoun and Basiotis (2001) have noticed that the incidence of food insufficiency was relatively greater among single elderly females than for the single elderly population. In addition, female’s longer average lifespan means that they were more likely to experience the life changes associated with a decrease in the quantity and quality of food intake.

Yamanaka et al., (2006) have found the nutritional differences between middle age and elderly Japanese living alone and living with others. They have reported higher rates of insufficient intake of protein and green and yellow vegetables for elderly persons living alone than those living with others for both genders.

Wason and Jain (2011) have found that female elderly respondents were facing the problem of malnutrition more than male elderly respondents.

**PROBLEM OF LIVING ARRANGEMENT**

Studies have identified a number of factors such as age, sex, occupation, education, place of residence, number of children etc., as the important variables that shape the living arrangement (United Nations, 2005; Yadava et al., 1996; Jaiprakash, 1999). Velkoff (2001) has found that living arrangements were influenced mainly by financial well-being, marital status, family size and structure as well as cultural traditions. According to Dharmalingam et al., (2001) living arrangements of elderly revealed that except a few (7 percent), almost all elderly lived with their children. These few were living by themselves alone because of not having any children. Among the others, 73 percent lived with their sons whereas 20 percent lived with their daughters.
Living arrangements had shifted toward living alone for elderly in particular (Kramarow, 1995). Females, compared to males, were more likely to live alone (Davis et al., 1997; Zimmer, 2005).

A study by ODPM, (2006) has depicted that elderly persons spent between 70 and 90 percent of their time in their home which shows that there is a direct relation of type of living arrangement and the health of the elderly. The likelihood of loneliness in elderly persons living in care homes was also found to be double that of elderly persons who lived in community-dwellings (Victor, 2012). In this regard, D'Souza (1989) has observed that changes in living arrangements, family structure and mode of retirement adversely affected the elderly.

A Survey of English Housing (2006) has shown that 73 percent elderly persons were house owners whereas 22 percent elderly persons were residing in the rented houses and 5 percent elderly persons were living in their relatives' houses. Those who owned houses mentioned that own living arrangement in old age gave them mental satisfaction as it provided them financial security. There was a clear trend towards increasing home ownership over the years. According to US Bureau of the Census (1997) there were about 80 percent of the elderly persons who owned their own houses.

According to ODPM Government report (2006) 10 percent of the elderly persons had problems with their living arrangement, such as dampness and inadequate light. Elderly persons who lived alone had to face problems with their living arrangement as their deteriorating health did not permit them to maintain the house in proper condition.

According to Mohapatra (2011) there is an association between marital status and living arrangements of elderly. It was found that majority of the widowed (82.0 percent) lived with their children.

**ECONOMIC PROBLEMS**

A number of researchers have highlighted the economic problems of the elderly especially elderly females. Nair (1972) has reported that over three fourth of the elderly received help from their children and a few of them did not receive any help from their children because the latter were not earning enough to help their parents or themselves were dependent on their parents. Findings have indicated that widows, divorced and unmarried females were the poorest among the elderly. More females as compared to males were reported to be totally dependent for their maintenance on the family (De Souza, 1982).

Elderly living with others have a greater degree of incapacity and lower income than married couples (Fengler et al., 1983). According to the Ministry of Social Justice and Empowerment, Government of India (1999), one-third of total population was living below the poverty line was above the age of 60 years. Similar findings were given by Lena et al., (2009).
According to Kinsella and Velkolf (2001), a high financial dependency of the elderly persons is one of the signs of deprivation among the elderly population. In the old age when elderly persons are incapable to manage their expenses, they have to dependent on others. It was found that a majority of the elderly persons borrowed money from their children (Rajan, 2004; Yadav, 2006; and Alam, 2007). According to Rajan (2001), half of the Indian elderly were dependents, often due to widowhood, divorce, or separation, and a majority of the elderly were females.

Dror et al., (2008) have found that half the elderly population spent money on the medical ailments. According to a Report on the Status of Elderly in Select States of India (2011), in more than one-third households of elderly expenses fall below poverty line with a monthly expenditure of Rs. 1,000 or less and 17 percent elderly persons had monthly expenditure of more than Rs. 2,500. The states of Punjab, Kerala and Himachal Pradesh reported monthly expenditure of more than Rs. 2,500. There were 20 per cent elderly households in urban areas had monthly expenditure of more than Rs. 2,500.

Agewell foundation (2011) found that there were 59.3 percent elderly who were found financially independent while 40.6 percent elderly respondents were dependent on others for their financial needs. There were 71.9 percent elderly persons who reported that they need more money to meet their expenses whereas 28.1 percent elderly persons were satisfied with money (Agewell Foundation, 2017).

**CHANGING SOCIAL NETWORK**

As people age, various aspects of their lives are modified, including the quantity and composition of their social networks, as well as the frequency of their participation in social activities, different studies focus on changing social networks. Common events of old age that characterize changed social life are retirement and widowhood (Blau, 1961; Sabbat et al., 2015). Posner (1995) has pointed out that elderly persons make friendships with those with the persons of the same age groups. However in later life, some people may find it difficult to make new relations and to belong to new networks due to lack of opportunity, lack of confidence, or the fear of further losses.

According to Mullins et al., (1987) having few social contacts did not assure a state of loneliness. Loneliness was only weakly correlated with social network size and frequency of interaction with network members (Fees et al., 1999; Hawkley et al., 2003; Hughes et al., 2004). Living alone, limited social network and limited social contact lead to social isolation (Holt-Lundstad et al., 2015).

According to Fratiglioni et al., (2000) indulging in social interactions was found beneficial for the health and wellbeing of elderly persons. It is argued that elderly persons are more prone to social isolation due to limited mobility, reduced contact with friends and family and low social activity. Novek et al., (2013) argued benefits of social participation to elderly persons' physical and mental health. Participation in
leisure, social, cultural and spiritual activities in the community, not only facilitates elderly persons to maintain self-esteem, but also enhances supportive and caring relationships by social integration (Routasalo et al., 2006; WHO, 2007).

According to Nauert (2016) those elderly who participate in social activities were less likely to experience a decline in their ability to perform daily functions. It has been shown that elderly persons who stay connected socially live longer and happier than those who were more isolated.

**SIBLING INTERACTION**

Sibling interactions in old age have received limited attention in social science literature. Although some people might not believe that relationships with siblings are relevant once a person gets older, research have shown that many elderly persons do have contact with their siblings and report these relationships to be meaningful (Bedford, 1997; Connidis & Campbell, 2001). Researchers have also found that relationships with siblings can contribute to satisfaction in life, higher morale, fewer depressive symptoms, psychological well-being, and a greater sense of emotional security in old age (Cicirelli, 1995).

A number of studies have found that, compared to other types of kins, the siblings provide relatively small amounts of instrumental support in old age (Cicirelli, 1980; Kivett, 1985; Scott, 1983). Lopata (1979) has observed that siblings were not actively involved in the support systems of widows.

Berardo (1967) has noticed lower degree of kinship interaction among elderly widowers. According to him, the elderly females continued to integrate with kindred, even after widowhood. Thus, women generally exhibit a much greater involvement in the kinship system than men (Farber, 1964).

Shanas (1973) has reported that elderly widowed had greater contact and express more closeness with siblings than the married elderly. Lee and Ihinger-Tallman (1980) have found that those unmarried elderly women were less likely to interact with siblings than the married elderly females. Goetting (1986) has argued that providing help and support in later age is an important aspect of the sibling ship. A number of studies have found that, compared to other types of kin, siblings provide relatively small amounts of instrumental support (Cicirelli, 1980; Kivett, 1985; Scott, 1983). According to Lu (2007), contact and support of siblings both varied inversely with age. Elderly persons have fewer contacts with their siblings, thus they receive limited assistance from them. Sometimes elderly person do not get support from their siblings because they are also going through the old age.

Lopata (1979) has observed that siblings were not actively involved in the support systems of elderly widows. Other researchers (Shanas, 1979; Townsend, 1957) have reported after the loss of the partner, elderly widowed person gets dependent on siblings for support. Similar results were found by Cicirelli, (1982).
SOCIAL SUPPORT

Lipman and Longino (1981) have explored the informal support given to elderly depending upon the gender and marital status. It was found that the married elderly had more family relations than un-married elderly. This shortage of relations was compensated among the un-married by having of more secondary relations in their support systems. Among those without spouses, the females get more emotional, social, and instrumental support from family members. The greatest informal resource deficits were found among the unmarried males.

Family members were the major sources of informal support for the elderly persons (Antonucci, 1990 and Matthews, 1988), although supportive networks of friends and neighbours may assume particular importance for childless elderly (Rempel, 1985; Strain and Payne, 1992). Within the family support system, adult children represented the primary source of support for many elderly persons, particularly for widowed and physically impaired parents (Lee et al., 1990; O’ Bryant, 1987 and Tennstedt et al., 1994).

Kohn and Kohn (1979) have noticed that female elderly gets the rewards of her investment in later life. Spouseless males lack in primary support networks, and have few family members who give them support of all types. One may draw some consolation from the finding that secondary relations tend to compensate for the shrinkage in primary relations on support networks. Since secondary relations tend to specialize in instrumental support, however, the loss of a spouse may spell a serious decline in emotional and social support for a man. Perhaps this helped to explain why elderly males suffered more upon the loss of spouses than elderly females and why the male's emotional recovery from widowhood has been found to be slower than that of elderly females (Glick et al., 1974).

Kohen, (1983) has argued that widowed elderly have greater involvement with family and friends than married elderly. Ferraro and Barresi (1982) have also found differences between married and widowed elderly in the amount of interaction with family, friends, and neighbors, but the extent of such differences varied, depending upon the length of time the respondents had been widowed. Morgan (1984) has reported that widowed elderly experience decreases in the total number of kin contacts within a given period; but when the size of kin network is controlled, there was an increase in the average frequency of seeing kin for the widowed females only.

Shah, (1993) has found satisfaction in relations; higher level of satisfaction was found among widows than widowers and it was low among those elderly who were living in joint families. Further, those elderly who had not enough source of income and economically dependent were found having unsatisfactory behavior of their family members.

Parkash (1994) has stated that widowhood weakens the kinship network from the husband’s side. Probably the loss of the wife’s role restricts certain social interactions. Further, loss of status was experienced by elderly widows who have to
give up their own home and hearth to share their domicile with their children. The widow must realign her relationship with other family members in the absence of her spouse.

According to Cutrona et al., (1986) a good mental health provides healthy social support. Similarly, Beresford and Rivlin, (1966) have found that the social support was associated with better self-reported health status among elderly persons. Foster and Stoller, (1992) have examined the impact of health and social support on mortality of elderly persons above the age of 65 years.

According to Yeh and Lo (2004), lack of social support was found among the elderly persons who were living alone in the community. According to Gallie at el., (2000) the perception of support was higher among elderly with high class status. Weyers, (2008) also found that reduced social support was more frequent among elderly persons belonging to lower class.

Shaw et al., (2007) have highlighted the age-related changes in social networks and support in old age. They have found that emotional support was stable with age, whereas physical and informal levels of support increased with age and levels of support provided varied. According to Heylen, (2010) elderly persons between the age group of 70–74 years and 80–84 years were associated with low social support levels.

According to Harper (2014), elderly divorced males were more at the risk of lacking support than widowers. Dissolution in later life can lead to loneliness and lack of support. Various studies have suggested that the affective bonds with adult children play an important role in the well-being of the elderly parents (Brody, 1970; Cottrell, 1974).

Babchuk, (1978) has observed that loss of primary resources as a threat to the support system of the elderly. Death of the family member or closed ones results in greater resource deficits at the very time when more support was needed.

**PROBLEM OF ABUSE**

According to Hansson and Carpenter (1994), there were 700,000 to 1,000,000 elderly persons who faced violence by family. Unsuitable behavior against elderly was found not only by the family but also by the institutions. Violence against elderly practiced by care attendants in nursing homes was constantly brought into attention (Petzold and Muller, 2005). They have found that about 10,000 elderly died because of insufficient care, and that about 400,000 elderly were victimized by violence in care homes of Germany.

Chen and Dreze, (1995) have highlighted the plight of elderly widows showing their poor health and high mortality rates. The discrimination on various bases makes the elderly women’s situation extremely negligible. According to them, when these were combined with lack of access to property and assets the elderly widow’s situation deteriorates.
Saveman et al., (1999) have found that the mental and physical abuse related to care giving activities were found to be major types of abuse of elderly in the residential setting. It was found that the victims were mainly above the age of 80 years, and mentally or physically handicapped.

Dyer et al., (2000) have reported that abuse among elderly widows have a higher occurrence of dementia and depression. Moreover, elderly persons were known to have been abused physically or mentally and have a significant higher mortality rates than those who have not been abused.

Hossain (2004) has noticed that abuse against elderly is growing and it has taken several forms and ranges from psychological torture to physical torture which may include insults, humiliations, and partial or total denial of food, clothing, shelter and medical help and emotional support. Abuse was found more among those elderly who were dependent on the kin's for support or those who were chronically ill and need care and those who were widows. The major cause of abuse was poverty. The major remedy found in all cases was to make the elderly independent.

Madhurima (2008) has found that physical violence against the elderly widows which was unreported due to societal attitudes as well as their isolation from the main stream of the society. She has reported in most of the cases it was the sons and daughter-in-law who abused the elderly widows.

According to Catherine et al., (2016) the overall prevalence of elderly abuse was 16 percent which consisted of 12.5 percent verbal abuse, 11 percent neglect, 8.5 percent financial abuse, and 1.5 percent physical abuse. Many elderly persons had experienced multiple forms of abuse. A significant association was found between elderly abuse and financial dependence, lack of social support, and depression among the elderly persons.

According to World Health Organization (2017), around 1 in 6 elderly persons experience abuse worldwide. It has also been found that almost 16 percent of the elderly were subjected to abuse which included psychological abuse (11.6 percent), financial abuse (6.8 percent), neglect (4.2 percent), physical abuse (2.6 percent) or sexual abuse (0.9 percent).

CRIME AND ELDERLY

Research into elderly as victims of crime is of fairly recent origin. A few studies show that while the elderly are less likely to be the victims of crime than are the other age groups, they are among those who exhibit most anxiety over crime. Brillon (1987) has argued that older people were more afraid of crime than other age groups and that this fear seems to increase with age. The elderly persons appear particularly prone to crimes motivated by economic gain including an element of theft. In urban areas, the elderly persons have the highest rates for crimes involving personal larceny with contact (pocket picking and purse snatching), and were about as likely as other adults to be robbed (Hochstedler, 1981).
According to Group for Economic and Social Studies (2009), different types of crimes were committed against the elderly persons. These crimes may be defined as crime against the body (murder, attempt to murder, hurt and kidnapping etc.), crime against the property (dacoity, robbery, burglary and theft) and economic crime (cheating, criminal breach of trust etc.).

According to Patel (2010), 25 percent crimes against the elderly were committed by their own family members; particularly the son, daughter-in-law, relatives and neighbours. In some cases, servants were also involved in crimes. She also reported that property and land disputes, caste rivalries, living alone, lack of attention of police to crimes against elderly and rural factionalism as the reasons for crime against the elderly. Major types of crime faced by the elderly were burglary, molestations and criminal acts (Sigma Research & Consulting Pvt. Ltd., 2011). Klaus (1999) has reported elderly were more victims of property and violent crimes, such as household burglary and motor vehicle theft. According to National Crime Records Bureau (2014), more than 1000 elderly people were murdered followed by other crimes like cheating, robbery.

According to the National Crime Records Bureau’s report (2010), the crimes related to elderly are increasing all over India. A majority of the elderly persons feel safe and secure inside their houses, while 20.9 percent respondent reported that they were not 100 percent safe even inside their houses (Age Well Foundation, 2011).

**RELATIONS WITH CHILDREN**

Elderly persons are taken as caregiver by their children when they render home services, provide shelter, look after grandchildren, provide assistance in times of illness and other crises (e.g., spousal loss), and afford emotional support (Shanas, 1967 and Chappell, 1992). Elderly parents also provide financial assistance (Cheal, 1983) which may either retain young adults in the parental home or subsidize their leaving (Avery et al., 1992; Speare and Avery, 1993). Although the amounts of financial support given to younger family members differ by social class and ethnic group (Baruch and Barnet, 1983), some empirical findings have indicated that the elderly usually provide their offspring with more money than they receive reciprocally (Cheal, 1983; 1989, 1990).

In old age, elderly need emotional support for which there should be someone. Within the family support system, adult children represent the primary care, particularly for widowed or physically impaired elderly parents (Lee et al., 1990; O' Bryant, 1987; Tennstedt et al., 1994). Most of the elderly parents prefer to live nearby and to have regular contacts with their children (Bengtson et al., 1985; Rossi & Rossi, 1990). Sussman (1976) has demonstrated that parents and children see each other often or keep in touch by telephone, letter-writing and lengthy visits.

Various studies have suggested that the affective bonds with children play an important role in the life of the elderly parents for their well being (Brody, 1970; Cottrell, 1974). Johnson and Bursk, (1977) have found that the elderly enjoyed good
health when they had healthy relationship with their adult children. Similarly, it was found that better the elderly parents’ attitude toward aging, better the relationship between them and their adult children (Johnson and Bursk, 1977).

There are other studies that focused on negative outcomes of conflicting relations between children and their elderly parents (Hossain, 2004; Mancini and Blieszner 1989; Kaufman and Uhlenberg, 1998). Several studies have reported that daughters provide more assistance and care to elderly parents than their sons (Spitze and Logan, 1992; Stoller, 1985). Rossi and Rossi (1990) have found a close bond between mother-daughter relationships.

LONELINESS

Bikson and Goodchilds (1978) have found that single elderly were lonelier than elderly couples. Single elderly men were in the complete lonely group while married men were the least lonely. According to Park et al., (2017) loneliness was found to mediate the relation between living alone and depressive symptoms.

According to the Indian Express (2017), there were 43 percent elderly persons who faced psychological problem due to loneliness and relationship issues.

According to Patel et al., (2000) loneliness was the major psychological problem among elderly women especially widows. According to Lebret et al., (2006), 70 percent of elderly widows lived alone and loneliness was associated with loss of their husbands. Lopata, (1980) has stated that the social status of elderly females changes after the death of the spouse that contributes to the feeling of loneliness. The experience of widowhood means missing the relationship with the partner and participating in every social event together. Greenfield, (2010) has found that single elderly women who were living with children were found more susceptible to loneliness than males in similar living arrangements and those elderly males who were living with relatives or friends were lonelier than elderly females. Greenfield and Russell, (2011) have found that single elderly living with others (e.g., children or relatives/friends) demonstrate greater levels of loneliness than elderly living with a spouse. Mui, (1998) reported that elderly living alone were more likely to be depressed. Singh and Mishra, (2009) have revealed that there was a significant relationship between depression and loneliness. According to Agewell foundation (2010), there were 42 percent of the elderly respondents who reported depression due to loneliness and isolation.

The oldest elderly (i.e. above the age of 80 years) as compared to not so old elderly (i.e. in the age group of 60-70 years) felt lonelier (Pinquart and Sorensen, 2001). According to Blum, (1964); Lowenthal and Robinson, (1976) social class was associated with isolation but not with loneliness among elderly persons. Cloutier-Fisher (2006) on the other hand, has reported elderly from the lower income group were at the risk of loneliness. Poverty is thought to be a substantial risk factor for loneliness. Similarly, Stewart et al., (2009) have found that lower income elderly could not find affordable transportation to participate in activities of social
organizations and events which led to loneliness. Baumbusch (2004) has noticed that lack of companionship, social support, and intimacies emerges as negative aspects of singlehood and were often interpreted as loneliness. National survey of family and households (1988) has indicated that both loneliness and depression were significantly related to childlessness for elderly females.

De Jong Gierveld et al., (2009) and Long et al., (2000) have reported that affection and care may lessen the feelings of loneliness among elderly parents.

Researchers have indicated that social isolation and loneliness negatively affect both physical and mental health of the elderly persons (House, 2001; Tomaka et al., 2006).

According to Havens et al., (2004) social isolation is often linked with loneliness, it is crucial to recognize that social isolation is not always the sole cause of loneliness. According to Cacioppo et al., (2010) social isolation was associated with loneliness. As stated earlier, an elderly person is considered to be socially isolated when he/she perceives lack of social support, absence of social contacts, lives in independent household without family and kin around.

The concepts of living alone and loneliness were often used interchangeably (Townsend, 1968). However, loneliness and living alone are not similar to each other. Living alone may increase the risk for loneliness, not all elderly people who live alone feel lonely and vice versa.

Cohen-Mansfield et al., (2009); Theeke, (2009); Chaliseet al., (2010) and Cacioppo et al., (2010) have found that lack of social support was associated with loneliness.

Bhatia et al., (2007) found that those elderly who lived alone faced the problem of loneliness. Social network may help to cope with loneliness among elderly persons who live alone. According to Mullins et al., (1987) having few social contacts did not assure a state of loneliness. Loneliness is only weakly correlated with social network size and frequency of interaction with network members (Fees et al., 1999; Hawkley et al., 2003; Hughes et al., 2004).

According to Chen et al., (2014) moderate level of loneliness could be decreased by providing social support to elderly who were living alone.

Ministry of Social Development Report (2016), has highlighted that on an average, 10 percent of the elderly in the age group of 65 to 74 years, and 13 percent elderly above the age of 75 years have been identified as ‘feeling lonely ‘all of the time’, ‘most of the time’ or ‘some of the time’ in the last four weeks’ (p. 238). In contrast, those elderly who were in the age group of 65–74 years had reported the lowest level of loneliness, it can be resulted that loneliness is associated with
depressive symptoms and cognitive decline (Cohen et al., 2015; Zhong et al., 2016 and Heikkinen et al., 2004). Furthermore, being lonely is a risk factor for mortality, poor health and serious illness across diverse populations (Steptoe et al., 2013 and Ministry of Social Development, 2010).

The Agewell foundation (2017) has found that 47.5 percent elderly respondents were suffering from loneliness whereas 52.51 percent elderly respondents were not suffering from loneliness; 36.8 percent elderly who faced loneliness have reported living alone was responsible for their loneliness. According to Chalise et al., (2010) loneliness was an important public health issue which predicts a low quality of life among elderly persons which also have affected the mental and physical health (Wilson et al., 2007; Golden et al., 2009; Luo et al., 2012). Similarly, Sugisawa et al., (1994) have found loneliness as an indirect predictor of mortality in elderly persons through links with their health.

According to Lunstad et al., (2015) there was no difference between measures of loneliness and social isolation. They found influence of both objective and subjective social isolation on risk for mortality is comparable with well-established risk factors for mortality.

SOCIAL ISOLATION

According to Anderson (1985), social isolation stands decreased by increased social activity of the elderly. It was argued that a quality of social support to elderly persons helped in minimizing the health damaging effects that social isolation and loneliness inflict (Martire et al., 1999). Furthermore, Cloutier-Fisher and Kobayashi (2009) have shown that socially isolated elderly persons had significantly lower level of social support when compared to less socially isolated elderly persons.

According to Gardner et al., (1998) elderly males were much more likely to be isolated than elderly females. Edelbrock et al., (2001) have also identified being male as a risk factor for social isolation. However, Kunugi (1989) has noted that female’s longer life expectancy often means an old age aggravated by financial problems and social isolation.

It has been consistently found in many researches on social isolation that there is a link to various individual and social characteristics related to older age. Gender, widowhood or divorce, culture, education, income, and health have all been found to influence the experience of social isolation (Adams et al., 1989; De Jong Gierveld and Van Tilburg, 1995; Holmen et al., 1992; Mullins & Elston, 1996). There are some other factors also which include changes in life events such as retirement and widowhood, living alone, lack of participation in social activities and transportation problems (Hicks, 2000; Holmen et al., 1992; Ryan, 1998; Walker and Beauchene, 1991; Woodward and Queen, 1988).
Studies have shown that there is a link between social class and social isolation (Briggs, 2005; Massey and Denton, 1993; Rankin and Quane, 2000; Smith, 2010; Steele and Sherman, 1999; Wilson, 2009). Elderly persons from the upper class stay connected with others through different means including technology. According to Murphy (1982), working class elderly persons were more likely than others to become isolated.

Wenger and Burholt, (2004) have found that most of the respondents were not socially isolated (60 percent). Small proportions were very isolated (6 percent) and one third (34 percent) were moderately isolated. According to Kivett (1979), gender was a risk factor, women being more at risk of isolation than men.

According to Agewell Foundation (2010), elderly persons in the age group of 80 years and above faced more isolation in comparison to elderly persons in the lower age groups. In the age group of 60-70 years, 77.7 percent elderly persons reported that they were going through a phase of isolation. In the age group of 70-80 years, 87 percent elderly persons complained of isolation.

Bannerjee et al., (2001) have found that feeling of isolation was high in elderly females and they had poor life satisfaction. Elderly persons usually suffer from multiple chronic conditions which can cause social isolation (Kumari, 2001).

Gender differences have not been fully explored in many of the studies. In some of the studies elderly females were at greater risk of isolation (Kivett, 1979) but Mullins et al., (1996) have found that elderly males were at greater risk. (Havens et al., (2004) found that elderly widows were more likely to live alone for longer time than males, and experience poorer health; however, female gender was not found to predict either social isolation or loneliness.

Keefe et al., (2006) have found that elderly persons were no longer engaged with the outside activities such as grocery shopping, or banking because of transportation and mobility issues. Family support was no longer available for them services. As a result, groceries are delivered at the home, and banking is done by others and the risk for social isolation increased.

Nicholson, (2008) has mentioned that the socially isolated elderly have adverse impact on their health. Thus, social isolation has an influence on elderly well-being. Further research shows that socially isolated persons were not necessarily lonely, and lonely persons were not necessarily socially isolated in an objective sense (Gierveld et al., 2006). According to Steptoe and Kivimaki (2009), social isolation and loneliness are associated with 50 percent excess risk of coronary heart disease, which is broadly similar to the excess risk associated with work-related stress. Social isolation is affected by the poor mental health. The health risks posed by social isolation were severe for elderly persons (Cacioppo and Hawkley, 2003; Tomaka et
al., 2066). Victor, (2012) has found that the psychological issues were also a risk factor to social isolation among the elderly persons. Similarly, Canada’s National Seniors Council (2014) has also found that the persons experiencing social isolation were more prone to mental ailments.

World Health Organization (2013) has indicated that loneliness and social isolation were important social determinants and risk factors for ill health among elderly persons. According to House et al., (1988) social isolation was linked to health across all the age groups. According to Hawkley (2003), health of the socially isolated individuals might deteriorate because they lacked the social and environmental support. According to Stepteo et al., (2013) social isolation was associated with higher mortality in elderly persons. Health status was recognized as a possible risk factor for increased social isolation (Canada’s National Seniors Council, 2014). According to Nicholson, (2008) there was higher possibility of health issues among socially isolated individuals.

Portacolone, (2011) has found that, while nearly everyone who was isolated lived alone, not everyone who lived alone was isolated (Rolls et al., 2010). The level of isolation among elderly respondents was found quite higher in cases of elderly living alone or with their respective spouses. Situation was good in joint families, but even after warmth of traditional joint families, elderly were found affected by isolation within family (The Agewell Foundation, 2012).

**RESEARCH GAPS**

1. Review highlights that there are different studies on the issues of never married or divorced or widowed elderly but there is a dearth of the studies which give a comprehensive study of all three types of single elderly namely never married, divorced and widowed elderly.

2. Review shows that elderly who are staying alone face peculiar problems.

3. Most of the studies have highlighted the plight of widows and widowers; a very few studies that focused on elderly divorced and never married persons.

4. Literature shows that most of the studies have focused on elderly single women whereas elderly single males are not given much importance. The situation of men living alone is rarely researched and so unlikely to be well understood and it is assumed problematic in nature which is remained largely unchallenged.

5. Most of the studies on single elderly have been done in developed countries of the world; there is a paucity of research on single elderly in India.

Through the present research an attempt was made to study issue of social isolation among single elderly namely never married, divorced and widowed living alone.
Theoretical framework

The study seeks to make a general contribution towards enriching and enlarging the discourse on ageing in the context of changing family and social relationships. Its purpose is to explore the increasing vulnerabilities and uncertainties of the elderly with respect to their place in the society. The study contributes to the understanding of the living social realities of the elderly through three different perspectives: namely activity theory, dependency theory and modernization theory of aging. These theories have been discussed in detail in the following section.

Activity theory of aging

The activity theory was developed by Havighurst and Albrecht (1953), which depicts that an active life and participation with society provides satisfaction in old age. Successful aging equals active aging. Activity can be in both the terms i.e. physical or intellectual in nature. It is mainly related to maintaining active roles in the society. To maintain a positive role, elderly persons have to create new interests, hobbies, roles, and relationships to replace those which have been vanished due to the retirement and old age. This theory proposes that an elder person should continue a good lifestyle and should deny the limitations of old age. Society must also avoid the injustice with elder persons and accept them as they are. Society should not neglect the elder persons instead they should involve the elderly persons in various activities.

Activity theory suggests that elderly who take on a large number and variety of activities and roles have a more positive attitude, adjust to aging better, and be more satisfied with their lives (Kart and Kinney, 2001). This theory proposes the successful aging occurs when elderly persons stay active and maintain social interaction. Maddox, (1965) asserts that more roles that are available to the elderly person and the more roles he/she participates in, the better off he/she will be when he/she enters in old age.

There are some critiques of activity theory. According to Lemon et al., (1972) the high moral is not determined by the number of roles an individual participated in, but by an enduring, stable and intimate relationship with at least one individual. For the present study since elderly who were single and living alone were selected it was observed that who had active social life did not feel isolated.

Dependency theory of aging

The elderly person living alone is new phenomena. The size and population of elderly population who are living alone is increasing. The change in value system and individualism due to modernization forced the elderly persons to live alone. This phenomenon can be better understood from the dependency perspective. Pillemer (1993) has proposed a causal direction suggested by the dependency theory. Mahajan, (1989) has defined dependency as requiring assistance from another person or persons to continue living in the community (Pillemer, 1985). The dependency can
be in any aspect such as physical or psychological. Dependency can be seen at two levels- objective level and subjective level. Ageing diminishes the capacity to work and earn. Further deterioration in health results in the dependency of elderly on others. Due to individualism, children think their parents as burden on them so they force their parents to live alone. Those elderly who are healthy and financially independent also face problems in their life because it is not only the elderly parents who are dependent, children may also be found dependent on their elderly parents. Financially independent elderly parents are abused as their children want to transfer property in their names. Elderly parents do transfer the property with a hope that their children will look after them. There is subjective dependency hidden that their children fulfill their demands in old age.

The subjective dependency of elderly persons on kinsmen refers to how tied to the intra-family relationship an elder person perceives himself/herself (Mahajan, 1989). This type of dependency is known as psychological state of the mind. Elderly parents have to leave their house and live on their own. For some elderly persons, subjectivity is directly related with objective dependency. According to Mahajan (1989), more elderly females were subjectively dependent on their sons even they were financially independent. Elderly males tended to see themselves as independent while demanding upon their primary kinsmen, whereas elderly females were dependent even though they were living alone. After the death of the husbands, elderly widows were expected to be dependent on their sons for social status. The more dependent the elderly either objectively or subjectively on their children more vulnerable they are to exploitation.

Modernization theory of aging

Cowgill and Holmes (1972) proposed a theory of modernization theory of aging. The position of the elderly persons was shift from farm and craft production within families to a dominantly industrial mode of production due to the modernization in the society. The results of modernization have diminished the status of older people. Cowgill (1974) later identified four aspects of modernization that undermined the status of older people- health technology, economic and industrial technology, urbanization, and education.

According to Cowgill’s theory, improvement in health technology has positive effects on health and increasing longevity. It also has negative effects on elderly persons. When people live longer, there is more competition in the labor market. Industrialized societies needs younger workers with the new occupational skills forces elder workers out of the labor market into retirement. According to modernization theory, loss of income, prestige, and honor lead to a decline in the status of older people due to retirement. In traditional societies, elderly person of family used to control family production, and younger ones are dependent on them. When elderly persons are excluded from the industrial labor market, they become dependent on the young, losing social status.
Industrial set up in the urban area is the magnet to the younger population. Due to this set up, younger population migrates to the urban area. This process of urbanization leaves older family members behind in rural areas which undermines the traditional extended family. The new family form in modernizing societies is the nuclear family, and both social and spatial distance is increased between the younger and the older population. This is also changing intergenerational relations. Modernization theorists viewed upward mobility for the younger population and downward mobility for the elder population. Education system with increased literacy, emphasis on the scientific methods than over traditional forms of knowledge and making the generation gaps between young and old even wider. In the world of science and technology, traditional knowledge is vanishing.

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. According to this theory, the more modernized a society becomes, the more the status of older people declines. Modernization thus inevitably affects the entire social structure of newly modernized societies, including the position customarily held by its elderly community, regardless of when or where it occurred.

The above mentioned theories talk about the elderly persons. A combination of these theories i.e. Activity theory, Dependency theory and Modernization theory was used for the present study. Due to ageing there is deterioration of health, decrease in activities for the elderly making them dependent on others especially their children who due to changed value system give priority to individualism over filial piety thus making elderly persons lonely and socially isolated. It has been mentioned that family as an institution is changing partly due to changing demographic patterns but also due to modernization. The growth of individualism and desire of the independence and autonomy of the young adversely affect the status of the elderly. It is a fact that changing family structures will have an impact on the well-being of the older population now and into the future.

The elderly in a traditional Indian family were the final decision maker due to their long life experience, knowledge, and wisdom. They played a key role in their family affairs and domestic economy. However, the change in the modern society which has had the biggest impact on the role of the elderly in a family is the advent of a nuclear family. As young people migrated to urban areas as a result of urbanization and industrialization and the family-oriented agricultural industry structure fell apart, the family ties center around husband and wife. Consequently, there is a drastic change in the role of the elderly. The power of the elderly to make decisions and take control has been inevitably weakened. An increase in the elderly population is followed by consequent isolation. Due to demographic, social and economic changes, issues concerning elderly are increasing in number. In addition to the declines in
fertility and the increases in divorce, there are other changes in family structure. For instance, there are increases in migration (largely rural-to-urban) that may reduce the potential for direct support of older persons. In this new socio-economic reality where the size and the support of the families are shrinking, elderly find themselves increasingly lonely and isolated. Elderly people are much more 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 because of their lack of integration and participation in society. As an increasing number of elderly are now living alone, the immediate members of the family may not be close to support them. Also, living alone can lead to their minimal social interaction which can make them more vulnerable and isolated. Loneliness and social isolation is a growing problem among older adults which is affecting their overall well-being.

RESEARCH QUESTIONS

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?

OBJECTIVES OF THE STUDY

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.
METHODOLOGY

Research design

There are different kinds of research designs. They vary from general and sketchy statement of intent to carefully detailed and highly complex investigations. The research design for the present study is partly exploratory and partly descriptive. It is exploratory in the sense that it tries to seek new insight in the area which has not been fully explored by researchers in India. The study attempts to explore the circumstances which made these elderly single and led them to live alone in old age because in the Indian social set up the family is expected to provide social security and care to the aged members.

The study is partly descriptive in nature because it attempts to examine some of the research questions explored by other researchers at different time and in different settings. It is careful scrutiny of the hypotheses in static temporal contexts that persuades one to describe the phenomena, in order to display its general form for the further analytical inquiry. In this study the relevance of hypothesis suggested by other researchers has been taken into consideration while analyzing the selected cases of single elderly living alone.

Unit of analysis

The unit of analysis for the present study was single elderly in the age group of 60 years and above (widowed, never married and divorced) who are living alone in Chandigarh.

Locale for the study

For the present study the selected locale was Chandigarh.

Chandigarh is 1st planned city in India with a population. According to Census 2011, Chandigarh has population of 10.54 lakh, out of which 1,84,912 are elderly which constitute around 18 percent of the total population of Chandigarh and much higher than the population at national level. Chandigarh was selected because it is an emerging metropolitan city and also the capital of two states (Punjab and Haryana). Being a modern city, it was easy to procure population of single elderly who were living alone at Chandigarh. Further, Chandigarh represents modern architecture. When Chandigarh was established, people from different parts of the country migrated here settled here permanently. This population was representative. Moreover, Chandigarh represents Indian urban culture. Thus, sample of single aged that was living alone could be obtained.

Universe and Sampling

For the present study the universe is single elderly who were living alone without any family member. However, the present study is limited to Chandigarh. Due to limited time period and lack of sampling frame, it was decided to take a purposive sample of 180 respondents with the help of snow ball method. The
respondents 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.

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 required sample size was drawn. A sample of 60 single elderly persons from each class was drawn.

For the purpose of comparative analysis, purposive samples of 180 households situated in different sectors were selected giving equal representation to all four classes identified on the basis of accommodation. However, for the purpose of sociological interpretation, these cases were rearranged 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 (see Appendix I).

TECHNIQUES OF DATA COLLECTION

There are different methods of data collection in social research and to ensure the reliability of the data, suitable tools have to be devised. Keeping in mind the objectives of the present study, it was decided to collect quantitative as well as qualitative data. Quantitative data was collected through structured interview schedule. It consisted of both closed and open ended questions.

The structured interview schedule was divided into various parts which included questions on the profile of the respondents, living arrangement, health status of single elderly, food habits, daily activities, social activities, financial condition,
relations (with children, siblings and friends), coping mechanism, security issues, programmes/schemes and suggestions.

Mental health, loneliness, social support and social isolation were measured with the help of a self-made five point Likert scales.

**Scale for Mental health:** In order to measure mental health status a scale consisting of 14 statements was constructed. The scale was inspired by Warwick Edinburgh Mental Well Being Scale (WEMWBS). All the respondents were asked to give their views on these statements on five point scale ranging from very low to very high. There were 6 positive and 8 negative statements. The statements were related to the mood, relaxation, peace, enjoyment while doing things, helplessness, feeling of irritation, anxiety, happiness in the company of others, emptiness in life etc. Depending on the statement the scores of the respondents ranged from 14-70 and quartiles were calculated that were further grouped into two main categories i.e. poor mental state and good mental state (see appendix II).

**Scale for Loneliness:** In order to measure loneliness a scale consisting of 10 statements was constructed. This scale was inspired by The De Jong Gierveld’s Loneliness Scale and The UCLA scale of loneliness. All the respondents were asked to give their views on these statements on five point scale ranging from very low to very high. There were 5 positive and 5 negative statements. Depending on the statement these scores of the respondents ranged from 10-50 and quartiles were calculated. These were further grouped into three main categories i.e. complete loneliness, moderate loneliness and no loneliness (see appendix III).

**Scale for Social Support:** In order to measure social support a scale consisting of 12 statements was constructed. The scale was inspired by Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988). All the respondents were asked to give their views on these statements on five point scale ranging from very low to very high. There were 10 positive and 2 negative statements. Depending on the statements these scores of the respondents ranged from 12-60 and quartiles were calculated. These were further grouped into three main categories i.e. total support, partial support and no support (see appendix IV).

**Scale for Social Isolation:** In order to measure social isolation a scale consisting of 14 statements was constructed. The scale was made inspired by Lubben Social Network Scale (LSNS). All the respondents were asked to give their views on these statements on five point scale ranging from very low to very high. There were 9 positive and 5 negative statements. Depending on the statement the scores of the respondents ranged from 14-70 and quartiles were calculated that were further grouped into three main categories i.e. complete isolation, moderate isolation and no isolation (see appendix V).
Further, 10 Case studies were done for the peculiar and unique cases. All the cases required re-visits for the in-depth study. Their detailed case studies were recorded with help of interview guide. After collecting the detailed information for all the cases, analysis of the cases was done.

**TABULATION AND ANALYSIS**

After collecting all the information, a code design was prepared. The collected data was transferred into code design and then on to the EXCEL sheets. With the help of SPSS (Statistical Package for Social Sciences), simple frequency tables and cross tables were made. Percentages and chi-square test was used for analyzing the data. Gamma test was used to find out the association between education, income and accommodation. Further different quartiles were calculated for dividing all the respondents into different social classes. After the analysis and interpretation of the study, the results were related with the studies.

**CHAPTER SCHEME**

The present study has been divided into **seven chapters**.

The **first chapter** has outlined the general introduction of ageing. This chapter contained the concept of aging, population of elderly in developed and developing world, concept of social isolation, formulation of the research problem, an overview of the relevant theme wise literature related with the present study, research gaps, and theoretical framework used in the present study. Further, methodology adopted to carry out the research, objectives and research questions, locale of the study, sample and techniques of data collection have been discussed.

The **second chapter** focused on the profile of the respondents. It has been divided into two parts. **Part I** consists of the profile of the respondents where information related to age, caste, religion, educational qualification, occupational background, income, social class was obtained. Additionally information of spouses of once married respondents was also procured. **Part II** consists of the daily routine activities of the respondents.

The **third chapter** of the study focused on the problems of the single elderly persons. The chapter discussed the various problems faced by single elderly such as health related problems, economic problems, absence of social networks, issues related to living arrangement and problem of security of the single elderly persons.

The **fourth chapter** of the study focused on the issues of social isolation faced single elderly persons. In this chapter association of social isolation, loneliness and perceived lack of support was calculated with various variables like Marital status, Age, Social class, Relations with children, Relations with siblings, Reasons for living alone, Duration of living alone, Satisfaction with living alone, Problem with living alone, Health status, Mental health status, Change in health since living alone, Social networking and change in social activities since living alone. Association of social isolation, loneliness and perceived lack of support was calculated with each other.
The fifth chapter of the study focused on the policy, programmes and schemes made for the welfare of the elderly. In addition to know awareness about various policies and programmes by the respondents, an effort was made to understand who were the beneficiaries of various schemes and type of problems faced by the respondents while availing these schemes. The chapter also includes the suggestion to the policy makers for the welfare of the single elderly persons.

The sixth chapter included case studies. The case study method has been used to study the broader spectrum of the perception of single elderly persons at a more in-depth level. 10 case studies have been taken from the diverse socio-economic and cultural background. Sixth chapter has presented all the case studies and their subsequent case analysis.

The seventh chapter of the study included the major findings, summary and conclusion of the present study. The findings were discussed in general and in relation to the other research studies. Implications for social isolation for elderly were highlighted and possible directions for future research and concluding comments were provided.