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SOCIAL ISOLATION AND CHANGING FAMILY SUPPORT SYSTEMS AMONG THE ELDERLY IN CONTEMPORARY INDIA: A SOCIOLOGICAL ANALYSIS

[1]Dr. Thirumalesha Babu T R and [2]Mr. Ravikumar K.
[1]Associate Professor & Head, Department of Sociology, Government First Grade College, Badavanahalli, Tumakuru District, Karnataka
[2]Assistant Professor, Department of Sociology, Government First Grade College, Kunigal, Tumakuru District, Karnataka

Abstract

Population ageing is becoming an increasingly important social issue in contemporary India as changes in family structures, migration, urbanisation, employment patterns and geographical mobility reshape the everyday lives of older persons. Although the family continues to be an important source of emotional, financial, practical and care giving support, the ways in which such support is organised and experienced are changing. These transformations raise important sociological questions concerning social isolation, loneliness, family relationships and the well-being of older persons.

This article examines social isolation among older persons in contemporary Indian society, with particular attention to changing family support systems, living arrangements, migration, health, socioeconomic conditions and social participation. The study adopts a secondary-data-based, descriptive and analytical approach, drawing on evidence from the Longitudinal Ageing Study in India (LASI), the *India Ageing Report 2023*, peer-reviewed research studies and relevant institutional sources. The analysis is informed by modernisation theory, intergenerational solidarity theory, social support theory and social exclusion theory.

The analysis indicates that social isolation is a multidimensional phenomenon shaped by the interaction of health and functional limitations, marital and family circumstances, living arrangements, migration, socioeconomic conditions and the strength of social networks. The literature also demonstrates that social isolation and loneliness are related but distinct experiences. While family remains central to later-life support, geographical separation and changing household arrangements have contributed to new forms of intergenerational support through financial assistance, digital communication, periodic visits and coordination of care.

The article argues that changing family support should not be interpreted simply as the decline of the Indian family. Rather, family relationships are being reorganised across households and geographical boundaries. Addressing social isolation among older persons therefore requires a complementary approach involving families, communities, civil society and public institutions. Such an approach can strengthen social connectedness, social participation, dignity and social security in later life.

Keywords: Ageing; Older Persons; Social Isolation; Family Support; Intergenerational Relations

1. Introduction

Ageing is not simply a biological process; it is a social experience shaped by family relationships, health, economic security, social networks and opportunities for participation. In India, the family has traditionally been an important source of emotional, financial and practical support for older persons. However, changes in family structures, migration, urbanisation, employment patterns and increasing geographical mobility are influencing how older persons maintain relationships and receive support. These changes should not be understood simply as the decline of the family. Rather, they point to a gradual transformation in the ways families remain connected and respond to the needs of older members.

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India is undergoing a significant demographic transition, with the number and proportion of older persons increasing. The *India Ageing Report 2023* highlights the changing demographic, social and economic circumstances of older persons and the need for appropriate institutional and community responses. The report also draws on LASI 2017–18, Census data and population projections to examine the living conditions and well-being of older persons in India. Longer life expectancy, however, does not necessarily guarantee meaningful companionship, social participation or adequate family support. For some older persons, ageing is accompanied by strong family and community relationships; for others, it may involve reduced interaction, weakened social networks and uncertainty about care and companionship.

Family continues to occupy a central place in the lives of older persons, but patterns of intergenerational living are changing. Adult children may move to towns, cities or other regions for education and employment, while their parents remain in their place of origin. Consequently, family support is increasingly maintained across geographical distance through financial assistance, telephone calls, digital communication, periodic visits and arrangements for healthcare. Ahamad et al. (2024), using LASI Wave 1 data, found that migration characteristics such as distance, duration and migration stream were associated with social support and economic conditions among older adults. This suggests that migration has implications not only for economic circumstances but also for the social organisation of family relationships in later life.

It is equally important to recognise that living with family does not automatically protect older persons from social isolation or loneliness. The quality of relationships and opportunities for social interaction can be as important as physical proximity. An older person living alone may have meaningful relationships with relatives, friends and neighbours, while someone living within a larger household may still experience emotional disconnection. Thus, living arrangements provide only part of the picture of later-life social support.

Social isolation and loneliness also need to be distinguished conceptually. Social isolation generally refers to limited social contact and weak social networks, whereas loneliness reflects an individual's subjective feeling that meaningful social relationships are insufficient. Evidence from LASI Wave 1 supports this distinction. Srivastava and Srivastava (2023), based on 30,394 older adults, found that 13.4% reported frequent loneliness and identified social networks, social participation, health conditions and functional limitations among the factors associated with loneliness.

Health, social participation and socioeconomic circumstances further shape the everyday experience of ageing. Chronic illness and functional difficulties may restrict mobility and participation, while limited economic resources can reduce access to social and community activities. Social isolation, therefore, cannot be understood only as a personal or family problem. It is also connected with broader processes of social change, inequality, migration, changing family relationships and access to social resources.

Against this background, the present article examines social isolation among older persons in contemporary Indian society**,** with particular attention to changing family support systems, living arrangements, migration, health, socioeconomic position and social participation. Drawing on secondary evidence from LASI, the *India Ageing Report 2023*, peer-reviewed studies and relevant institutional sources, the article argues that family support in India is not simply disappearing; its form, location and manner of delivery are changing**.** Understanding this transition is important for developing a sociological perspective on ageing that recognises the continuing significance of family while also considering the roles of community, civil society and the state.

2. Review of Literature

The literature on ageing in India shows that social isolation among older persons is closely connected with health, family relationships, living arrangements, migration, social networks and opportunities for social participation. Rather than viewing isolation as an individual problem, recent studies increasingly locate it within changing family and social structures.

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Kotian et al. (2018) examined factors associated with social isolation among older persons in India using data from the Building Knowledge Base on Population Ageing in India (BKPAI) survey. The study included 9,836 older persons, of whom 19.7% were identified as socially isolated according to the study's measure. Social isolation was assessed through participation in public meetings, group or organisational meetings, religious programmes, and visits to friends or relatives. The study found that advancing age and dependence on others for activities of daily living were associated with greater social isolation. These findings demonstrate the close relationship between physical functioning, social participation and the maintenance of social networks in later life.

Ugargol et al. (2016) examined care needs, caregivers and living arrangements among older adults in India. Their study highlights the importance of household arrangements in determining the availability of care and assistance in later life. However, living arrangements alone do not fully explain the quality of support received by older persons. Physical co-residence may provide opportunities for practical assistance, but it does not necessarily guarantee emotional companionship or meaningful social interaction.

Saha and Majumdar (2023) examined patterns and correlates of living arrangements among older persons in India. Their findings highlight the continuing importance of family and co-residential living arrangements in later life. At the same time, household structure does not necessarily indicate the quality of family relationships or the extent of emotional support available to older persons. Thus, living arrangement should be treated as one dimension of family support rather than as a complete indicator of social connectedness.

Srivastava and Srivastava (2023), using LASI Wave 1 data, examined the prevalence and correlates of loneliness among older persons in India. Their analysis included 30,394 older adults and reported that 13.4% experienced frequent loneliness. The study identified several factors associated with loneliness, including marital status, health conditions, functional difficulties, social networks, physical activity, social participation and leisure activities. These findings reinforce the importance of distinguishing social isolation from loneliness. Social isolation concerns the extent of social contact and participation, whereas loneliness refers to an individual's subjective experience of inadequate meaningful social connection.

Hossain et al. (2022) examined the relationship between social exclusion and mental health among older adults in India. Their findings indicate an important connection between exclusion from social relationships and poorer mental health outcomes. The study suggests that isolation should be understood as part of wider processes of social inclusion and exclusion rather than solely as an individual psychological condition.

Ahamad et al. (2024) examined the relationship between migration, social support and economic conditions among older migrants in India. Their study considered the role of migration distance, duration and migration streams in shaping social support and economic circumstances in later life. The findings suggest that migration can create geographical distance between older persons and family members while also influencing the nature of available support. Migration should therefore be understood not only as an economic process but also as an important factor reshaping family relationships and the social geography of ageing.

Mishra and Pradhan (2023) investigated the relationship between social isolation, leisure activities, cognitive functioning and depression among middle-aged and older adults in India. The findings highlight the importance of social and leisure engagement in later life and suggest that social connectedness extends beyond family relationships. Participation in leisure and everyday social activities can provide opportunities for interaction, engagement and continued involvement in social life.

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Synthesis and Research Gap

Taken together, the reviewed studies show that social isolation among older persons is a multidimensional and interconnected phenomenon. Health and functional limitations may restrict mobility and participation, while widowhood, changes in close relationships, living arrangements and migration may influence the availability and quality of social support. At the same time, social networks, leisure activities and community participation can provide important sources of connection beyond the household.

An important insight emerging from the literature is that family support cannot be understood solely through physical co-residence. An older person may live alone but remain socially connected through relatives, friends, neighbours and community organisations. Conversely, an older person living with family may still experience loneliness or emotional disconnection.

Although existing studies provide valuable evidence on social isolation, loneliness, living arrangements, migration, caregiving, health and social participation, these dimensions are often examined separately. There remains a need for an integrated sociological understanding of how changing family support systems, geographical mobility, living arrangements, health, socioeconomic circumstances and social participation interact to shape social isolation among older persons in contemporary India. The present study addresses this gap by bringing these dimensions together within a sociological framework.

3. Research Gap

The literature reviewed above provides considerable evidence on elderly living arrangements, loneliness, social exclusion, migration and caregiving. However, these strands of research are often treated separately.

The first gap concerns the relationship between family structure and social isolation**.** Living arrangements are frequently used as an indicator of support, but co-residence does not necessarily tell us whether an older person feels respected, heard or emotionally connected.

The second gap concerns the changing meaning of family support**.** The conventional distinction between joint and nuclear families does not adequately capture families in which parents and adult children live in different cities or countries but maintain regular financial and emotional exchanges.

The third gap concerns migration**.** Migration research has traditionally focused on employment, remittances and urbanisation. Its consequences for the social lives of ageing parents and older migrants require greater sociological attention. Ahamad et al. (2024) provide useful evidence by demonstrating that migration characteristics are associated with differences in social support and economic conditions. (Springer)

The fourth gap concerns the relationship between social isolation and wider social exclusion**.** Isolation can emerge not only because family members are absent but also because older persons have limited access to transportation, community institutions, digital technologies, healthcare and public spaces.

The fifth gap is methodological. Much of the national evidence relies on LASI Wave 1, whose data collection took place primarily in 2017–2018. More recent publications have generated new analyses from these data, but they should not be mistaken for new nationally representative field surveys.

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The present article addresses these gaps by interpreting family support as a dynamic social relationship rather than a household arrangement.

4. Objectives of the Study

1. To examine the major sociological factors associated with social isolation among elderly persons in India.
2. To analyse the influence of changing family structures, migration and living arrangements on family support.
3. To examine the relationship between social isolation, family support and elderly well-being.
4. To suggest sociologically appropriate measures for strengthening family, community and institutional support for older persons.

5. Research Methodology

The article is based entirely on secondary data. No primary survey, interview or field observation was undertaken.

The principal empirical source is the Longitudinal Ageing Study in India (LASI) Wave 1. LASI Wave 1 is a nationally representative survey of adults aged 45 years and above and their spouses, covering all states and Union Territories of India. The principal fieldwork was conducted during 2017–2018. The migration study based its analysis on a final sample of 66,156 respondents aged 45 years and above after applying its exclusion criteria. (Springer)

Additional sources include the *India Ageing Report 2023*, peer-reviewed journal articles, demographic reports and scholarly studies relating to ageing, family relationships, social support, migration and social exclusion.

The study adopts a descriptive-analytical approach. Rather than producing new statistical estimates, it compares findings from existing studies and interprets them through sociological theories.

Conceptual Variables

Dimension	Indicators considered
Social isolation	Limited social contact, weak networks and low participation
Loneliness	Subjective experience of inadequate social connection
Family support	Emotional, financial, instrumental and care giving support
Living arrangement	Living alone, with spouse, children or other relatives
Migration	Migrant/non-migrant status and geographical separation
Health	Chronic conditions and functional limitations
Social participation	Religious, recreational, civic and community activities
Socioeconomic position	Income, pension, wealth and access to services

A major methodological strength of the study is that it distinguishes social isolation from loneliness and co-residence from actual support.

Conceptualisation of Key Variables

These conceptual variables help explain how older people experience social isolation and how family support is changing in contemporary India. Social isolation refers to limited contact with others and weak social networks, whereas loneliness reflects an individual's personal feeling of being socially disconnected. Family support includes emotional, financial, practical and caregiving assistance provided by family members. Living arrangements indicate whether older people live alone or with family members, while migration draws attention to the effects of geographical distance between

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generations. Health, social participation and socioeconomic position also shape older people's opportunities for social interaction and access to support. Importantly, this study distinguishes social isolation from loneliness**:** an older person may have limited social contact without necessarily feeling lonely, while another may experience loneliness even when living with family.

6. Theoretical Framework

6.1 Modernisation Theory : Modernisation theory helps explain the transformation of family organisation under conditions of urbanisation, industrialisation, occupational mobility and demographic change. Traditional family arrangements were closely connected with agriculture, local occupations and intergenerational co-residence. As employment becomes geographically mobile, families increasingly become dispersed across cities and regions.

However, modernisation should not be interpreted as a simple movement from “joint family” to “nuclear family.” Indian families frequently maintain strong relationships despite geographical separation. A parent may live in a village while an adult child works in a metropolitan city. The household is separate, but the family relationship remains active through money transfers, telephone calls, digital communication and periodic visits.

Modernisation theory therefore explains the changing form of family support rather than its disappearance.

In relation to Objective 1, the theory helps explain why geographical mobility can reduce opportunities for everyday social interaction.

In relation to Objective 2, it explains the transformation of co-residential family support into geographically dispersed support.

For Objective 3, it highlights the possibility that physical separation may weaken everyday interaction even when emotional attachment remains.

For Objective 4, it suggests that social policy should adapt to new family forms rather than assume that traditional co-residence can continue to perform every welfare function.

6.2 Intergenerational Solidarity Theory : Intergenerational solidarity theory provides a framework for understanding relationships between parents and adult children. Family solidarity involves several dimensions, including contact, affection, agreement, shared activities and exchange of assistance.

This framework is especially useful in contemporary India because family relationships can remain strong even when family members no longer share a household.

For Objective 1, reduced contact with children may weaken an older person's everyday social network.

For Objective 2, the theory explains how support can be exchanged across distance through remittances, communication and care coordination.

For Objective 3, it helps explain why the quality of intergenerational relationships may matter more than physical residence alone.

For Objective 4, it supports policies that facilitate intergenerational communication and shared responsibility rather than placing all caregiving expectations on one family member.

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6.3 Social Support Theory : Social support theory views relationships as sources of emotional, instrumental, informational and financial resources.

For older persons, emotional support may involve companionship and affection. Instrumental support includes help with mobility, household tasks and healthcare. Informational support helps individuals navigate institutions, while financial support may involve pensions, remittances or family transfers.

This theory is useful because it moves the analysis away from the question “Who lives with the elderly person?” towards the more meaningful question “What forms of support are actually available?”

For Objective 1, social support theory identifies weak networks as an important pathway towards isolation.

For Objective 2, it demonstrates that family support can continue across geographical distance.

For Objective 3, it explains the protective role of meaningful relationships for emotional and social well-being.

For Objective 4, it suggests that policy should strengthen multiple sources of support rather than relying entirely on family caregivers.

6.4 Social Exclusion Theory : Social exclusion theory broadens the analysis beyond the family. Older persons can become excluded from social life because of poverty, disability, widowhood, lack of transportation, poor digital literacy or inadequate access to public institutions.

This perspective is particularly important because an elderly person's isolation may persist even when family relationships remain intact.

For Objective 1, social exclusion explains how multiple disadvantages accumulate.

For Objective 2, it demonstrates why family support cannot compensate for all forms of institutional exclusion.

For Objective 3, it connects isolation with broader dimensions of psychological and social well-being.

For Objective 4, it provides a justification for community centres, social security, accessible healthcare, digital literacy and inclusive public spaces.

7. Objective-wise Analysis

Objective 1: Sociological factors associated with social isolation :

Social isolation among older persons is not caused by a single circumstance. It develops through the interaction of age, marital status, health, mobility, social networks, migration and opportunities for participation. Kotian et al. (2018) found that advancing age and dependence on others for activities of daily living were associated with greater social isolation among older persons in India. Srivastava and Srivastava (2023) further showed that loneliness was associated with social networks, social participation, health conditions and functional limitations. These findings indicate that social isolation and loneliness should be treated as related but distinct experiences.

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Migration introduces another important dimension. Ahamad et al. (2024) found that migration characteristics such as distance, duration and migration stream were associated with social support and economic conditions among older adults in India. Migration therefore has implications not only for economic circumstances but also for the social geography of ageing and family support. Overall, the evidence suggests that social isolation is cumulative and multidimensional, particularly when declining health, reduced mobility, loss of close relationships, geographical separation and limited social participation occur together.

Objective 2: Influence of changing family structures, migration and living arrangements on family support :

Family remains a central source of support for older persons in India, but the organisation of family support is changing. The traditional expectation that adult children would live close to their parents and provide everyday assistance is increasingly being supplemented by other forms of intergenerational support.

Changing living arrangements are an important part of this transformation. Saha and Majumdar (2023) demonstrate the continuing importance of family co-residence among older persons, while also showing that household arrangements need to be examined in relation to wider social and demographic circumstances. Living with children can provide companionship and practical assistance, but co-residence alone does not guarantee emotional closeness or meaningful support.

Migration further changes the relationship between physical residence and family support. Children may live in another city, state or country while continuing to provide financial assistance, communicate regularly through telephone or digital platforms, arrange medical care and return home when necessary. Ahamad et al. (2024) show that migration can influence the social support available to older persons. This suggests that family relationships should not be understood only in terms of whether family members share the same household.

Contemporary Indian families can therefore be understood as increasingly geographically dispersed but socially connected**.** A family may be physically separated while continuing to perform important emotional, financial and caregiving functions.

However, geographically dispersed support can also have limitations. Regular communication may not compensate for the absence of immediate companionship or physical assistance during illness. Older persons with complex health needs may require support that cannot easily be provided from a distance.

The central sociological point is therefore that family support is changing rather than simply disappearing**.** The movement is not necessarily from “joint family” to “nuclear family”; it is also from predominantly co-residential support towards a combination of co-residential, geographically dispersed and networked forms of support.

Objective 3: Relationship between social isolation, family support and elderly well-being :

Social isolation has implications that extend beyond the absence of social contact. It can influence emotional well-being, participation, cognitive functioning and mental health. At the same time, poor health and declining functional ability may themselves contribute to withdrawal from social relationships. The relationship is therefore potentially reciprocal.

A useful way of understanding this process is:

Poor health → reduced mobility → fewer social interactions → loneliness → reduced participation → greater isolation.

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Family support can interrupt this cycle. Emotional encouragement, help with mobility, assistance with healthcare, regular communication and companionship can make it easier for older persons to remain socially active. However, the presence of family members alone is not sufficient. The quality, frequency and meaningfulness of interaction are equally important.

This distinction is supported by the literature. Srivastava and Srivastava (2023) found that loneliness was associated with social and health-related factors among older adults in India. Their findings demonstrate why subjective loneliness should not be treated as identical to objective social isolation.

The consequences of weak social connectedness can also extend to cognitive and psychological well-being. Mishra and Pradhan (2023) examined social isolation and leisure activities in relation to cognition and depressive symptoms among middle-aged and older adults in India. Their findings underline the importance of maintaining meaningful social and leisure engagement in later life. Hossain et al. (2022) similarly identified an association between social exclusion and mental health among older adults in India.

These findings suggest that elderly well-being should not be assessed simply by asking whether an older person lives with family. An older person living independently may remain socially connected through friends, neighbours, relatives and community organisations. Conversely, a person living within a household may experience loneliness or exclusion.

Thus, the quality of relationships and opportunities for participation may be more important than residence alone**.** Family support is most protective when it provides regular companionship, practical assistance, emotional security and opportunities for continued social participation.

Objective 4: Sociologically appropriate measures for strengthening family, community and institutional support :

The evidence indicates that responsibility for the social well-being of older persons cannot rest entirely on the family. Family remains important, but changing patterns of migration, employment, household formation and geographical mobility mean that families may not always be able to provide continuous physical care.

A more effective response would therefore combine family, community and institutional support**.**

At the family level, intergenerational communication should be encouraged even when family members live apart. Regular telephone and video communication, periodic visits, financial assistance and shared responsibility for healthcare can help maintain meaningful relationships. Caregiving should also be understood as a shared responsibility rather than being placed on one family member.

At the community level, older persons need accessible opportunities for social participation. Community centres, senior citizen groups, religious organisations, recreational activities, neighbourhood associations and voluntary organisations can provide spaces where older persons can interact with others and maintain a sense of belonging.

Digital inclusion is becoming increasingly relevant. Digital communication cannot replace face-to-face companionship, but appropriate support in using smartphones, video calls, online services and telehealth can reduce some effects of geographical separation.

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Economic security is another important dimension. Reliable pensions, access to social protection and affordable healthcare can reduce dependence and strengthen the autonomy of older persons. The *India Ageing Report 2023* emphasises the need for institutional responses alongside family-based care as India experiences demographic ageing.

Finally, policies should recognise that older persons are not merely recipients of care. They are members of families and communities with experience, knowledge and social contributions. Opportunities for volunteering, cultural participation, local decision-making and intergenerational activities can help older persons remain socially visible and valued.

The sociological implication is clear: India does not need to choose between family care and institutional support. It needs a complementary system in which families, communities, civil society and the state reinforce one another. Such an approach can respond more effectively to the changing realities of ageing while preserving the importance of family relationships.

Overall interpretation

Taken together, the four objectives show that social isolation in later life is best understood as a social and relational process rather than an individual problem**.** Health, widowhood, migration, living arrangements and socioeconomic circumstances can shape the opportunities older persons have for maintaining social relationships. At the same time, family support continues to matter, although its form is increasingly changing.

The central finding of this analysis is therefore that the Indian family is not simply disappearing; it is being reorganised**.** Physical co-residence is increasingly supplemented by geographically dispersed and networked forms of support. The challenge for contemporary Indian society is to ensure that these changing forms of family support are complemented by strong community networks and responsive institutions so that older persons can experience not merely longer lives, but lives characterised by connection, dignity, participation and social security**.**

8. Findings and Suggestions

Major Findings

The analysis produces five broad findings.

First, social isolation is multidimensional. It is associated with health, widowhood, migration, living arrangements, social networks and opportunities for participation.

Second, family support has not disappeared. The evidence does not justify a simple narrative that the Indian family has abandoned its elderly members. Research on living arrangements shows that co-residence with children remains common. (Sage Journals)

Third, the form of family support is changing. Physical co-residence is increasingly complemented by financial transfers, communication technologies, periodic visits and healthcare coordination.

Fourth, migration creates both opportunities and vulnerabilities. It can be associated with better economic circumstances for some migrants while simultaneously being associated with lower social support, particularly across greater geographical distances. (Springer)

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Fifth, social policy must complement rather than replace family support. The future of elderly care requires a partnership between family, community institutions, civil society and the state.

Suggestions

1. **Community-based elderly centres** should be expanded, particularly in rural and semi-urban areas.
2. **Pension and social-security coverage** should be strengthened so that older persons have greater economic independence.
3. **Local healthcare systems** should identify socially isolated older persons and connect them with community resources.
4. **Digital literacy programmes** should be developed specifically for older adults.
5. **Intergenerational programmes** should connect colleges, schools and community organisations with senior citizens.
6. **Special attention should be given to widowed, single and economically vulnerable older women.**
7. **Families should be encouraged to develop shared caregiving plans** when adult children live away from parents.
8. **Migrant families should maintain regular communication and plan periodic physical visits**, especially when parents develop health or functional difficulties.
9. **Local governments should create age-friendly public spaces** where older people can meet and participate.
10. **Older persons should be treated as contributors to society rather than merely as dependants.**

9. Conclusion

The sociology of ageing in India is increasingly becoming a sociology of changing relationships.

The central challenge is not simply that families are becoming smaller or that young people are migrating. The deeper issue is that the social arrangements through which generations previously interacted are changing. Everyday companionship that once came naturally from co-residence may now require deliberate communication and coordination.

At the same time, it would be misleading to describe contemporary Indian families as abandoning their elderly members. Family relationships remain important, but they are increasingly maintained across distance. Financial support, telephone calls, digital communication, healthcare assistance and periodic visits have become part of the contemporary repertoire of intergenerational care.

This transformation requires a more nuanced understanding of social isolation. An elderly person living alone is not necessarily socially isolated, and an elderly person living with family is not necessarily socially connected. What matters is the existence of meaningful, dependable and reciprocal relationships.

The available evidence therefore points towards a transition from co-residential support to networked support**.** The family continues to matter, but it increasingly operates alongside community organisations, social-security systems, healthcare institutions and digital networks.

The evidence also indicates that migration deserves particular attention. Ahamad et al. (2024) found significant associations between migration characteristics, social support and economic conditions among older adults. This demonstrates that geographical mobility can reshape the social resources available in later life. (Springer)

Similarly, the evidence on loneliness and social isolation demonstrates that social connectedness is closely associated with health, participation, social networks and psychological well-being. (Sage Journals)

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The policy implication is clear. India does not need to choose between the traditional family and institutional care. It needs to build a social environment in which families receive support in caring for older members and older persons have meaningful sources of connection beyond the family.

Ultimately, ageing with dignity means more than living longer. It means remaining connected, respected, economically secure and socially visible. A society that is preparing for demographic ageing must therefore ask not only how it will care for its elderly population, but also how it will ensure that older persons continue to belong to the social world around them.

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