Pattern of Social Isolation and its Repercussions Among Youth in Sikkim

Dissertation Submitted

To

Sikkim University

In Partial Fulfillment of the Requirements for the

Degree of Master of Philosophy

By

Treyata Tamang

Department of Peace and Conflict Studies and Management

School of Social Sciences

Sikkim University

Gangtok - 737102

2021

DEPARTMENT OF PEACE AND CONFLICT STUDIES AND MANAGEMENT
SCHOOL OF SOCIAL SCIENCES
SIKKIM UNIVERSITY
[Central University established by an Act of Parliament of India]

DECLERATION

I, Treyata Tamang, hereby declare that the dissertation entitled **"Pattern of Social Isolation and its Repercussions Among the Youth in Sikkim"** submitted to **Sikkim University** in partial fulfillment of the requirement for the award of the Degree of Master of Philosophy, is my original work. This dissertation has not been submitted for any other degree of this University or any other University.

Treyata Tamang.

Treyata Tamang

Roll no: 18MPPC05

Registration no: 18/M.Phil/PCM/02

Department of Peace and Conflict Studies and Management

School of Social Sciences

05/02/2021

Head of the Department

(Dr. Salvin Paul)

Supervisor

DEPARTMENT OF PEACE AND CONFLICT STUDIES AND MANAGEMENT
SCHOOL OF SOCIAL SCIENCES
SIKKIM UNIVERSITY
[Central University established by an Act of Parliament of India]

CERTIFICATE

This is to certify that the dissertation entitled **"Pattern of Social Isolation and its Repercussions Among the Youth in Sikkim"** submitted to the Sikkim University for partial fulfillment of the requirements for the degree of **Masters of Philosophy** in the Department of Peace and Conflict Studies and Management embodies the result of bonafide research work carried out by **Treyata Tamang** under my guidance and supervision. No part of the thesis has been submitted for any other Degree, Diploma, Association and Fellowship.

All the assistance and help received during the course of investigation has been duly acknowledged by her

We recommend this dissertation to be placed before the examiner for evaluation.

Dr. Salvin Paul
Supervisor
Department of Peace and Conflict Studies and Management
School of Social Sciences

02/07/2021

Head of the Department
Department of Peace and Conflict Studies and Management
School of Social Sciences

DEPARTMENT OF PEACE AND CONFLICT STUDIES AND MANAGEMENT
SCHOOL OF SOCIAL SCIENCES
SIKKIM UNIVERSITY
[Central University established by an Act of Parliament of India]

Date: 03/02/2021.

PLAGIARISM CHECK CERTIFICATE

This is to certify that plagiarism check has been carried out for the following M.Phil Dissertation with the help of **URUKAND SOFTWARE** and the result is 6% tolerance rate, within the permissible limit (below 10% tolerance rate) as per the norm of Sikkim University

"Pattern of Social Isolation and its Repercussions Among the Youth in Sikkim"

Submitted by Treyata Tamang under the supervision of Dr. Salvin Paul, Assistant Professor, Department of Peace and Conflict Studies and Management, School of Social Sciences, Sikkim University.

Treyata Tamang.

Signature of the Scholar

Countersigned by Supervisor

Vetted by Librarian

Sikkim University
Library
Central Library
Tadong, Gangtok-737102

7th Mile, Samdur, Gangtok-737102, Sikkim, India

Acknowledgements

It is my pleasure to express deep sense of gratitude, respect and heartfelt devotion to Dr. Salvin Paul. His sagacious, ingenious, precious, unbinding interest, valuable guidance, close supervision, untiring effort, painstaking help and concrete suggestion made my research work a smooth going project.

I heartily thank all my teachers Prof. Nawal K. Paswan (Dean of Social Sciences), Dr. Vimal Khawas (Head of the Department), Dr. Sanghamitra Choudhury and Dr. Dinesh Kumar Ahirwar for their valuable suggestion and prodigious counseling of my research work. I would also like to extend my gratitude to the staff and Librarian of Sikkim University for their co-operation and support. I deeply acknowledge them with all due respect.

I am overwhelmed with sincere feeling of indebtedness to my parents Baba Ashok Tamang, Ama Hasina Tamang, Asu Rupa Tamang and Bhai Aditya Tamang and the entire dear near and dear ones for their abundant love, care, affection, constant source of inspiration and support as without them it would not have been possible for me to pursue my education.

Colorful blossoms would not have bloomed without the company of my batch mates, seniors and friends Dr. Maheema Rai, Swgwmkhang Brahma, Yogesh Limbu, Wangchu, Biwash, Everest, Shraon, Kiran, Dechen and Shreya for their help and suggestion during my study. Very special thanks to Bhawesh Gazmer for editing my dissertation and providing valuable suggestions.

The presentation that follows is the work assisted by many seen and unseen hands and minds, I am thankful to all of them.

Treyata Tamang

Treyata Tamang

CONTENTS

List of Tables

List of Figures

ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
DESME	Directorate of Economics, Statistics & Monitoring and Evaluation
FOMO	Fear of Missing Out
GOI	Government of India
HIV	Human Immunodeficiency Virus
IT	Information Technology
IMR	Infant Mortality Rate
IQ	Intelligence Quotient
LMICs	Low Middle Income Countries
MMR	Measles, Mumps and Rubella
MR	Mental Retardation
MSUDs	Mental and Substance Use Disorders
NANDA	North American Nursing Diagnosis Association
NCDs	Non-Communicable Diseases
NCRB	National Crime Records Bureau
NSM	New Social Media
PD	Physical Disability
PLHIV	People Living with HIV
SDR	Suicide Death Rate
SUDs	Subjective Units of Distress Scale
UN	United Nations
UNDP	United Nation Development Programme
UNODC	United Nation Office on Drugs and Crime
WHO	World Health Organization
WWW	World Wide Web

CHAPTER - I

INTRODUCTION

Social Isolation posits a strong epidemic health disaster which is emerging as one of the greatest challenges in today's world. The major victims of the Social Isolation are the youth that undergoes a unique developmental period. It is a time characterized by a strong desire for independence combined with an increased need for social support from family, friends and peers from the society. One of the strongest indicators of psychological health in the youth is a sense of meaningful connection that they enjoy with people from various realms of the society. Thus, adolescence to youth may be a period of particular psychological vulnerability to the risks associated with feelings of Social Isolation.

Most of the youth are able to develop and maintain a network of relationships during adolescence but a small portion is either unable to establish friendships or prefer solitude. There are numbers of anecdotal evidences which suggest that youth who have minimal social contact is becoming prevalent in the world. Recent estimates indicate, roughly 10% of adolescent youth are socially isolated from their network of relationships (Coughlan, 2018). There are several factors that constitute poor social relationships such as social exploitation, caste system, academic outcomes, unstable career, peer rejection, victimization, etc. So, Social Isolation places youth at increased risk of negative mental health outcomes such as low self-respect, depression, anxiety, physical and drug abuse, suicide etc. The impact of Social Isolation due to lack of meaningful network of relationships is increasing in an alarming rate in all parts of the world threatening the human well-being.

There are numerous reasons and factors that have resulted Social Isolation among the youth due to the impact of globalization that has transformed almost all

realms of society. These factors have influenced the people at large especially the youth to end up in drug abuse, suicides etc. Sikkim, being a state that is inflected by drug abuse and suicides especially among youth, would be an interesting study to examine how Social Isolation is being impacted on youth of Sikkim. Social Isolation among the youth in Sikkim, thus, builds insecurities that have resulted constrains in physical and psychological well-being.

Conceptually, Social Isolation refers to the loss of social connection to other individuals and social institutions. Socially isolated people do not have friendship networks, nor do they participate in the activities connected with social institutions. Many studies of Social Isolation have defined Social Isolation in terms of an objective as well as subjective pattern of behavior. The concept of Social Isolation is not only broad in scope but it has been defined in a variety of ways. Implicit in most of these definitions has been the notion of either a lack or diminution of meaningful social contacts and relationships. It is also true that large differences in associational styles exist among the general population; i.e., some people are just more sociable and outgoing than others. Thus, it appears desirable to differentiate between Social Isolation as an objective entity, i.e., having few meaningful contacts or relationships with others and Social Isolation as a subjective entity, i.e., a person's feeling of estrangement, despair, hopelessness, etc. A number of scholars have stressed the value of making this distinction.

Thus, Social Isolation is comprised of various inter-related factors that undermine physical and psychological well-being of youth. Social Isolation being a major source of conflict that is a universal feature of human society shaped by multiple factors of social change, cultural formation, psychological development, etc., is becoming a serious issue in today’s world. In this backdrop, a study on pattern of

Social Isolation and its repercussions among youth in Sikkim would seek to contribute literature to academia in general and in particular to the realm of conflict analysis.

RATIONALE AND SCOPE OF THE STUDY

Social Isolation as a menace is becoming a major threat among the youths leading to various physical and psychological health issues. There are various factors including globalization, cultural exchange and technological advancement which have severely affected the lifestyle of all humans in many aspects. It has brought the concept of nuclearisation of family into the society which further leads to less attachment and less meaningful relationships. It has also resulted in Social Isolation especially among the youth groups in all parts of the world. To put it into the context of Sikkim, it is seen that the suicide and addiction to drugs rate among the youth have been increasing as a result of Social Isolation. Though numbers of youths are facing this effect of Social Isolation due to the unwillingness of youth to acknowledge it as Social Isolation has a huge stigma attached to it, most of the youths fall prey to Social Isolation and most of them also try to avoid it because of the lack of information and fear of judgments.

These pertinent issues have resulted in undertaking this study among the youth in Sikkim. As this study offers an insight into the issues that have been the most important factors toward the risk factor arising out of Social Isolation. This study proposes interconnectedness among the community, organization, confidants and the person's inner ability to interpret relationship under the factors of Social Isolation in Sikkim. The rational and objective of the present study lies in exploring the reason behind Social Isolation among the youths of Sikkim and further this study will highlight great potential towards prevention and intervention in reducing the repercussions of Social Isolation among the youth in Sikkim.

LITERATURE REVIEW

Social Isolation: Perspectives

Social Isolation emphasizes the separation of persons from significant others, groups, activities, and social situations that subsequently impairs a person's social processes (Biordi & Nicholson, 1995; Sells, 2008). There have been no direct laboratory studies testing the separate effects of Social Isolation from those of confinement and sensory deprivation but Haythorn (2008) supports the hypothesis that Social Isolation by itself is a significantly stressful condition for at least a substantial number of people and that the reactions to it are distinguishable from those of confinement and sensory deprivation. Observational studies in the healthcare literature have described Social Isolation as an alienating, lonely experience with negative health consequences for all ages (Nicholson, 2009; Skipper, Leonard, & Rhymes, 1968; Trowbridge, 2008). Social Isolations occurs in wide range of aspects starting from those who voluntarily accept, thus, seeking detachment from social interaction to those who needs to be acknowledged by others (Biordi & Nicholson, 1995). Isolation has been evident at four layers of the society comprising of larger community, like peer groups; organisations such as school and work further followed by confidantes such as friends and family, and last is the inner person's capability to understand and construe relationships (Lin, 1986).

Social Isolation is also often described as the absence of interaction with individuals or institutions that correspond to mainstream society (Wilson, 1987). It also denotes "lack of quantity and quality of social contacts" (Delisle, 1988). Furthermore, it is described as "living without companionship, having low levels of social contact, little social support, feeling separate from others, being an outsider, isolated and suffering loneliness" (Hawthorne, 2006). Hortulanus et al. (2006) has put

forward an idea of isolation highlighting an amalgamation of objective, facet of social relations from the network approaches, and understood from research on loneliness, the subjectively experienced quality of social contacts in a personal network. By making the use of this concept, a classification of social contacts has been proposed which lays emphasis on both quality and size of networks (Lunstad et al., 2015). This classification has been made on four grounds:

a) the socially competent,
b) the socially inhibited (who have few contacts but do not feel lonely,)
c) the lonely (who have numerous contacts but feel lonely,)
d) the socially isolated (who have a small network, feel lonely, and have a desire for change in one or both of these aspects) (Lunstad et al., 2015).

The isolation of any person, psychologically or physically from their niche of desired or needed relationships with other persons have been affected by economic and political forces (Biordi & Nicholson, 2013). In a concept analysis of Social Isolation in older adults, identified five attributes that define Social Isolation in this population: number of contacts, feeling of belongingness, fulfilling relationships, engagement with others, and quality of network members (Nicholson, 2009). Subsequently, Social Isolation has three additional attributes: the experience of alienation, loneliness, and aloneness. In summary, the experience of Social Isolation has been well-defined in the literature and is noted to lead to negative health consequences for all ages (Biordi & Nicholson, 1995).

A myriad of psychological benefits exist for adolescents who report close connections to peers. Children and adolescents with close and supportive friendships report higher levels of peer acceptance, increased social competence, higher levels of motivation and active school involvement, and lower levels of behavioral problems as

well as increased levels of self-worth, social competence, leadership skills, and improved school performance (Hansen, Giacoletti, & Nangie, 1995; Williams & Bemdt, 1990). Further, the quality of peer relationships in childhood and adolescence may be one of the most important indicators of future psychological health (Boivin et al., 1995; Parker & Asher, 1993; Rubin et al., 1998). As adolescents navigate their social world, close peer relationships offer many protective benefits. Adolescents formulate group alliances to provide psychological support and a sense of belongingness. An increased need emerges for social support and emotional connections with the peer group. They desire confidants with whom to talk about their peers, personal lives, and challenges. The deeper qualities of friendship such as similarities in personality and emotional intimacy become essential components of adolescent relationships (Claes, 1992; Pollack & Shuster, 2000).

Peer relationships serve as a major influence in the development and validation of a sense of self-efficacy and self-esteem (Bandura, 1982). The quality and closeness of peer relationships often become integrated into the adolescent's self-concept and personal identity (Rubin & Mills, 1988). Close relationships with peers are consistently associated with emotional well-being in adolescence. Therefore, adolescence may be a time of particular vulnerability to the psychological health risks associated with feelings of Social Isolation (Rubin et al., 1990).

Modernity has been characterized as the weakening factor of traditional bonds that is used to connect people to their communities and extended kinship groups (Tonnies, 1887 [1988]). As George Homans (1941) noted, villagers of all statuses in 13th-century England had obligations to the overall community that reduced their freedom in how to pray, what to plant, when and what to eat, and even whom to marry (Luhmann, 1998). Before the modern period, society had peasants, lords, kings,

queens, priests, popes, etc., but not single individuals. Communities came before persons and defined them. Without the concept of the individual-which implies a certain degree of freedom in the private sphere-the malaise of Social Isolation could not take hold. Social Isolation is seen from this perspective as an undesirable and (almost) inevitable byproduct of modernity (Useem, 1980).

Several social scientists linked Social Isolation with the notion that modern life was anomic and alienating (Seeman, 1975). Known as the "lost community hypothesis" (Wellman, 1979) it has been a theme in American sociology since its early days. Writing in the 1930s, Luis Wirth (1938) for instance argued that the population density, specialization and cultural heterogeneity of modern urban life undermined community and family bonds, thereby producing isolation. Theoretical constructs about modernity have served as the main vehicle for the steady interest in community and its opposite, i.e., Social Isolation (Mirande, 1973; Martison, 1976). For instance, at the height of Parson influence on American sociology, Jesse Pitts (1964) wrote: "A crucial aspect of… functional analysis is the diagnosis of the American family as having reached the maximum level of isolation, just as American society has reached the maximum level of industrialization and general role differentiation" (Yamane & Nonoyama, 1967). As McAdam and Paulsen (1993) noticed Social Isolation was an essential part of the theory of mobilization in the sense that isolated members of society were theorized to be more likely to protest (Leighley, 1990; Snow et al., 1980).

In more recent years, the lost community hypothesis was reinvigorated by the work of Robert Putnam (2000) and the research of McPherson, Smith-Lovin, and Brashear (2006) on the shrinking discussion networks of Americans. In Bowling Alone, Putnam argues that contemporary Americans are participating less frequently

in associational life, thereby undermining their connections with their neighbors and communities. The byproduct of less participation is a decrease in the social capital circulating in the community and a weakening of trust relations among citizens. Individuals are becoming more isolated and inward looking, Putnam argued (Putnam, 1995).

The link between modernity and the negative effects of Social Isolation on life chances have also been extensively investigated (Cohen, 2004; House et al., 1988). The pioneer of this approach was Durkheim's (1897 [1951]) work on suicide in 19th-century France where he famously identified social integration as the main "pathogen current" running through society and effecting suicides. Other classic studies on the impact of relationships on life chances include Hammer (1983) research on the social networks of the mentally ill and Berkman and Syme (1979) study on mortality rate of almost 7,000 adults living in Alameda County, California. This latter study consisted of two waves, conducted in 1965 and 1974, and it revealed a strong association between isolation and higher mortality rate. The authors suggested two mechanisms to explain such association, one based on the development of poor practices and the other on the psychological consequences of isolation. These classic studies established social network analysis as an important tool for studying the impact of isolation on life chances (Wahler, 1980; Witvliet et al., 2010).

Recent studies on isolation and health have, however, applied the tools and metaphors of network analysis in a different manner from the one highlighted above. Several studies separate feeling of loneliness from the structural position of isolation. That is, feeling lonely is to some degree independent of the number of connections one has (Akerlind & Hornquist, 1992) and of the type of support these connections are able to generate (Cacioppo & Hawkley, 2009). The indirect nature of the

relationship between isolation and loneliness is exemplified in the idea that loneliness can diffuse. Cacioppo et al., (2009) for instance, traced the topography of loneliness in people's social networks and the path through which feelings of loneliness spread through these networks. Using network linkage data from the population-based Framingham Heart Study they showed that loneliness occurs in clusters, extends up to 3 degrees of separation, is disproportionately represented at the periphery of social networks (people with fewer connections) and spreads through a contagious process. The spread of loneliness was found to be stronger than the spread of perceived social connections, stronger for friends than family members, and stronger for women than for men (Cacioppo et al., 2009).

Technological changes have been one of the most significant social processes to take place in the industrialized world. The development of the Internet and, more recently, of New Social Media (NSM) has greatly increased the means by which people communicate with each other (Ling, 2008). In many respects, NSM appears closer to traditional media than to mass media in the sense that they are used as personal communication platforms. While mass media, like television, seems to be primarily consumed for the sake of personal gratification, engagement in NSM is often driven by the desire for interpersonal relationships. For example, Haridakis and Hanson (2009) demonstrate how the exponential growth of YouTube videos is in part driven by the social needs of people wanting to share content for the sake of communicating with their friends (Hanson, 2008; Hollenbaugh, 2011).

While few doubt that technology has greatly expanded our capacity to connect with others (Hampton et al., 2009; Casilli, 2011), the impact of technology on the perception of being connected is more controversial. Sherry Turkle coined the expression of "alone together" to indicate how technology has greatly expanded

connectivity at the price of "depth." She writes: "Online, we easily find company but are exhausted by the pressures of performance. We enjoy continual connection but rarely have each others full attention. We can have instant audiences but flatten out what we say to each other... The ties we form through the Internet are not, in the end, the ties that bind" (Turkle, 2011).

Turkle's analysis suggests a trade-off between the capacity to connect with others and the potential decrease in meaning that each connection carries (Shklovski et al., 2006). A similar trade-off between number of ties and depth is also uncovered in Mesch and Talmud (2006) analysis of Israeli adolescents. They found that friendships originating online are perceived as less supportive because they involve fewer joint activities and fewer topics of discussion.

NSM are considered disruptive for two reasons that are relevant for a study of isolation. First, they reduce or counteract the impact of geography on structuring opportunities for social interactions, and second, they take time away from other face-to-face activities (Stern, 2008). Mok and Wellman (2007) investigated the declining importance of geographical proximity in contemporary life by way of a comparison with the 1970s. Their research showed how distance impacted the frequency of contact and the provision of support in strong, socially close ties before the rise of the Internet. They found that face-to-face interactions declined drastically at about 5 miles distance and that telephone contact dropped at about 100 miles. Conversely, the Internet increased the volume of communication to every member of the network and, in particular, people living further away.

The other mechanism through which NSM create disruption is through the allocation of time. Not surprisingly considering the importance of technology in the American public discourse—a similar argument was once used in studying the effects

of television. Thus, before the advent of the Internet, it was the television that was identified as promoting isolation because the time dedicated to watching it was taking away from other social activities (Perloff, 1983). Time is indeed a finite resource and so the contemporary version of this is that the Internet and NSM in particular are taking time away from socializing with others. Nie (2001) found that being online reduced the time dedicated to interpersonal interaction and communication. Internet use was associated with decreased communication among family members in the household, declines in the size of the respondent's social circle and increased feelings of loneliness and depression (Kraut et al., 1998).

There are, however, several challenges to online social networks as well. Psychological effects of reduced face-to-face time are being debated now (Jones et al., 2010). Anonymity may also come at a cost as evidenced from the growing number of cyber crimes. Cyber bullying is another growing trend seen among children in schools and colleges wherein the perpetrator bullies another on online social networking sites. Compulsive gaming online is a manifestation of excessive use of video game on users' in the form of truancy from school to play, losing academic grades at school, decreased social activities, irritability if unable to play longer period of time, or advised to stop, an increase in expression of aggression, wrist pain and neck pain (Griffiths & Hunt, 1998).

Internet addiction as a diagnosis is still at the crossroads with questions such as on whether one would consider it an addiction or behavior on a continuum of usage versus being classified as a case of poor impulse control (Dalal & Basu, 2016). Studies conducted to analyze the same as an addiction have come to a conclusion that those found engaged with the internet frequently were procrastinating on other work to spend time online, lose sleep due to late-night logons and feel life would be boring

without the Internet (Nalwa & Anand, 2004). The hours spent on the Internet by those who are addicted to it was greater than those non-addicted to the Internet. They also experienced higher loneliness in comparison with those who were categorized as non-addicted (Condorelli, 2015; Bisht et al., 2012).

Social Isolation in India

In India, there is increasing number of people moving away from their home in search of better education or work. This trend has partly led to the Social Isolation of young people. Consequently, dating applications are blooming, like for example, tinder has its highest user-base in India but also the number of mental health issue continues to increase. It is evident that there is a need for mental health practitioners in India. Currently, there are less than 4,000 psychiatrists in India. According to the estimates, about 20% of India's population will suffer from some form of mental illness by 2020 (Future Watch, 2017).

Different countries define adolescent and youth differently. The lower bound ranges from 12 (Jamaica) to 18 (Bangladesh). The upper bound ranges from 24 (Jamaica) to even 35 or 40 (Kenya, Pakistan).While there are no universally accepted definitions of adolescents and youth, for statistical purposes, without prejudice to other definitions by Member States, the United Nations considers – Adolescent Population: 10-19 years and Youth Population: 15-24 years**.** Overlapping age category is of 15-19 years. Adolescent population (253 million) is more and the youth population (232 million) of India is nearly equal to the total population of 18 Western Asian Countries in 2011 (Kumar, 2014).

Youth being vibrant, enthusiastic, dynamic and innovative in nature is the most important section of the population. Youth shows strong passion, will power and motivation which also make them the most valuable human resource for fostering

economic, cultural and political development of a nation. A country's ability and potential for growth is determined by the size of its youth population. If the energy and passion of the youth is utilized properly, then it can bring huge positive change to the society and progress to the nation. This section of the population needs to be harnessed, motivated, skilled and streamlined properly to bring rapid progress in the country. In many parts of the world, youth face poverty, hunger, barriers to education, multiple forms of discrimination, violence, and limited opportunities for growth and employment prospects. Youth are often excluded from decision-making processes and they generally look at untraditional avenues for civic engagement.

More than 600 million youth live in fragile and conflict-affected countries and territories (UNDP Youth Strategy, 2014-2017). Young people are both the victims and the perpetrators of the violence in societies they live in. This diversity of situations explains why youth are considered both a source of concern and a light of hope for positive transformation of a society.

Conventionally, period from adolescence to middle age is termed as youth. Age constitute the determining characteristics in the definition of "Youth" by various agencies. UN adopted the age group 15-24 for defining youth. The National Youth Policy of India initially in 2003 defined the youth as in the age group 13-35. However, National Youth Policy (2014) modified it and defined 'youth' as persons in the age group of 15-29 years.

The growth pattern in the youth segment differs substantially from that of general population. The total youth population increased from 168 million in 1971 to 423 million in 2011. This increase was in the form of annual addition of roughly 5.3, 6 and 6.6 million during seventies, eighties and nineties, respectively. During the period 2001-2011, addition is substantially high at 7.4 million. The share of youth

population in total population has been increasing continuously from the level of 30.6% in the year 1971 to 34.8% in the year 2011.

India is the most populated country in the world with nearly a fifth of the world's population size with around 1.3 billion people as of 2019 (Worldometer, 2020). India is projected to be the world's most populous country by 2024, surpassing the population of China (Times of India, 2017). India has more than 50% of its population below the age of 25 and more than 65% below the age of 35. It is expected that, in 2020 the average age of an Indian will be 29 years, compared to 37 for China and 48 for Japan; and, by 2030, India's dependency ratio should be just over 0.4 (Basu & Kaushik, 2007).

India has by far the largest number of suicides in the world, accounting for nearly a third of the global total. It also has the highest rate of suicides among young people; those aged 15-29 years as stated in WHO report released in 2014. Suicide is the second leading cause of death among youth age 15-24 years. Every hour, one student commits suicide in India, according to 2015 data from the National Crime Records Bureau (NCRB). In 2015, the number of student suicides stood at 8,934. In five years leading to 2015, 39,775 students killed themselves (Government of India, 2015).

For many suicide attempters, acts of self-harm represent desperate ways of coping with life's issues or problems; with varying degrees of desire to go on living. They are found to be deficient in handling stress, active coping and problem solving skills. Suicidal behavior is determined by a number of individual (e.g., passive coping, faulty appraisal, low resilience) and social factors (modernization, loss of job opportunity, breakdown of joint and extended families). A large proportion of people who die by suicide suffer from psychological disorders, yet a significant number of

them do not contact health professionals due lack of awareness, accessibility, stigma or other factors. The severity of clinical condition and external stressor creates the vulnerability to the impact of the personal predicament. Therefore, the key for assessment is to understand the individual's personal predicament from their own perspective and also to explore, inculcate and nourish protective factors for increasing survivability and reducing suicidality as some of such strategies are elaborated with major focus on 'connectedness' (Goldbloom, 2006).

Social Isolation can increase the risk of suicide and, conversely, that having strong human bonds (i.e., connecting with other) can be protective against suicide and increase survivability. Reaching out to isolated and lonely individuals and offering them support and listening ears may be a significant endeavor for saving the precious lives. For preventing suicide and building resilience, promotion of positive (i.e., health promoting, protective) connectedness is important at individual, family, institutional, societal, national and universal level (World Suicide Prevention Day, 2014).

Coping has been defined as an action taken to buffer the deleterious effects of a stressful situation, resulting in problem solving or emotion regulation. The article "Development of a coping checklist: A preliminary report" examined gender differences in the coping behaviors among college students, in times of stress. The sample comprised of 421 students (mean age=18.84 years) selected through purposive sampling. The tools used were a socio-demographic data sheet, and the coping checklist (Rao et al., 1989) that gathered information related to the coping behavior of respondents in stressful situations. The undergraduates enrolled in four co-education colleges were predominantly single, Hindu and from urban middle-class nuclear families. The results indicated that, college students frequently reported using

problem-focused strategies (direct attempt made at understanding the problem and trying to resolve it) followed by the emotion regulating function behavior (also referred to as wishful thinking). The coping behavior infrequently reported was resorting to drugs, alcohol and sex. Chi-square test indicated distinct coping strategies for males and females. Males reported the use of a problem solving action while females tended to focus on creating new sources of satisfaction. The way males and females sought emotional discharge also differed, as was evident, with the females reporting strategies such as crying, and going for shopping, and the males reporting behavior such as resorting to smoking, adjustment scale (Bhat & Gauba, 1978). Mothers furnished information on the effect of disability on the family, findings indicated a multi-dimensional stress on families of disabled children. Financial burden increased and family routine, leisure, interaction, marital harmony and the physical and mental health of family members were adversely affected. Mothers of disabled children had increased neuroticism. Poliomyelitis paralysis, asphyxia and cerebral palsy were the most common disabilities in the PD and MR groups, respectively. Most of the MR children had an IQ of 35-49 score (Albuquerque et al., 1990).

These statements include discussions of various forms of loneliness, psychological developmental and environmental/social theories of loneliness, and how humans cope with loneliness. Very few studies have dealt with the phenomenon of loneliness among adolescents although a number of writers have suggested that loneliness is especially felt as a painful experience during adolescence. Data from few available studies suggest that loneliness is a painful and widespread problem among adolescents. Jersild (1963), Konopka (1964), Tanner (1973), Gaev (1976), Gordon (1976), Ostrov (1978), Brennan and Auslander (1979), Rubenstein and Shaver (1979), Moore and Schultz (1983), Williams (1983), Medora and Woodward (1986), Schultz

and Moore (1986), and Upmanyu, Upmanyu and Dhingra (1992, 1993) indicated that the problem of loneliness in adolescence is extremely critical and deserves attention. As per the UN Report (2014) with 356 million 10-24 year olds, India has the world's largest youth population. Thus, it is important to look upon the phase from adolescent to youth as this is a critical phase where the children are learning new things day by day and are vulnerable to different emotions.

Dhal, Bhatia, Sharma and Gupta (2007) characterized that adolescents with high self-esteem suffer from moderate loneliness and have a secure attachment style whereas adolescents with lower self-esteem suffer from high feelings of loneliness and they need a psychological intervention to come out of their loneliness.

Goswick and Jones (1982) pointed out that the available evidence indicates that, as a group, adolescents are more vulnerable to loneliness than older populations. In a series of studies in India (Upmanyu, Sehqal, & Upmanyu, 1994), (Upmanyu, Upmanyu, & Dhingra 1993), (Upmanyu, Upmanyu, & Dhingra, 1988) it was found that adolescence is a critical period for examining loneliness.

These researchers point out that the incidence of loneliness peaks at adolescence and are often brought about by critical interpersonal difficulties which are especially prevalent during this period. There are a complex set of developmental changes which greatly increase adolescents sense of isolation for the following reasons: (1) sense of separation and alienation from parents as the primary attachment figures disrupts the important interpersonal relationships. (2) Cognitive developments introduce radically new factors in the adolescents' conception of their world and they tend to think in terms of 'possibilities' and 'choices' rather than the "immediate realities" of the child. (3) Growth during adolescence is characterized by an increasing sense of freedom. This autonomy or realization of "possibilities" in turn,

can be frightening. “The young person may feel lost, confused and lonely.” (4) Problems of self-identity are especially acute at this age. Not only is the body changing physiologically but “the teenager has to renovate, remodel and reorganize the whole form… his prior self-concept is no longer adequate” and “the process of losing the self-conceptions of childhood inaugurates a major new task of adolescence, i.e., the search to establish a satisfactory identity.” (5) There is a pronounced struggle for meaningfulness in the adolescents. If no satisfactory goal is found, the adolescent falls into states of boredom and aimlessness, often described in the literature as “spiritual loneliness” (Brennan, 1982).

Technology has also had its implication on work life balance of individuals. In a study Rao and Indla (2010) (Condorelli, 2015) (Shaji et al., 2010) discuss why having access to all three aspects of life has become but a distant dream. Technology has made it possible to do tasks from everywhere blurring lines between work and home. It has also increased expectations of speedy work and replies increasing longer hours spent at work and greater stress experienced.

A study assessing two major Indian dailies over the course of 3 months reported that media plays a significant role in educating the public about psychiatric illness and often joins hands with professionals in taking expert opinions on issues related to news (Shrivastava et al., 2015). Further, the Indian Psychiatric Society has also suggested guidelines for reporting news of suicide, a growing problem in a nonsensational, discrete, sensitive and neutral manner (Ramada et al., 2014) so that media may be used as a tool for change to reduce the stigma surrounding mental illnesses (Padhy et al., 2014). In the past, cinema has been guilty of a portrayal of mental illness that is often inaccurate and exaggerated, however, as political and economic stabilization are slowly being achieved, attitudes are changing once again

with recent movies display more understanding toward characters with mental illness (Malik et al., 2011). Cinema has also taken a positive turn toward the trend of female–centered movies with various themes evoking the current social changes.

Some of the pressing issues affecting the mental health of young people in Nagaland are Social Isolation, unemployment, pressures (stress) coming from parents, the pressure to excel, pressure from the society and pressure from peers. This observation was made by Dr. Viketuolie, Senior Medical Officer, State Mental Health Institute Kohima on the eve of World Mental Health Day which is observed every year on October 10 with the objective of creating awareness on mental health issues around the world. This year's theme is "Young people and mental health in a changing world." Dr. Viketuolie felt that the level of job opportunity is also becoming very less in the state as a result of which many young people who are struggling to cut the mark go into depression. Further, he stated that "the biggest threat for this generation is their obsession with internet technology." "The obsession with mobile phone is creating a serious disruption in our social relationship," he put across while pointing out this generation is getting increasingly disconnected. Stating that young people today have no social life and everyone is with themselves, he said this can create depression or other anxiety problems.

The excessive use of mobile technology, he stated leads to sleepless nights among children, causing them to lose concentration in school. "As a result, they are not able to do well, they are dropping out of school/college…this excessive use is affecting their performance," he said **(**Krocha, 2018).

Social Isolation and its repercussions in Sikkim

India is a great and vast country with diverse and multiple castes, ethnic groups, religions, occupations, economic strata, languages, socio-cultural traditions, genetic

heritages and life-styles and practices (Balgir, 2017). One of the most beautiful and peaceful state of India is Sikkim. Sikkim is a small, remote, mountainous, landlocked state and lies in the North-Eastern region of India with an area of about 7,096 square kilometers. The population of Sikkim is a unique blend of multi-tribal and metropolitan culture. Its geographical location has a very significant socio-cultural influence on its population. In the contemporary society, modernization and globalization have immensely affected the society and has changed it over the years and activities of the people have also undergone changes. The technological advancements have made lives of humans easier but left people socially isolated. The repercussions of Social Isolation in Sikkim have enhanced the rate of suicide, depression, drug abuse, transformation of family system etc., especially among the youth (Mishra, 2016; Najar et al., 2013).

Although, the people of Sikkim are hale and hearty but like any other urban lifestyle, high risk behaviors like addictions are seen in this population too. Also due to inaccessibility of rugged hilly terrain and lack of adequate hospital, health care centers accessibility of health services to people especially for rural areas in Sikkim is poor (Diyali, 2013). Keeping this in view, the state government has taken fruitful steps and the main thrust has been made towards consolidation in strengthening of health system in 11th five year plan 2007-2012. Sikkim has made substantial progress in health detriments over the past decades. The critical indicators of health, including infant mortality rate (IMR), measles, mumps and rubella (MMR), disease prevalence and morbidity as well as mortality rates have shown consistent decline over the last 15 years (11th five year plan 2007-2012). Inadequate environmental sanitations, worm trouble, goiter, tuberculosis and alcoholism are the major health problems occupying an important place in State Health Profile. New problems HIV/AIDS and

reappearance of malaria are very disturbing (Diyali, 2013). Also the infectious and non-infectious diseases are very much common in Sikkim. There are various known and unknown risk factors contributing to various infectious and non-infectious diseases in Sikkim. Sikkim also faces problems of poverty and unemployment. However, the data regarding the prevalence of various diseases in Sikkim and their associated risk factors is very scary and, hence, requires great attention.

Even though Sikkim has one of the highest suicide rates in the nation, very few studies have been conducted to understand this grave problem of the state (Panda, 2014). Moreover, previous studies had relied heavily on the NCRB data which do not have enough information about region-specific factors for suicide. In addition, the NCRB data do not give insight into the causes of suicide for specific population. Nonetheless, the regional information may provide a valuable input to understand the factors associated with suicide which, in turn, will help to formulate an effective prevention program (Radhakrishnan & Andrade, 2012).

It is evident that men accounted for the maximum number (65.5%) of suicidal cases in Sikkim which is in accordance with the study by Momin et al. (2012). On the contrary, Saisudheer and Nagaraja (2010) in their study reported that a maximum number of individuals who attempted suicide were females. However, the majority of studies (7/9) in India showed male:female ratio ranging from as low as 1.19:1 (Boes et al., 2009) in Vellore and Tamil Nadu to as high as 5:1 (Sauvaget et al., 2009). The reason for higher incidence of suicide among the Indian males may be due to patriarchal nature of the Indian society which expects males to have a permanent source of income to sustain his family and shoulder the burden of life (Saisudheer, 2010).

The district-wise suicidal rate in Sikkim shows that almost half of the suicidal cases reported in Sikkim are attributed to eastern districts (50.6%) followed by western (25.3%), southern (21.9%) and northern districts (2.2%). According to Census 2011, the total population of eastern districts was highest (2,81,293, i.e., 46.3%) compared to western (1,36,299, i.e., 22.4%), northern (43,354, i.e., 7.1%) and southern districts (1,46,742, i.e., 24.2%). Therefore, the over-representation of eastern districts for suicide cases may be due to the larger population size of eastern districts.

In the 21st century with growing media, social network and predisposed standards of lifestyle, our generation deals with abundant insecurities which prey on our self-worth. The word 'insecure' is not alarming until it becomes 'depression' and yet again benign unless it becomes "clinical depression." Sikkim a state in India, festooned with the title of India's first and only organic state with the literacy rate of 79.2% has topped the list of highest suicide rate among other states in India with 37.5% per 10,000 people in 2015 as per the report of National Crime Records Bureau (NCRB). That is not just more than triple the Indian average of 10.6% but way above the global average of 11.4%. Sikkim's unemployment rate is also India's second-highest (after Tripura), more than three times the national average of 5% and the state reports widespread drug abuse. Various previous researches offer insights into the crisis in Sikkim, where between 2006 and 2015, suicide was found to be most common in the 21-30 age groups. The high exceptions and vulnerabilities of those born after the state's merge with India in 1975 have resulted in them turning to drugs and suicide, said Kunal Kishor, a Union Nations Officer on Drugs and Crime (UNODC) (Santoshini, 2017). An article in The Northeast today shows five reasons why suicide is trending in Sikkim, the reasons are, depression, unemployment, Social Isolation, financial constraint and eating disorder.

Unemployment, Social Isolation and financial constraints bring about insecurities which leads to depression and eating disorder a physical manifestation of depression again. It is urgent we address mental health with an equally alarming response as we do when it is our physical health at stake. Deteriorating physical health is significant as we cannot overlook it but psychological well-being is easily overlooked. People who are depressed carry around this weight, unaware of the morbid state they are in and that they can be helped. Most of the underprivileged people in Sikkim have no idea what depression is and hence fail to seek help, suffering throughout their existence they see death as the easy way out.

From the above literature it is evident that there is a direct and indirect repercussion of Social Isolation that is engulfing and threatening the lives of people especially the youth. The physical and psychological impacts on youth due to Social Isolation have been growing day by day due to globalization, cultural transformations, etc. In this backdrop, issues related to Social Isolation needs to be investigated to understand different repercussions among the youth in Sikkim. It further illustrates the factor towards lack of awareness among the people of Sikkim towards Social Isolation.

OBJECTIVES OF THE STUDY

- To understand different pattern and perspectives of social isolation.
- To examine different factors leading to social isolation of youth in India.
- To highlight various repercussions of social isolation in Sikkim.

RESEARCH QUESTIONS

- What are the different pattern and perspectives of social isolation?
- What are the different factors and issues leading to social isolation among the youth in India?
- What are the various repercussions of social isolation in Sikkim?

RESEARCH METHODOLOGY

This study is based on mixed method which employs both quantitative and qualitative approaches. The data for the study is collected from both primary and secondary sources. The primary data is collected through field survey with help of semi structured questionnaires and interviews. The quantitative techniques have been used to explore and describe issues associated with Social Isolation of youth in Sikkim. The study applies a framework of examining meaningful network of relationships among youth at four layers of community, organizations, confidants and intra personal level to analyze, to explore Social Isolation and describe its repercussions among youth in Sikkim.

The sample size comprises of total 100 respondents with an amalgamation of 50 males and 50 females, chosen using stratified random under probability sampling. The sample population includes undergraduates, postgraduates and scholars (19-30 years) from the selected area. The data extracted through questionnaires were segregated using SPSS. Simple statistics have been employed to express frequencies and percentages of the collected data which have been further used in the explanation of variables. Furthermore, the information gathered from the semi-structured questionnaires has been used in interpreting the views of the respondents regarding the study objectives. The data that have been gathered qualitatively have been sorted thematically after being transcribed before being included in the final study. The

secondary sources for the study consists of an extensive review and analysis of various literatures such as books, journals, articles, official documents, reports and other information sources like internet.

STUDY AREA: The main study area is Gangtok, the capital of Sikkim, where youth from across Sikkim come for study, work, etc., who are primarily exposed by the elements of globalization, modernization, technology, etc.

CHAPTERIZATION

Chapter I Introduction - This chapter introduces the study by explaining basic concepts, Objectives, Research Questions, Methodology and Study Area of the proposed research. The key concepts of the research include the concept of Social Isolation and its psychological effects on youth and their physical health.

Chapter II Social Isolation: Perspectives - This chapter consists of three sections where the first section deals with the concepts and different perspectives on Social Isolation, the second section highlights different pattern of Social Isolation and the last section highlights different repercussions of Social Isolation on youth.

Chapter III Social Isolation in India - This chapter focuses on different factors causing Social Isolation among youth in India, the other section of this chapter analyzes the psychological and physical health of youth due to Social Isolation.

Chapter IV Repercussions of Social Isolation in Sikkim - This chapter focuses on the research field – Gangtok the capital of Sikkim. This chapter will also focus on the repercussions of Social Isolation among the youth of Sikkim that would be based on the field survey, data interpretation with findings.

Chapter V Conclusion - This chapter gives the conclusion of entire dissertation which presents the brief summary of every chapter. This chapter also underlines the findings of the field survey with the future scope of the study for research.

CHAPTER - II

SOCIAL ISOLATION: PERSPECTIVES

Introduction

Social Isolation is considered as one of the major prevailing problems that the society or the world is facing in the present era. The impact of lack of communication or isolation between networks of relationships has evidently affected people from every age group. It is commonly acknowledged that humans are social animal whose behavior is extensively determined by their needs and relationships with other humans. This social aspect of human existence is nowhere more evident than when he or she is isolated from others. People have been subjected to isolation for centuries, as evidenced through accounts of solitary confinement in the penal system, Arctic explorers and ocean sailors. Isolation has also been used as a tool to prevent the spread of infectious disease through the physical separation of those infected from the population. Isolation is now being recognized as an outcome for those with mental, physical, infectious and age-related issues that limit a person's ability to connect with their social network.

In this backdrop, the chapter will discuss various perspectives and patterns of Social Isolation starting with its conceptual understanding along with its definitions put forward by instates and scholars. This chapter also deals with the various layers of Social Isolation giving its detailed description which helps in understanding the nature of isolation among individuals. Social Isolation is stressful to many individuals and the stress is sometimes severe enough to result in serious reductions in adaptation and performance. Youth as a phase in one's life is a very significant as well as vulnerable stage where an individual learns to cope up with the world. This chapter brings upon the understanding that Social Isolation is an issue that can affect not only the older

population but also the youth population. The inclusion of social and individual level factors presents a more comprehensive view of different variables that influence the lives of youth. The final part of the chapter addresses repercussion of Social Isolation, coping and interventions are also considered here.

2.1 The concept of Social Isolation

2.1.1 Social Isolation: Concept and definitions

To get a clear understanding of the concept isolation, it is pertinent that the meaning of belonging is understood. "Belonging" is a multidimensional social construct of relatedness to person, place or other things and is fundamental to personality and social well being" (Hill, 2006). Therefore, Social Isolation can be understood as a loss of place of an individual within one's own group. Social Isolation foreground the separation of persons from significant others, groups, activities and social situations that subsequently hinder a person's social processes (Biordi & Nicholson, 1995; Sells, 2008). There have been no direct laboratory studies testing the separate effects of Social Isolation from those of confinement and sensory deprivation. However, Social Isolation itself is a significantly stressful condition for at least a substantial number of people and that the reactions to it are distinguishable from those of confinement and sensory deprivation (Haythorn, 2008). Observational studies in the healthcare literature have described Social Isolation as an alienating, lonely experience with negative health consequences for all ages (Nicholson, 2009; Skipper et al., 1968; Trowbridge, 2008).

Humans need others to survive and prosper and they are capable of deception, betrayal, exploitation and murder as well as empathy, compassion, loyalty and pro-social behavior, they behave depending upon the shift in their social environment. Research has shown that socially isolated persons are more vulnerable (Anderson &

Rainie, 2018). Thus it is important that they are surrounded by a close network of meaningful personal relationships to stay away from the glitch of isolation (NIA, 2019).

2.1.2 Definition of Social Isolation

Various definitions for Social Isolation have developed over the years after it became recognized in the late 1970's as a common health risk (House, 2001). Most often it is understood as 'the absence of social ties or relationships' (Lillyman & Land, 2007). Social Isolation is related to the objective characteristics of a situation referring to a small network of kin and non-kin relationships. There is a range of it extending from Social Isolation to social participation (Gierveld et al., 2006). Therefore, socially isolated isolation is basically defined as the condition of being alone (Merriam-Webster, 2020). It is also defined as "A state of separation between persons or groups and a feeling of being disliked or alone," (Gilmartin, Grota, & Sousa, 2013). The popular literature has described isolation in song, such as isolation by John Lennon, literary essays, such as Papillion, The Scarlet Letter and The Colony: The Harrowing True Story of the Exiles of Molokai (Charriere, 2006; Hawthorne, 1999; Tayman, 2007). These works tell the stories of persons forced into isolation because of their social situation as a penalty or because of fear of contagion. A steady theme among the ordinary use of isolation is a physical or emotional separation that is negatively experienced by the individual or group (Yaman, 2007).

Different disciplines have also put forward their understanding about isolation in their own ways. The term isolation in chemistry is defined as the separation of a pure chemical substance from a compound or mixture; in computer science, it is defined as the capability of a logic circuit having more than one input to ensure that each input signal is not affected by any of the others; in evolution, it is defined as the

restriction of gene flow between distinct populations because of barriers to interbreeding; in health care, it is defined as the separation of an individual with a communicable disease from other healthy individuals; in microbiology, it is defined as the separation of an individual strain from a natural, mixed population; in physiology, it is defined as the separation of a tissue, organ, system, or other part of the body for purposes of study; and in psychology, it is defined as the dissociation of a memory or thought from the emotions or feelings associated with it. Science uses the concept of isolation as a separation of one object or individual from another. Furthermore, taking into account the attributes, the following definitions of Social Isolation have been suggested by different scholars (Gilmartin et al., 2017).

Table 2.1 Alternative definitions of Social Isolation

Social Isolation	
Wilson (1987, p. 60).	'The lack of contact or of sustained interaction with individuals or institutions that represent mainstream society.'
Delisle (1988)	'Social Isolation denotes a lack of quantity and quality of social contacts.'
Hawthorne (2006, p. 526).	Living 'without companionship, having low levels of social contact, little social support, feeling separate from others, being an outsider, isolated and suffering isolation.'
Fine and Spencer (2009	'Having two distinct characteristics – social and affective isolation. That is, Social Isolation involves a combination of low levels of social interaction with the experience of feelings of isolation where the social aspects are measured objectively (often quantitatively) while the emotional aspects are measured qualitatively.'
Minnesota Department of Health (2010	The lack of an 'individual's engagement in an interactive web of key relationships within communities that have particular physical and social structures that are affected by broad economic and political forces.'
Biordi and Nicholson (2013).	'The distancing of an individual, psychologically or physically, or both, from his or her network of desired or needed relationships with other persons.'

Source: Zavaleta et al., 2014.

It's important to clarify some aspects about these definitions. Firstly, these definitions stresses that the quantity and quality of social relations cannot be separated to analyze the level of Social Isolation that a person is undergoing (Delisle, 1988).

The quantity of social relations is understood by the number of interactions an individual has with others (Delisle, 1988).

The quality of social relations refers to two aspects, in sequence: firstly, the kind of relationship that pleases a person's expectation (Biordi & Nicholson, 2013). This indicates meaningful relations and a sense of belonging which is not just mere addressing or interactions in social sphere. The personality and subjectivity of a person influence this evaluation as well as by societal norms and culture. Secondly, the important values of any relationship such as friends or networks which might have different role in one's life (Biordi & Nicholson, 2013).

Both quantitative and qualitative aspects of deprivations together affect a person in various ways. However, the connection between these quantitative and qualitative aspect is indirect (Fine & Spencer, 2009). Like for example, being alone may lead to feelings of isolation leading to feeling of loneliness. On the other hand, even in situations where an individual is surrounded by people, they may tend to feel alone (Hall, 2013).

The assessment of satisfactoriness of the quality and quantity of the social relation of a human takes place in two spheres (Minnesota Department of Health, 2010). The first one is an external sphere where the evaluation of the satisfactoriness of relations that an individual has or the frequency of the contacts with their friends and family can be made by an external observation like assessing the number of connections, family relations or group participation and this can further take some form of objective evaluation. Second evaluation can take place in an internal sphere where a person's assessment of the quality and quantity of relationships occur (Minnesota Department of Health, 2010). Sequence of internal factors affects this evaluation, like past unpleasant experiences or the insight of what constitutes a perfect

quantity or quality of relationships. It is essential to make an elucidation that development refers to the overall set of social relations that a person has and is not confined to any particular relationships (Zavaleta et al., 2014).

2.2 Related concepts

Related cases are instances of concepts that are related to the concept being studied but that do not contain all of the defining attributes (Walker & Avant, 2011). Social Isolation has been considered as a different phenomenon or it has been combined with other aspects that are related to human difference. In this backdrop types of definitions of Social Isolation has been identified which of many are synonymous to the other or different from the other but with related phenomena. However, the concept of isolation is time and again used interchanged with the concept of solitude. Solitude, historically, has had a more positive, purposeful and healthful definition (Phelps, 1966). Solitude is defined as a state of being alone without being lonely and can lead to self-awareness through a positive and constructive state of engagement with oneself. Solitude, at times, is desirable and can refill the soul (Marano, 2003). Throughout history, many philosophers, spiritual leaders and artists have vouched for the benefits of solitude (Long & Averill, 2003).

Similarly, seclusion and privacy are related to isolation. Seclusion is defined as being screened or hidden from view and privacy as the quality or state of being apart from company or observation (The Merriam-Webster Dictionary, 2011). These three concepts have similar descriptions, but in opposition to the proposed definition of isolation, they are acts of willing sensory and social reduction with voluntary limitations on space or movement. Likewise, Social Isolation and separation have been considered as synonymous to each other according to the healthcare literature. However, alienation encompasses other five psychological states like powerlessness,

normlessness, isolation, self-estrangement and insignificance (Seeman, 1959). In normlessness, an individual is of a belief that socially unapproved behaviors are required in achieving their goals. The separation of one's self from one's work or imaginative potential refers to self-estrangement. Finally, meaninglessness is the sense that gives predictions about the outcome of behavior (Bergner, 1998). Thus, isolation is only one psychological state of alienation (Bordi & Nicholson, 1995, p. 87).

Despite the fact that Social Isolation is typically viewed as a deprivation from social contacts, it is actually loneliness and not Social Isolation that occurs when an individual perceives her or his social relationships as not containing desired social contacts in quantity or quality. Loneliness is "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (Perlman & Peplau, 1981). Loneliness is sometimes seen as global, generalized, disagreeable, uncomfortable and more terrible than anxiety and it is also referred to as an alienation of the self (Austin, 1989). Loneliness is also addressed sometimes as perceived isolation (Cacioppo et al., 2009). Whenever we talk about loneliness it is always linked to depression but essentially it is quite different from depression. In fact in loneliness, one tries to incorporate herself\himself into new relationships, where as in depression, there is surrendering of oneself to the distress (Weiss, 1973).

Nevertheless, we cannot say that loneliness and Social Isolation does not relate, in fact, loneliness is one important concept that is most invoked when talked about Social Isolation (Hoeffer, 1987; Mullins & Dugan, 1990). However this may lead to some confusion when used as interchangeable terms, so it is important to maintain clarity, loneliness is considered as subjective emotional state of the

individual, whereas Social Isolation is the objective state of deprivation from social contacts (Bennet, 1980). Therefore, loneliness is the psychological state whereas Social Isolation is the sociologic status of the individual. Though it is true that Social Isolation might lead to loneliness but loneliness is not a needed condition of Social Isolation. Both can be present separately from each other (US Institute of Health, 2019).

Peplau and Perlman (1982) view of loneliness is different from that of North American Nursing Diagnosis Association's (NANDA's) nursing diagnosis of Social Isolation (Carpenito-Moyet, 2006). The NANDA diagnosis includes the possibility that a group could also experience a "need or desire for increased involvement with others but is unable to make that contact." This line makes it clear that attached to those lines must be feelings of rejection or aloneness, insecurity or lack of meaningful relationships. The definition given by NANDA model combines both psychological feelings with sociologic state of isolation and thus blurs the distinction so carefully treated by others. As we look further, Social Isolation becomes cause, process or response, depending on analysis and circumstances. The complex sets of variables that shape into Social Isolation lend themselves to a variety of assessments, diagnoses and interventions: loneliness is only one part of Social Isolation (Bordi & Nicholson, 1995).

Social Isolation is tightly linked with the need for social support that facilitates the survival of humans by offering social, emotional and material support needed, especially the ones who are subjected to chronic illness (Lin, 1986). Earlier the focus of social support literature was on the instrumental and material benefits of support but the recent literature on Social Isolation relates isolation more to the negative feeling of aloneness. This feeling is associated with deficits in social support

networks, less participation in social relationships or feeling of rejections or withdrawal (Cornwell & Waite, 2009).

Subsequently, confinement implies a forced or involuntary limitation in the amount of physical space or restraint on actual physical movement for a person. Confined subjects report emotional overreactions and physical discomfort because of the experience (Haythorn, 2008). Researchers have attempted to isolate the experience of confinement but they have reported challenges due to the overlapping experiences of Social Isolation and sensory deprivation that occur during confinement (Zubek, 2008). Due of these challenges, confinement has been broadly defined as a physical concept that then can lead to the psychological concept of isolation, through a combination of Social Isolation and/or sensory deprivation (Rasmussen, 2008). Confinement is practiced in the penal system through solitary confinement, where a prisoner is physically segregated from the rest of the prison population and is excluded from normal programming and collective activities (Haney, 2003). Confinement through geography is seen with travel to distant or isolated locations and in geographically isolated populations (Haggard, 2008; Laing & Crouch, 2009). Confinement is seen in health care through the use of source and protected isolation, where patients are not permitted to leave their rooms (Campbell, 1999; Catalano et al., 2003; Russo et al., 2006). Also confinement is seen in persons who are bedridden because of pregnancy or illness (Ishizaki et al., 1994; Schroeder, 1996).

Consequently, the temporary connection between isolation and depressive symptoms is not an attribute to social support and objective Social Isolation. Social network size was found to be associated with isolation and depressive symptoms. At the same time, objective Social Isolation and low social support are associated with isolation and depression symptoms and their temporal connection are not attributes of

Social Isolation but those concepts can be causes of being socially isolated (Cacioppo et al., 2002). Therefore, lack of sense of social belonging, lack of social contacts, lack of fulfilling and quality relationship, psychological barriers, physical barriers, low financial status and a prohibitive environment can be possible reasons leading to Social Isolation (Nicholson, 2008).

2.3 The nature and process of Social Isolation

Social Isolation can take place at four layers of social concept. The first and the outermost social layer is community, where one feels integrated or isolated from the larger social structure. Second is the layer of organization that is work, school and church, followed by third that is confidants which is close to the person like friends, family or significant others. Finally the fourth and the last is the innermost layer of the person, which is the human's personality and the intellectual ability to apprehend and interpret relationships (Lin, 1986).

Social Isolation has been defined in terms of objective and subjective isolation. From theory on the development of the self-concept, it is clear that behaviors (whether one's own or another's) form the basis of self attributions about the extent to which one is connected to others in meaningful and satisfying ways (Rosenberg, 1979). Self-perceptions or subjective patterns can be even more powerful in their consequences than objective patterns of behavior. First, self-perceptions, even if they are distortions of objective reality, are often more real to the person; they are part of the cognitive structure that orients the person to society. Second, individuals are not always aware of their objective patterns of behavior (because their self-perceptions bias their social awareness) but they are always cognizant of their perceptions. Third, self-perceptions are often powerful motivators for human behavior, irrespective of whether they are grounded in objective reality. To that end, the self-perception of

Social Isolation is more important in influencing the orientation and behavior of an individual than the objective behavior of self or other. Indeed, self-perceived Social Isolation affirms a detachment that may lead, in its extreme, to the gravest of consequences (Elliot et al., 2005). Sociologists note that egoistic suicide, found in societies in which the individual predominates in the social order, is a product of "society's insufficient presence in individuals" through a deficiency in "truly collective activity." Even if that deficiency is merely perceived and is contradicted by a more objective analysis of behavior patterns, it is likely to have powerful consequences for the individual (Durkheim, 1951).

At the level of clinical dyad, four pattern of Social Isolation or interaction have been identified (Masi et al., 2010); although, these were originally formulated by keeping older adults in mind, they can be compared easily to younger persons by making them age relevant:

1. Person who have been integrated into social groups throughout their lifetime.
2. The "early isolated," who was isolated as an adult but is relatively active in old age.
3. The "recent isolated," who was active in early adulthood but is not in old age.
4. The "lifelong isolated," whose life is one of isolation (Biordi & Nicholson, 1995, p. 86).

The first one is the positive situation where one feels very integrated with the society and has a well balanced social life. The second concerns an unpleasant lack of personal relationship with the family and also with peers during their adulthood, lonely people carry a social stigma which makes them difficult to talk about their situation, this could occur because of broken family and with the passage of time this situation could get better and they can attain active life during their old age. The third type describes a situation where most of the adults who have experienced active life slowly withdraw because of some health issues, this could even lead to early death as

well. The fourth and the final type describe the existence of isolation as an inevitable part of human life, feeling totally isolated even if there are supportive members available (Biordi & Nicholson, 1995).

Human beings who are critically ill or are disabled, in them the course of Social Isolation becomes more obvious because of the change in their social relationships (Umberson & Montez, 2010). Friends and family start to pull out themselves from the isolated individuals or the individuals withdraw themselves from the rest. This process may be slow, as with individuals suffering with arthritis, or it may be rapid, as with persons affected by AIDS. Unfortunately, the process of isolation may not be based on accurate or rational information. Individuals with chronic illness come to perceive themselves as different from others and consider themselves outside the mainstream life (Williams & Bury, 1989). This perception of being different may affect the behavior of the human who is ill and this may further affect the behavior of the caretaker who may then overlook their disabilities or differences. The ongoing demands of the disability because of illness may steam those sense of being different. For example, social relationships are interrupted because families and friends cannot adjust the inconsistent treatment to acceptable social activities. From social perception or from such real events, Social Isolation can occur, either as a process or as an outcome (Hanpaa, Kuula, & Hakovirta, 2019).

Individuals with chronic illness often face their own mortality more explicitly than those experienced by others. Those with chronic illness are often not frightened by death but it frequently frightens those in their social networks like friends and family which may lead to guilt and can lead to strained silence and withdrawal. As a result, that may have a huge impact on the constrained family. Social support is significant for the survival of those suffering from either cancer or heart diseases. For

those who lack their social support, Social Isolation is not merely a metaphor for death but it can also accelerate (Kinsella et al., 1989).

2.4 Factors influencing Social Isolation

Research on antecedents of isolation typically includes the following characteristics in their models: (a) a series of factors that shape the characteristics of individuals' living conditions and consequently affect the level of social integration of individuals. These factors encompass among other: demographic and socio-structural factors (e.g., age, gender, educational level, work, income and health) and personality characteristics (e.g., social skills, self-esteem, shyness, anxiety, introversion); the so-called distal factors and (b) descriptive characteristics of the level of social integration, such as the size, the composition and the functioning of the personal network (intimate relationships as well as the broader group of acquaintances, colleagues, neighbors and extended kin); the so-called proximal factors of isolation (Hawkley et al., 2008).

2.4.1 Age: Isolation can be experienced in all age groups, including the earlier developmental periods (Perlman & Landolt, 1999; Schinka et al., 2012). More than 60% of high school students report feeling lonely sometimes and their experiences are closely linked to the development of increasing expectations about social relationships, friendships, support and intimacy. Adolescents who suffer from chronic isolation are more likely to report psychopathology, depression, suicidality and social skill deficits (Schinka et al., 2012).

The evolutionary theories of isolation, that people of all ages who are confronted with the aversive feelings of isolation, are motivated to reconnect with others. During childhood, the focus on social threat may be adaptive because it motivates children to reconnect and provides clues about how to re-engage (Qualter et al., 2015). However, avoidance of social threat information among lonely young

adults may indicate a tendency to disconnect from the self in socially threatening situations (Bangee et al., 2014).

2.4.2 Gender: The gender-specific socialization of men and women, arguing that men and women differ in the values they ascribe to different types of relationships. Men, socialized to be emotionally independent, prefer undemanding relationships and tend to rely on their wives and partners for social and emotional support (Chodorow, 1978). Women are socialized to have more complex affective needs in which an exclusive relationship to a man is not enough. Results from 102 studies that investigated gender differences in isolation show that women report significantly higher levels of isolation than men (Pinquart & Sörensen, 2001). This is more pronounced in studies in which isolation is measured with single-item indicators than in studies using multi-item measuring instruments. The difference might be related to men's greater reluctance to report isolation in response to direct questions. It is revealed that different predictors of isolation for men and women: widowhood, depression and mobility problems predict isolation uniquely in the model for women, while low level of social contacts and social contact reduction predict isolation uniquely in the model for men (Dahlberg et al., 2015).

2.4.3 Education, work and income: Persons with lower levels of education are less likely to be employed and, if employed, more likely to be employed in low-pay, no-benefit jobs. They also have lower levels of financial capability which in turn negatively affect their economic security, well-being and quality of living conditions. Disadvantaged socio-economic circumstances shape people's ability to optimize and diversify social contacts, affecting isolation (Ajrouch et al., 2005; Fokkema et al., 2012). Isolation may be particularly affected by changes in resources that result in having insufficient means to make ends meet. Research in rural Canada found higher

levels of isolation among longtime residents of newly affluent communities who were no longer able to take part in activities and organizations and for whom constrained financial circumstances led to truncated social connections (Keating, Eales, & Phillips, 2013).

2.4.4 Health: Poor health and having functional limitations are related to reduce social participation in the community, diminished social contacts with friends and relatives, and poor relationship quality. Those who are in poor health, whether measured objectively or subjectively, tend to report higher level of isolation. Findings also show that lonely people have a higher risk of poor health and mortality (Holwerda et al., 2012; Iecovich et al., 2011; Luo et al., 2012; Ong et al., 2016). Substantial evidence indicates that individuals lacking social connections are at risk for premature mortality. The risk associated with Social Isolation and isolation is comparable with well-established risk factors for mortality, such as physical inactivity and obesity (Holt–Lunstad et al., 2015).

Isolation and health are related via four mechanisms. The first involves a stress process. Well-integrated people live a more predictable and stable life they have stronger feelings of self-worth and belonging and have a stronger identity. All contribute to being more resilient in case of stress. Stress disorganizes the physical system and weakens the defense against diseases and chronic conditions (Uchino et al., 1996). In particular support from the closest relationships is important to buffer the effect of stress on physical functioning. The second mechanism describes social influence on people's behavior. People who receive appropriate information or advice from their personal network tend to adopt a healthier life style (Berkman et al., 2000; Cacioppo et al., 2003). Lonely individuals are less likely to engage in behaviors such as exercise, remembering to take medications, seeing their doctors, enjoying good

nutrition and relaxation (Mahon et al., 2001; Pérodeau & du-Fort, 2000). However, it is also possible that unhealthy life styles are mediated. For example, the likelihood that people are obese is higher when they have networks with many overweight people (Smith & Christakis, 2008).

The third mechanism addresses the reversed causality, i.e., poor health as a risk factor for isolation. People in poor health are limited in their capacities to maintain social relationships (Tilburg & Groenou, 2002). For example, a hearing problem disturbs verbal communication and having physical limitations hinders visiting family and friends. The fourth mechanism looks into the relationship with helpers. Poor health might mobilize helpers and increase support-giving and thereby decrease the likelihood of isolation. However, if people in need of help are too demanding, informal helpers might become overburdened resulting in distortion of the relationship and increasing isolation (Field et al., 1993).

2.4.5 Marital status and partner personality: marriage is considered as an opportunity towards alleviating Social Isolation and isolation since the past decades (Gierveld et al., 2009). In the past there has, generally, been lower levels of isolation among those living with a partner. However, over the time, there have been increasing rate of isolation in those persons living with a partner, than single persons (Hawkley & Cacioppo, 2010). Nonetheless, it has been analyzed that the person with partner does not offer the same kind of protection against isolation in aged people as it does in the younger people (Dykstra et al., 2005).

Persons accompanied by unsupportive partner undoubtedly are not satisfied in instrumental, emotional or sexual aspects of their relationship and, thus, suffer from loneliness (Gierveld et al., 2009; Hawkley et al., 2008). Though, persons with a supportive partner tend to be better secluded from isolation and other problematic

situations such as morbidity and mortality than persons without a partner bond and especially those living alone (Noumura et al., 2016).

There are a number of methods to illustrate the absence of a partner in a household exacerbates the situation of isolation (Pinquart & Sörensen, 2001). Secondly, persons living alone lack in-house support and, thus, are forced to approach others outside the household. Thirdly, solitary living might be the result in the dissolution of a partner relationship. People who live by themselves after the death of the partner remain at risk of isolation and the effects of widowhood remain for a longer period of time (Gierveld et al., 2006).

Furthermore, divorce also plays a role on encouraging isolation. Situation of divorce in middle adulthood is likely to continuously affect feelings of isolation even at later phases of life (Gierveld et al., 2009). Recent research has, however, concluded that the levels of isolation among divorcees have declined over the last decades, further suggesting that the social position of divorcees has improved (Aartsen & Pas, 2015).

2.4.6 Parent-child relationships: The significance of the parent-child bond in every individual's lives is undeniable. Especially, an adult living in vicinity of their parents or those living with aged parents, providing support reduces the risks of isolation. It must also be noted that support present in abundance in co-residential households tend to be downward approach where the younger generation generally is an advantageous situation (Gierveld et al., 2012; Kohli, 2004). Levels of co-residence are dropping, even in countries where co-residence has been the norm such as Japan and China (Cong & Silverstein, 2015; Takagi & Silverstein, 2011). Therefore, it can be understood that parent's contacts with children are an important source of

companionship and emotional support, and are known to alleviate isolation, especially for those who live alone (Grundy & Henretta, 2006; Steed et al., 2007).

2.4.7 Siblings: Siblings hold a special bond in myriad ways such as common blood tie, the shared history of growing up together and the same background. Among the elder persons, the loss of a sibling has been found to be one of the contributing factors to isolation (Gold, 1987). Siblings play a significant role alleviating the isolation of those who are deprived of the intimacy with their partner and have no children (Pinquart, 2003). However, important phase of older adults were engaged in uncertain or even conflict-laden interactions with their siblings, leading to feelings of distress and extreme isolation (Merz & Gierveld, 2016).

2.4.8 Non-kin relationships: The importance of friendship for the mitigation of isolation is well documented: the pleasure of being in one another's company, the care for each other is evident in keeping up with personal thick and thins, and being compassionate to each other's ideas (Cacioppo & Patrick, 2009; Scott et al., 2007). Relationships with friends, colleagues and other non-kin facilitate to connect people to circles outside their immediate family. The advantages of fitting into a set of embedded networks can lower the risks of isolation. Moreover, best friends can step in and function as confidants and, thus, help ease emotional isolation, in particular for never partnered or childless adults (Russell et al., 2012).

Another source of sociability can be through participation in formal organizations such as church and voluntary associations. More recent partners of older adults show increased social engagement in all forms of participation, including volunteer work (Ajrouch et al., 2007; Groenou & Deeg, 2010). The salience of non-kin relationships is greater in younger cohorts than in older cohorts, presumably as the result of increasing individualization and emancipation (Suanet et al., 2013).

2.4.9 Cultural norms and values: Expectations of people and their relationship are influenced by the normative environment in which they exist. Cultural norms and values in which a person is located is a contributing factor to isolation. Consequently, norms and values influence people's ideas about the most favorable network, as well as the obligations and duties of closed ones. Research has assessed that despite the fact that living alone becomes increasingly less common from northern Europe to southern Europe (Jylhä & Jokela, 1990). Furthermore, it has also been suggested that social exclusion takes place at an increased rate in collectivist community than individualistic communities (Lykes & Kemmelmeier, 2014).

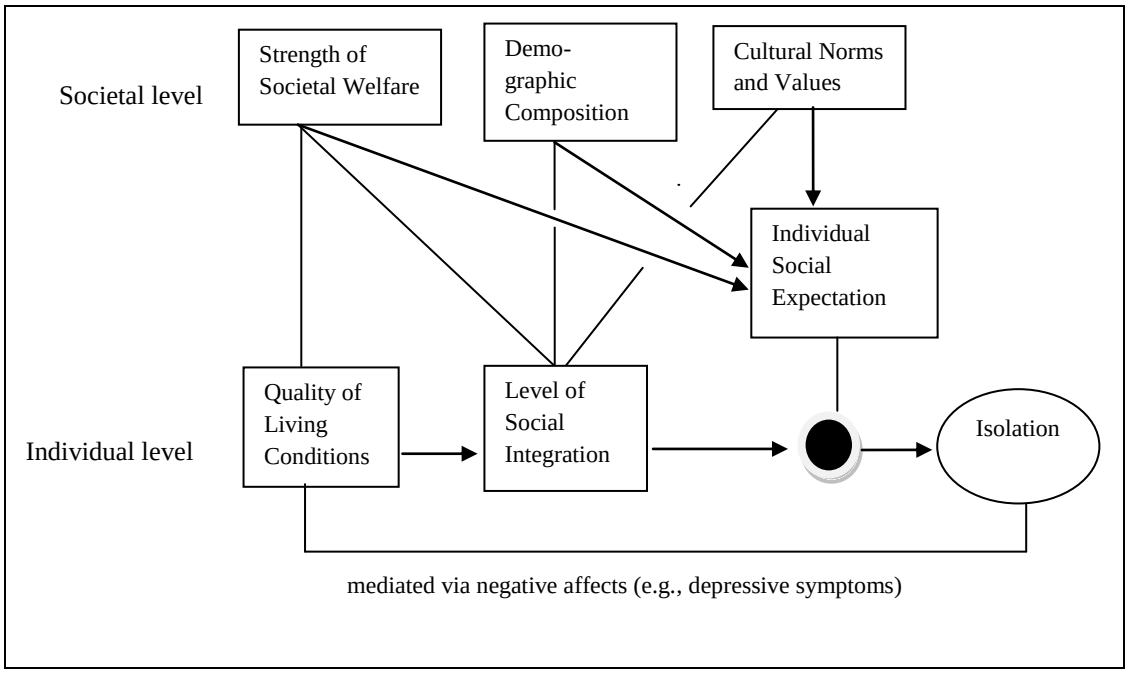
2.4.10 Socio-economic conditions, societal wealth and welfare: The growing economic and social disparity is one of the causes of the fundamental social condition impacting health and well-being of a person negatively (Rand, 2001). Scharf emphasized the role of economic deprivation and the related broader social exclusion of groups of elderly people from various ethnic minorities, people residing in rural areas and people with disability and mental health issues (Phillipson & Scharf, 2004; Scharf & Keating, 2012; Scharf et al., 2005; Walsh et al., 2012).

The causal method affecting well-being and isolation operates using direct means in connecting contextual disparity and persons' well-being, socio-economic resources and their living standards. Secondly, by using an indirect trail through which disparity and inequality at the community level increase person's understanding of relative deprivation leading to isolation (Gierveld & Römer, 2012).

2.4.11 An integrative model of individual level and societal context factors: Generally, the issues of isolated people cannot always be considered as failure of an individual. Features of the societal context, such as societal welfare, the demographic composition of the population and existing norms and values concerning filial support

can provoke isolation (Gierveld et al., 2018). Rethinking about outcomes, an integrated theoretical model has been prepared, amalgamating individual level factors such as standard of living and societal-level elements such as strength of societal welfare in order to understand the complicated reality in the vicinity of social integration and isolation taking place in various other social contexts (Gierveld & Römer, 2012).

Fig. 2.1 Individual and societal factors in the emergence of isolation



Source: Gierveld and Tesch-Romer (2012).

The proposed integrative model as shown in Fig. 2.1 starts with individual level emerged with isolation. The context factors have effect on the individual level factors as indicated by the light straight lines in the figure. Furthermore, marginal societal wealth increases the risk of a person's lowering his standard of living, thus, are socially less integrated as compared to persons living in societies with a higher level of welfare (Gierveld & Tesch-Romer, 2012).

Moreover, a higher rate of marriages is likely to increase household and family support as family norms and values in a culture increase the contact and exchange of

instrumental and emotional support among family members (Gierveld & Tesch-Romer, 2012). Furthermore, an interaction is proposed between societal context level and individual level factors as indicated by solid black lines in Fig. 2.1. Such kind of interactions is individuals' social expectations which are further affected by existing cultural norms and values. Consequently, individual's social expectations are affected by the other macro level factors as well. For example, living in an economically richer country with supportive government facilitates older adults to continue living in their homes (Gierveld and Römer, 2012).

2.5 Social Isolation among youth

Humans are social naturally but with the coming of modern lifestyle in industrialized countries there have been a great reduction in the quantity and quality of social relationships. Many people in the developed countries no longer live in extended families. Instead, they often live on the other side of the country or even across the world far from their relatives (Sharma, 2013). An increasing degree of subjective evidence suggests that the phenomenon of young people who seclude themselves in their rooms, do not attend school or work and have minimal social contacts is prevailing in many developed and high income countries (Kato et al., 2011).

Accordingly, many people today report feeling lonely and socially isolated. Feelings of loneliness have been reported doubled in the U.S since the 1980s (Cacioppo, 2013). During 1850s only 74,000 adults lived alone in the United States which represented less than 1% of the population but today that number has risen to 31 million people, that is over one quarter of all U.S household making the proportion of people living alone escalate (Kreider & Vespa, 2014). Apparently, with the introduction and advancement in technology there has been rampant usage of digital devices especially among the youths which arguably are replacing more human to

human interactions with the conveniences of indirect ways of connecting (Worland, 2015).

In our contemporary society, conflicting interpersonal trends are emphasized. On one hand, there is an increasing need for constant connectivity and endless communications. While on the other hand, there is a growing recognition for intensified individualism as expression of the self, encouraging independent mind-set trends, providing increased opportunities for selective meeting of individual choices of living, working, dressing and other activities (UN, 2020). Adolescents and youth want to behave and dress similarly to their friends with whom they want to be connected and at the same time, ironically, they also want to be different, to express their true self, to be themselves in their choice of dresses or music. Indeed our society has often been labeled as "The Age of Loneliness" in which the phenomenon of loneliness may be considered almost epidemic and a source of concern in different cultures (Moody, 2001; Chen & French, 2008). Although many individuals confirm that they are lonely, it was judged as a negative and even an embarrassing condition (Killeen, 1998).

Adolescence is a distinctive developmental period characterized by a strong desire for independence along with the need for social support from peers. Meaningful connection with peers is one of the strongest indicators of psychological health in adolescents (Boivin et al., 1995; Rubin & Mills, 1988; Qualter & Munn, 2002). Thus, adolescence may be understood as a time period of particular psychological vulnerability to the threat associated with feelings of Social Isolation from peers. Focusing on long-term consequences, research shows that "experiencing difficulties with peers is a consistent risk factor for later adjustment" (Rubin et al.,

1998). Furthermore, about one third of children with poor peer relationships go on to experience maladjustment post-adolescence (Parker et al., 1995).

Existing research demonstrates that Social Isolation during childhood and adolescence has both concurrent and longer-term negative health effects. One of the most studied relationships is between isolation or loneliness and young people's depression and anxiety. This relationship has been demonstrated in cross-sectional studies. Over 4,700 adolescents have been surveyed and it has been found that Social Isolation was significantly associated with higher depressive symptoms and also lower self-esteem (Hall-Lande et al., 2007). It is also reported that more frequently, perceiving loneliness was significantly associated with sadness and anxiety among 419 Norwegian children between the ages of 7-16. Longitudinal studies extend those simultaneous correlations (Lohre, 2012). More than 200 British children for three years, from ages 8 to 11, finding that children who reported higher loneliness between 8-11 years then, reported more depressive symptoms at the age of 11 (Harris et al., 2013). Five hundred and eighty five children from ages 6 to 16 and found that early adolescent peer problems were predictors of loneliness and anxiety/depression. They also found that degree of loneliness at age 12 is predictive of depressive and anxious symptoms after one year or three years later (Fontaine et al., 2009). Likewise, it was reported that loneliness from age 15 to 20 predicted depressive symptoms at age 20 (Vanhalst et al., 2013). Social Isolation or loneliness may be felt higher among certain groups, including gay, lesbian or bisexual youth, particularly during the time when they are first acknowledging their sexuality to themselves and others, and among homeless youth (Wright & Perry, 2006; Perron et al., 2014). In addition, Social Isolation can exacerbate existing problems in cases of highly vulnerable youth. For

instance, among drug dependent juvenile offenders, Social Isolation doubles the risk of relapse into alcohol or other drugs (Johnson et al., 2015).

2.6 Impacts of Social Isolation

No matter what the occurrence of Social Isolation is, the end result is the basic needs for genuine intimacy or meaningful relationships. Social Isolation is understood as not so pleasing condition that is likely to transform into depression. Social Isolation is, therefore, both a possible cause and a symptom of emotional or psychological challenges. Therefore, the apparent incapability to interact with the world and others can result in an escalating pattern of challenges (Novotney, 2019). Some of the distinguished reasons for causing Social Isolation are physical disabilities or illnesses, disorder related to neurology as well as personality and environmental constrains (physical surroundings of a person) (Tilden & Weinert, 1987).

Turning to the effects of being socially isolated, Social Isolation has been associated with increased vascular resistance, high blood pressure, insomnia, obesity, drinking habits, development of Alzheimer's disease and other poorer physical health (Cacioppo et al., 2002). In other words, there are higher possibilities of health issues among those suffering from Social Isolation (Nicholson, 2008). Also drinking, falls, symptoms of depression, cognitive decline and poor development after stroke, nutritional deficiencies, frequent need to visit hospital, isolation and alteration in the family process are considered as negative effects of Social Isolation (US National Institute of Health, 2007).

An understanding of the individual and the group or segment of society in which the person is functioning is necessary to throw light on the social contexts of isolation (Rasmussen, 2008). In addition, the situational dimensions that have major implications on isolation can help define the experience. Situational dimensions

include the voluntary versus involuntary nature of the event; the purpose, or instrumental reason; the planning and preparation permitted prior to; the duration of isolation; whether isolation occurs to an individual or as a group; if confinement is severe; if there is a subjectively viewed threat from isolation; current social and support conditions; and lastly the environmental variability during isolation (Sells, 2008).

2.7 Prevention and management

Concerns about the repercussions of isolation for an adult's physical and mental well-being have spurred researchers and practitioners to develop interventions to reduce isolation. These initiatives have not gone unnoticed (Novotney, 2019). In the Netherlands, a group of national organizations in the care and welfare sectors have been working together since 2008 with an aim to combat isolation. Also in the United Kingdom, the Campaign to End Isolation, led by a group of charities, was launched in 2011 (Age UK, 2011). Both coalitions combine research, policy, lobbying and innovation to aid efforts to tackle isolation. There is an incongruity, however, between the numerous endeavors aimed at reducing isolation and the limited empirical basis demonstrating that interventions actually work. It is not yet a common practice that an intervention is accompanied by effect, research and process evaluation (Medical Advisory Secretariat, 2008).

Over the years, several reviews of the effectiveness of isolation interventions have been published (Jarvis et al., 2020). They consistently report that only few of the interventions are effective. One of the reasons for lack of success of interventions is considered to be poor development arising due to insufficient understanding of the roots of isolation (Dickens et al., 2011). All reviews note considerable heterogeneity in the interventions that has been delivered. Nevertheless, interventions are more

likely to be impactful if they are developed on the basis of a theoretical framework, selection of targeted groups, such as the widowed or the house-bound, and have an educational or training component which requires active participation on the part of the older adult. Nowadays, interventions are also offered via internet (Bouwman et al., 2016). Research on the effectiveness of 17 isolation interventions carried out in the Netherlands contributes to a better understanding of what kinds of isolation interventions work and what kinds do not work (Gierveld et al., 2018). For example, factors contributing to the success of project "Group activities in a residential home" were; laying importance on activities rather than isolation, initiation of the idea by the residents themselves, implementation by professionals rather than volunteers and embedment in continuing activities (Gierveld et al., 2018). The success of a second project "Esc@pe" (computer course for physically disabled persons confined to the home) is attributable to having tackled the source of isolation, namely barriers to social interaction (Gierveld et al., 2018). The computer course provided structure in daily activities helping them distract from isolation, face to face contacts with volunteers who served as course instructors, online contacts with other participants in the project, and with family and friends. A plea has been made to move from isolation reduction to isolation prevention i.e., anticipating the likelihood of isolation and taking actions to avoid these experiences (Newall & Menec, 2015; Gierveld & Fokkema, 2015). A key factor in preventing isolation is by dedicating explicit attention to the creation and maintenance of the network or 'convoy' of personal relationships (Berg and Cassells, 1992). Though the quality of personal relationships and reciprocal exchanges of support are crucial to a well-functioning convoy, it is necessary to have a certain number of relationships as a starting point for developing higher-quality relationships (Fuller et al., 2020). Isolation prevention includes viewing

a person's social environment as responsive to actions aimed at increasing connectedness and advising individuals on their route to a satisfying convoy (Berg & Cassells, 1992). If need arises, people should be referred to institutions and organizations that aim in helping the socially isolated. Successive methods in the prevention of isolation are awareness of the problem, being knowledgeable in helping the isolated person (Hemingway & Jack, 2013).

Conclusion

It is clear that Social Isolation is a serious issue among all the age groups. There are many studies which elucidate the various ways in which Social Isolation (objective/subjective) is related to, and in some case affects, human neural, cellular and cognitive process. As we look back in the history, we have seen species, survived and prospered only by banding and working together- in tribes, in families or in couples to endow with mutual protection and assistance. The pain of Social Isolation evolves like any other form of pain. Indeed, there is considerable evidence that Social Isolation, and the pain associated with the disconnection that it produce, can construct a state that motivates behavior changes leading to damage individual's physical and also psychological health. Social Isolation is a serious public health issue and preventing it requires a complex range of intervention to help youth build social connection at individual, societal and community level.

It is necessary to have clarity between Social Isolation and Isolation. Social Isolation is the objective deprivation in social contacts, it is the sociological status of individual and isolation is the subjective deprivation, the psychological status of individual where one does not achieve the preferred quality of relationship. Adolescence presents many psychological difficulties; however, it is also a time-period in which individuals draw increased strength and support from the peer group.

The developmental importance of peer relationships during adolescence, psychological risks may be significantly more pronounced for adolescents who do not experience the protective benefits of close and meaningful social relationships with peers and family. The focus should not only be upon the physical well-being but also on the psychological well-being of the people. Thus, it is understood that not just simple relationships but what happens in them counts the most. There are numerous social issues that affect youth's ability to maintain supportive social network like gender, sexuality, personality, social and cultural beliefs.

The approach to solve Social Isolation needs to be more inclusive and incorporate diverse populations. Studies of Social Isolation tend to focus on older populations but Social Isolation is an important issue for all ages. The impact of "otherness" and stigma are important consideration when addressing Social Isolation. In addition to this more attention should be given to socially marginalized groups, especially to those exposed to poverty. For this an interdisciplinary, multisystem approach is required that will consider Social Isolation not only at the individual level but also at the familial, community and societal levels creating a ground for co-operation and overcoming the issue together.

CHAPTER - III

SOCIAL ISOLATION IN INDIA

Introduction

Life as we know is filled with success and failure, joy and sorrow, wealth and poverty, health and sickness. It is rare not to find a human who has not experienced these. It is also not very often seen, any family without any problem. Human beings as we know are not always perfect and are characterized by different natural qualities that include thinking, emotions, feelings, etc. Our nature is completely different from the rest of the creatures in the world and makes us behave in certain way. While it helps us to lead a comfortable way of life, it also leads to constraint at times. Humanity is not just maintaining a cordial relationship with each other; it is more than that, it is about establishing a bond with the society. There is no scientific evidence as such to prove that a problem arises only after a certain age. In fact, problems can arise at any point of time and any stage of life.

Change is the only thing that does not change and human life is all about changes and it is inevitable. When changes take place in one's life, we find it difficult to adjust and this itself leads to a problem. The changes taking place in our society is felt in every sphere of life: social, economic and political. Changing socio-economic, cultural and political situation in the country shapes and also acts as a force upon the transitional phase from adolescents to youth roles and responsibilities. Youth is a time period in one's life where individuals learn to deal with the worldly affairs. This phase is a vulnerable phase where an individual long for real and meaningful relationship and at the same time wants to be independent. India is a diverse country and one of the characteristics of Indian society is the presence of caste system which segregates people along with other cultural customs, this leads to deprivation among

the people ultimately leading to Social Isolation and discrimination. There have been numerous social changes in the Indian society and one of the most prominent changes in our social environment has been the infiltration of our culture and daily lives by the advancement of technology and WWW (World Wide Web) also known as the internet. With the spread of internet throughout the world and its easy availability among humans, it has caused a new kind of addiction known as internet addiction. The consequences of this addiction of internet have a particularly detrimental effect on youth's well-being. Today we still hear the elders and parents expressing the difference between their and the present generation. So in this chapter the focus is on the factors causing Social Isolation and its negative impacts on the psychological and physical health of the youths in India.

3.1 Mental health as a national issue

The fundamental aspect of human development and well-being is to feel socially connected and to have a feeling of belongingness. In society the most important primary group is family. It is the simplest form of society and of all societal grouping. Family is the first group in which humans find themselves and it is the first and the most immediate social environment to which a child is exposed where he/she develops its basic attitudes. Of all the groups that affect the lives of individuals in society none touches them as intimately as done by the family. India is known for its cultural heterogeneity and great heritage. Looking back at ancient history, we find that moral values are adopted and nourished. One of the characteristics of Indian family pervading over the centuries have been the system of joint family and social interdependence. People are born in groups — family, clan, sub-caste, castes and religious communities — and live with a constant sense of being a part of these groups. However, with the rapid growth of industrialization, social change and

technological development, the life of human has become too mechanical. This automatically led to change in the lifestyle and approach in human behavior. One of the consequences of these developments is the breaking up of joint families and the emerging prevalence of nuclear family set up in India which further gives rise to individualism.

The effects of social development have affected different countries and different social groups in different ways. In India standards of living is not parallel, though social development upgraded life standards of some section of the population, there are still sections in the population who are socio-economically poor and are affected adversely. While most of the studies reporting the burden of loneliness were conducted in the industrialized nations where aging and many socio-economic stressors are affecting social networks, similar problems are emerging in low and middle income countries (LMICs) like India (Hossain et al., 2019). Demographic and epidemiological transitions in India have resulted in a decline in the burden of infectious diseases, increased life expectancy at birth, higher proportion of the aging population compared to the past and a growing burden of chronic conditions (Nethan et al., 2017). In addition, socio-economic challenges like high poverty, income inequality, low education and high dependency ratio, lack of transportation, unplanned urbanization, rapid industrialization and deterioration in social capital have been affecting the overall well-being and increasing the likelihood of loneliness among the Indian population (Tiwari, 2013).

The world is home for 1.8 billion young people of age 10-24 year, which contributes to one-fourth of the total population. India has the world's highest number of this age group with 356 million. Especially, in the poorest nations the young population is growing faster as compared to other population groups (United Nation

Population Fund, 2014). In India, every fifth person is an adolescent between the age group of 10-19 years and every third person is aged between 10-29 years (Census of India, 2011). By 2030, the country is expected to have 250 million working population which can be termed as an enormous demographic dividend (Reuters, 2016). Such a large working population can be an advantage for the country, contributing to the nation's growth and development. But such advancement can be expected only when the health of the youth — both physical and mental are prioritized by the nation. One of the most significant phases of life is the young age and these influential periods have a major impact on the future. This phase carries special importance for mental health, since most mental and substance use disorder (MSUDs) have onset in young age and many tend to run a chronic or relapsing course in life time (Kessler et al., 2007). Around the world, mental health is being recognized as one of the main concern and also has been included in the Sustainable Development Goals (Chokshi et al., 2016; World Health Organization, 2013).

National mental health survey of India estimates the prevalence of mental disorder in the age group of 18-29 year at 7.39% excluding the tobacco use disorder and lifetime prevalence at 9.54% (Gururaj et al., 2016). The prevalence of mental disorder excluding SUDs in the age group of 13-17 year is reported to be 7.3% and is similar in both the genders. A high rate of self harm is also suffered by the young population, with suicide being the leading cause of death (Aaron et al., 2004). A study conducted in Lucknow estimated the prevalence of child and adolescent mental disorders as 12.1%, whereas, disease-specific prevalence was 4.16% for nocturnal enuresis (bedwetting), 2.38% for pica (an abnormal desire to eat substances like chalk, ashes or paper), 1.78% for conduct disorders and 1.26% for developmental disorders (Srinath et al., 2005). The similar study conducted in Bangalore exposed an

overall prevalence of 12.5% while the rate was 12.4% in rural areas, 10.8% in slums and 13.9% (highest) in urban areas of the city. The prevalence was found to be different in rural and urban areas. Investigations conducted in rural schools of Haryana and West Bengal has shown the prevalence of mental disorders as 20.7% and 33.33%, respectively. In contrast, the prevalence found in the urban school children in Tamil Nadu and Chandigarh was 33.7% and 6.33%, respectively (Malhotra & Patra, 2014). Major illnesses include depressive disorders (2.6%), agoraphobia (2.3%), disabilities affecting intellectual status (1.7%), autism spectrum disorders (1.6%), psychotic disorders (1.3%) and anxiety disorders (1.3%). Moreover, the survey estimated the prevalence of depression as 6.9%, anxiety as 15.5%, tobacco as 7.6% and alcohol consumption as 7.2% in a study conducted in Himachal state (National Mental Health Survey of India, 2016). Another report published by the WHO showed that the prevalence of suicide is 21.1/100,000 population and nearly 258,075 Indians committed suicide in 2012 among which a large proportion were students aged 0-19 years (WHO, 2012).

The condition of mental health institutions in India is extremely poor. Mental health forms an integral part of the overall health and well-being of people. Mental health is influenced by a number of social, cultural, political, economic and environmental factors such as national policies, living standards, working conditions and community support ("Mental Health in India," WHO, 2018). Treatment and cure for mental illnesses is of utmost importance and ignoring them can escalate the issue pretty exponentially. Unfortunately, mental health in India has never been given any importance or attention at all. Progress in the mental health service delivery has been very slow. The mental health work force in India is also extremely low, there are 0.3 psychiatrists, 0.12 nurses, 0.07 psychologists and 0.07 social workers per 100,000

population (“Mental Health in India,” WHO, 2018). These figures are startling and it is worsened by the fact that people in many cases are not even ready to acknowledge mental health issue. The patriarchy in India has taught people that “it is not okay to not be okay” and there is a constant pressure on people to act normal when they are actually experiencing a lot of stress and depression. Therefore, the impact of mental illness is far beyond the imagination of the society in which the awareness about the severity of these diseases is the least.

3.2 Concept of youth in India

Youth being innovative, vibrant, enthusiastic and dynamic in nature is the most significant section of the population. Huge positive change to the society and progress to the nation can be achieved if the energy and passion of the youth is harnessed and utilized properly. Today, the world has about 1.8 billion young people in the age group of 15-29 years constituting almost one quarter of the humanity. India, in particular, is experiencing a youth bulge with world’s largest young population of 356 million in the age group of 10-24 years, followed by China with 269 million young people. Between 2001 and 2011, India adds 161 million to the world's population to become the world’s largest contributor to the global demographic transition. Census of India 2011 has highlighted that 65% of the total population is less than 35 years of age and 50% under 25 years. India is expected to be the youngest country in the world by 2020 with the median age of 29 years (UN Report, 2014).

Young people form precious human resources in every country. However, there is considerable ambiguity in the definition of young people and terms like young, adolescents, adults and young adults which are often used interchangeably. Conventionally, period from adolescence to middle age is termed as youth. Youth is best understood as a period of transition from the dependence of childhood to

adulthood's independence. Youth is a time period in one's life which is more fluid than any other fix age groups. Yet, age constitutes the determining characteristics in the definition of youth by various agencies. It is the easiest way to define this group, particularly in relation to education and employment, because 'youth' is often referred to a person between the ages of leaving compulsory education and finding jobs. World Health Organization (WHO) defines 'adolescence' as age spanning 10–19 years, 'youth' as those in 15-24 years age group and these two overlapping age group as "young people" covering the age group of 10-24 years[1]. UN adopted the age group 15-24 for defining youth. However, the Secretary-General also recognized that, apart from that statistical definition, the meaning of the term 'youth' varies in different societies around the world. There are also several UN entities, instruments and regional organization which consider different definitions of youth, that the United Nations secretariat recognizes. The following Table 3.1 summarizes these differences:

Table 3.1 Summarization of different age group by different organization

Entity/ instrument/organization	Age
UN Secretariat/UNESCO/ILO	Youth: 15-24
UN Habitat (youth fund)	Youth 15-32
UNICEF/WHO/UNFPA	Adolescent:10-19, young people:10-24, youth: 15-24
UNICEF/the convention on rights of the child	Child until 18
The African Youth Charter	Youth: 15-35

Source: 1. UN Instruments, Statistics. 2 Agenda 21, 3 UNFPA, 4 UNICEF, 5 African Union, 2006.

The National Youth Policy of India (2003) initially defined the youth as in the age group 13-35. However, National Youth Policy (2014) modified it and defined 'youth' as persons in the age group of 15-29 years. In the present study the age group from 19 to 30 years is considered as youth in order to show the trend and challenges

[1] http://www.searo.who.int/entity/child_adolescent/topics/adolescent_health/en/index.html

they face dealing with Social Isolation. The growth pattern in the youth segment differs substantially from that of general population. The total youth population increased from 168 million in 1971 to 423 million in 2011. This increase was in the form of annual addition of roughly 5.3, 6 and 6.6million during seventies, eighties and nineties, respectively. During the period 2001-2011, addition is substantially high at 7.4 million. The share of youth population in total population has been increasing continuously from the level of 30.6% in the year 1971 to 34.8% in the year 2011. The regularity and efficiency of census operation in India add rigor to the measurement of youth in India. The decennial enumeration through Population Census throws up consistent estimates of youth in India. As per India's Census 2011, youth (15–24 years) in India constitutes one-fifth (19.1%) of India's total population (Youth in India, 2017).

Table 3.2 Average annual growth rate gender wise

Year	Male		Female		All persons	
	All age	Age 15-34	All age	Age 15-34	All age	Age 15-34
1971–1981	2.21	2.87	2.25	2.70	2.23	2.79
1981–1991	2.20	2.43	2.12	2.48	2.16	2.45
1991–2001	1.93	2.20	2.01	2.10	1.97	2.15
2001–2011	1.59	1.96(2.00#)	1.70	1.95 (2.00#)	1.64	1.96 (2.00#)
2011-2021*	1.55	1.47 (1.12#)	1.42	1.08 (0.79#)	1.49	1.28 (0.96#)
2021–2031*	0.90	0.26 (0.08#)	0.96	0.19 (0.07#)	0.93	0.23 (0.08#)

*Projected by World Bank.

#Figures in ( ) relates to age group 15–29 years (Youth as defined in National youth Policy, 2014).

Source: Office of the Registrar General, India.

In the 21st century, the life experiences and perspectives of young people are very different as compared to past years. About 87% of young women and men living

in developing countries face challenges brought about by limited and unequal access to resources, healthcare, education, training and employment as well as economic, social and political opportunities (UNDP, 2014). In many parts of the world, youth face poverty, hunger, barriers to education, multiple and intersecting forms of discrimination, violence and limited opportunities for growth and employment prospects. There is a huge challenge in itself, as empowering youth requires not the mere provision of education but also quality education that can enhance skill development. Also, the emphasis on health and well-being is required as these factors help to develop the cognitive abilities of young minds and make them innovative thinkers. Youth are often excluded from decision-making processes and generally looks at untraditional avenues for civic engagement. More than 600 million youth live in fragile and conflict-affected countries and territories (UNDP Youth Strategy, 2014). Young people are both the victims and the perpetrators of the violence in societies they live in. This diversity of situations explains why youth are considered both a source of concern and a ray of hope and positive thinking (Youth in India, 2017, p. 3).

3.3 Social Isolation and youth

Social Isolation describes the state of being deprived of social relationships that provide positive feedback and are meaningful to the individual. Both quantity and quality of social connections are therefore relevant to a discussion on Social Isolation. The quality and quantity of social relationships affect physical and mental health and risk of mortality (Umberson & Montez, 2010). Social Isolation has been defined as "the absence or perceived absence of satisfying social relationships" (Young, 1982, p. 380) and perceiving a "discrepancy between the desired and achieved levels of social contact," (Peplau & Perlman, 1982, p. 8). An important question that arises in this

context is whether Social Isolation and loneliness are two different phases affecting health in different ways or whether loneliness provides a way for Social Isolation to affect health? (National Institute on Aging, 2019). Much of what we know about the causes and effects of Social Isolation and loneliness comes from the innovative research of Cacioppo (2006). It has been observed that being by one's own self and loneliness are different phases of life but however are related. Social Isolation is the objective physical separation from other people like living alone, while loneliness is the subjective distress feeling of being alone or separated (National Institute on Aging, 2019).

The attachment and social functioning of an individual which are formed earlier in life may have deep impacts on the way that individuals interact and face with the social world throughout their lives (Bowlby, 1964). Those early attachments sequentially inform one's ability to form and maintain strong relationships. Strong social support networks are particularly important to mental health and for preventing behavioral problems (McPherson et al., 2014). Social Isolation in children and youth differs from that of older population in terms of how and where they develop social connections. Children and youth have certain mandates for social participation, like schools and colleges that offer certain degree of social inclusion (Morgan, 2010). School attachment or the degree to which youth feel connected or close to friends and teachers at their school is also particularly protective and important. Youth who are well-liked and feel supported by their friends are less likely to report feeling lonely, whereas, lonely adolescents feel less integrated and attached to their school (Chipuer, 2001; Kingery & Erdley, 2007). Adolescents who do not feel like they are part of their school report poorer self-rated health and elevated depressive symptoms in early

adulthood, thus, demonstrating the importance of social connections for subsequent health (Goosby & Walsemann, 2012; Walsemann et al., 2011).

During adolescence, both parents and peers can provide supportive or non-supportive environments that offset stressors such as loneliness and may also ease the relationship between loneliness and health (Giordano, 2003). Parental support is also associated with adolescent health; adolescent's perception of parental support or lack is a significant predictor of adolescent general health complaints and depressive symptoms (Wickrama, 1997; Cornwell, 2003). Furthermore, the links between parent support and adolescent school attachment with loneliness and health suggest that these are important aspects to look at to understand loneliness and its impacts on health.

The Indian society has undergone significant changes in the past, mainly after the independence as a result of modernity and it has also accelerated the pace of change in social structure — religion, caste and also in the role of family in social life. India is a land of diversity and has a rich cultural heritage. The diversity is reflected in multi-caste, multi-religion and multi-lingual nature of the society. The ethnic diversity, linguistic multiplicity, fusions and variations as well as synthesis in social customs, behavioral patterns, beliefs and rituals have made the Indian culture rich but at the same time, complicating it as we see communalism, racial discrimination, caste system, religious staunchness and social orthodoxies being more prominent with time. The Indian society is formed of the following units: 1) family, 2) caste system, 3) internal organization, 4) religion and 5) economic system. One of the most important themes pervading Indian life is social interdependence. In India people are born in groups meaning an individual is by birth confined to families, clans, sub-castes and

religious community. Though the ancient idea of joint family retains its power in rural parts of India, many urban Indians have adopted the nuclear family system.

The north eastern states of India have much potential in terms of human resources and are important part of India. It is geographically secluded from the rest of main land India and is one of the remote places in India. Due to its remoteness the north east states lack infrastructure facilities and also its terrain make it more difficult to access every corner of the area, therefore, making the area unreachable and underdeveloped. Although, the literacy rate is very high in the north east states there is also a big percentage of unemployment among the youth (Srivastav & Dubey, 2010). Without the industrial development and sufficient job creation in the area to match the increasing literacy rate many educated youth are frustrated and are rendered unemployed which may further accelerate Social Isolation, depression and anxiety which is bound to scar the psyche of any youth. Moreover, the north eastern states are known to be conflict ridden area, violence resulting from armed conflicts, rape cases and killings in addition to unemployment have contributed to the rising cases of depression and anxiety (Singh, 2012).

3.4 Factors associated with Social Isolation

India offers an amazing variety in every aspect of social life. India being a diverse country, its society also has diversities in ethnic, linguistic, regional, economic, religious, class and castes. Human behavior is perceived as an outcome of genetic and a biochemical characteristic, past experiences, psycho-social antecedents and the cultural context in which it unfolds (Sutker, 1977). The perception of loneliness is also reflective of the culture and also religion might play a role in it. Religion determines the customs to a great extent and custom determines the daily life. For both the adolescent group and adult population, Hindus have scored more on

loneliness compared to those professing Islam and Christianity (Rote et al., 2013). Orlandi et al., (1992) defines culture as shared values, beliefs, tradition, norms, customs, history and folklore among and within a group of people. Culture plays an intricate role in the natural history and psycho-social development of human behavior comprising of various customs, beliefs, values, knowledge and skills (Orlandi, 1987; Linton, 1947).

Cultural barriers are associated with beliefs, customs and attitudes that influence how individuals feel, think or behave. One of the common cultural barriers that provide social interaction is language barriers. Although, there are very limited information available regarding the role of cultural values on the development of feeling of Social Isolation, family values have been speculated to influence the decision to social interaction (Lai, 2008). The cultural diversity in the Indian society leads to the formation of minority and majority groups not only in terms of strength of numbers but also in access to various resources. As the society is governed by its members, it is obvious that the majority group will have the maximum say. Therefore, the majority group has more power over the minority who lacks power over the resources leading to deprivation. In a society like India deprivation plays a significant role in describing human behavior (Sharma, 1986). Deprivation is the consequence of socio-economic disparity due to caste-system that is distinctive in the Indian society and also mainly when religion permits it.

The traditional Hindu society that is segregated into various caste groups dictating superior and lesser beings among its members. This system places the untouchables at the bottom of the cast pyramid and is obviously an institution for legalized inequality, where the social, economic, political and ritual structure determine the status of an individual in relation to others (Srinivas, 1970).

Though India formally abolished the caste system in 1950 and is internationally a consistent enthusiast of human rights, caste based discrimination as social taboo still prevails. According to a study conducted by Human Rights Watch (1999) more than one-sixth of India's population, some 160 million people, lives an insecure existence, shunned by much of society because of their rank as "untouchables" or dalits at the bottom of India's caste system. Although the caste system was abolished as part of the Indian Constitution drafted in 1950, this "hidden apartheid" still takes place today. Dalits often live in extreme poverty, denied land and are generally treated as second-class citizens. Dalit children are no exception and are also treated likewise and more strikingly make up the majority of those sold into bondage to pay off debts to upper caste creditors. An estimated forty million people in India, among them fifteen million children, are bonded laborers (Human Rights Watch, 1999). Among dalits there are high rates of depression, drug abuse and rapid spread of HIV. Dalit women are particularly hard hit and are frequently raped or beaten as a reprisal against male relatives who are thought to have committed some act worthy of punishment (Mayell, 2003). In India's southern states, thousands of girls are forced into prostitution before reaching the age of puberty. Devadasi, literally meaning "female servant of god," usually belongs to the "Dalit Community". Once dedicated to this service, the girl is unable to marry, forced to become prostitute for upper-caste community members and eventually auctioned off to an urban brothel (Human Rights Watch, 1999).

Although, today untouchability is outlawed and caste system is not openly practiced at least in the big cities, there are other ways of segregating which could be the risk factor for Social Isolation among the youth like for e.g., pardah system, child-marriage, dowry, widowhood and menstrual taboo, socially ascribed identities, such

as those related to gender, sexuality or physical appearance. Children and youth who are not comfortable with the local norms of language, behavior or appearance may face complication blending into peer groups at school, potentially leading to Social Isolation which may also fuel the risk of being bullied by peers (Levinson et al., 2013).

In India, more than 50% of girls marry before the age of 18 or without their consent. Transgressions of these norms can result in vicious attacks such as disfiguring acid attacks, intended to destroy the women's life and send warnings to others[2]. Many young women are home confined and when they are married off are forced to live with the unknown family of their husband. According to Elizabeth Visceglia, "Depending on how rural the area, very young girls (aged 7-11) are not infrequently married off and I know that suicide among these girls is at a high rate" (Visceglia, 2008). These incidents make the young girls very vulnerable and afraid to get involved in social engagements which ultimately make them suffer from Social Isolation.

There are several socio-demographic factors associated with perceived Social Isolation (loleniless). Age is one of the common factors associated with perceived Social Isolation. According to Grover, S., Avasthi, A., Sahoo, S., Lakdawala, B., Dan, A., Nebhinani, N., … Suthar, N. (2018), older age is associated with loneliness, because when age advances, it is likely that an elderly person often tend to stay away from their active life and get more passive making them feel inadequate, thus, develop a sense of losing independence which makes them feel as a burden and resulting in loneliness (Grover et al., 2018). Whereas, Bhogle (1991) on the other hand found greater proportion of younger people more affected by loneliness. Financial status of

[2] http://www.hrw.org/women/overview-asia.html

the family and source of income was also associated with loneliness (Susheela et al., 2018).

The study by Bhogle (1991) has shown that a greater proportion of adolescents scored on loneliness compared to adult males and females. This review also found that loneliness is widely prevalent not only among the elderly individuals but also in the young population. Similarly, another study reported the prevalence of self-reported loneliness as 17.3% and 9.5% among urban and rural adolescents, respectively (Samanta et al., 2012). In another study of the sampled young people with an average age of 22 years, 60% reported higher scores on loneliness (Nayyar & Singh, 2011). This indicates how the transition period of adolescence turns into a period of a quandary, when the complex psychosomatic and social dynamics among the adolescents may result in Social Isolation and loneliness. Nonetheless, this review found that children in the age group of 8-13 years — both with and without disabilities have reported loneliness. This is a serious mental health concern for India which already has a high burden of mental disorders among children and adolescents (Hossain & Purohit, 2019). Moreover, among special sub-groups like PLHIV, the prevalence of loneliness was reported among around 66% of the studied population which was associated with the educational status, marital status, residence and opportunistic infection (Mishra et al., 2013).

Menstruation has always been surrounded by taboos and myths that exclude women from many socio-cultural aspect of life. Such taboos about menstruation have a huge impact on girl's and women's emotional state, mentality, lifestyle and mostly on health. In India even mentioning about menstruation in the past years has been a taboo and even today the cultural and social influences appear to be a hurdle for the advancement of knowledge in this very topic (Patil et al., 2011). Furthermore, in the

Hindu faith, women are prohibited from participating in normal ways of life while menstruation. She must be “purified” before she is allowed to return to her family and daily chores of her life. The major restriction among the menstruating girls and women in urban area are that they are not suppose to enter “puja” room and not entering kitchen is the main restriction among the rural girls and women (Puri & Kapoor, 2006). Many studies in India have revealed that many adolescent girls believe that doing exercise/physical activity during menstruation aggravates the dysmenorrheal while in real exercise can help relieve pain and bloating (Sadiq & Salih, 2013; Morley, 2014). Such taboos make life of many women miserable and large numbers of school going girls drop out of school when they begin menstruation and over 23% of girls in India drop out of school. Over 77% of menstruating women use cloth, which is washed reused again. Further 88% of women in India sometimes resort to using ashes, newspapers, dried leaves and husk sand to aid absorption (Garg & Anand, 2015). All these taboos make the women feel inferior and deprived of emotional support which ultimately leads to Social Isolation for sure and hampers the mental and physical health as well. Such taboos makes the women cut off from society and lacks exposure to various events of life as well as the level of confidence on social relations decreases. While the importance of social support cannot be undermined at any stages of life, it attains crucial importance during the adolescence and old age.

The perception of loneliness is also reflective of the culture and religion might also play a role in it (Rote et al., 2013). Religion determines the customs to a great extent and custom determines the daily life. For both the adolescent group and adult population, Hindus have scored more on loneliness compared to those professing Islam and Christianity. While the proportion remained in the same order for

adolescents and adults belonging to Hinduism and Islam, it showed an increase for both men and women belonging to Christianity compared to adolescents of the same religion (Bhogle, 1991). Furthermore, the high burden of loneliness can be attributable due to a decline in stable close relationships as well as overall social capital (Böger & Huxhold, 2018). The post globalization phase are the times when a collectivist society like India is moving towards individualism and as these societies make this transition, the stress shifts to independence rather than inter-dependence which eventually becomes a cause of loneliness (Bhogle, 1991). Also, the Indian socio-cultural values in joint families which used to offer assurance against loneliness of the people in the family may have changed over time affecting psychosocial health at all population level. Such social and ecological changes should be evaluated carefully to better understand the roots of loneliness in the context of India. Currently, loneliness is not being recognized or assessed as a mental health problem in India. The National Mental Health Survey of India (2016) reported varying burden of mental health issues with little emphasis on loneliness (Murthy, 2017). In addition, South Asian countries including India have a high prevalence of mental disorders where loneliness may impose further psychosocial burden among the affected individuals (Trivedi et al., 2010).

3.5 Social Isolation as a by product of modernity

India has a long history of deep rooted traditional society which today, however, is making noticeable progress towards becoming a modern nation. It was during the early 19th century that the traditional social structure of India underwent some changes. Modernization is a specific kind of social change which is the result of industrialization as it changed the life pattern of Indians and created new values. It brought many changes from the speech, clothing and also to food habits. Although the

process of modernization is very desirable and transformative, it may fail to reach all the section of the society due to some structural obstacle like caste segregation or some negative elements of tradition.

One of the notable changes in our 21st century has been the diffusion of our cultural and daily lives by the advancement of new technologies and internet. While internet is spreading like wildfire all over the world and is now easily available for much more people, it has caused a new kind of addiction, named internet addiction which is a growing problem of this century. The developments of the internet and more recently of new social media have greatly increased the means by which people communicate with others (Ling, 2008). Though technological advancement has made our lives easier and provides better communication, as a byproduct it has lead to behavioral addiction like the internet addiction and social media addiction. The internet addiction is a problematic behavior which is defined as an impulse control disorder without the ingestion of psychoactive intoxicants. There are five different types of internet addiction. 1) Computer addiction is characterized by excessive video game playing, 2) information overload is addiction to web surfing, 3) net compulsions are addictions like online gambling and online shopping, 4) cyber sexual addiction is excessive indulgence in online pornography or online sex addiction, and 5) cyber-relationship addiction is addiction to form online relationships (Young, 1998).

Over the years, the world has been undergoing rapid changes, especially with the invention of faster modes of transport, ease of migration across countries and the revolutionary developments in information technology (IT) (UN, 2020). Such changes have brought major challenges to the professionals of mental health. The IT revolution has been accompanied by ill effects such as reduced social interaction, physical activities and intimacy and a more sedentary lifestyle (United Nation

Population Fund, 2014). Real life in-person interaction is being increasingly replaced by an artificial sense of intimacy through the social networking platforms. The current day youth spends a substantial time of the day on the internet and is exposed to information implosion including cybercrimes, cyber bullying and violent video games. The internet is also a source of mis-information, source of which is often not verified and has a potential of harming the young mind. Blue Whale game is a recent example of such harm (Balhara et al., 2017; Sousa et al., 2017). Increasing violence in the young people is another important issue that needs attention since youth are at risk of being victims as well as perpetrators of violence (Christensen et al., 2017). Cyber bullying is another mode of bullying which has become increasingly common in the last few years with the increased access to and use of the internet-based services. Behavioral addictions and cyber bullying are two important harmful effects of the modern digital age which especially affect the young (Balhara et al., 2017). Internet use disorder is now being recognized as a new disorder needing therapeutic interventions (Kardefelt-Winther, 2017). Street children and those living in shelter homes are another important group of young people which is especially vulnerable in the absence of family support and a stable home. This group is frequently exposed to harm due to drug use, physical /sexual abuse, criminal behavior and violence (Patel et al., 2007). Mental ill-health, substance use and violence in the young population are some important challenges faced by the mental health professionals as well as the society.

Social media has transformed both local and global communication. India has seen a dramatic increase in the usage of social media. India's digital population has been growing rapidly in the past decades with over 680 million active internet users. As of 2020, India has the highest number of Facebook users across the globe with

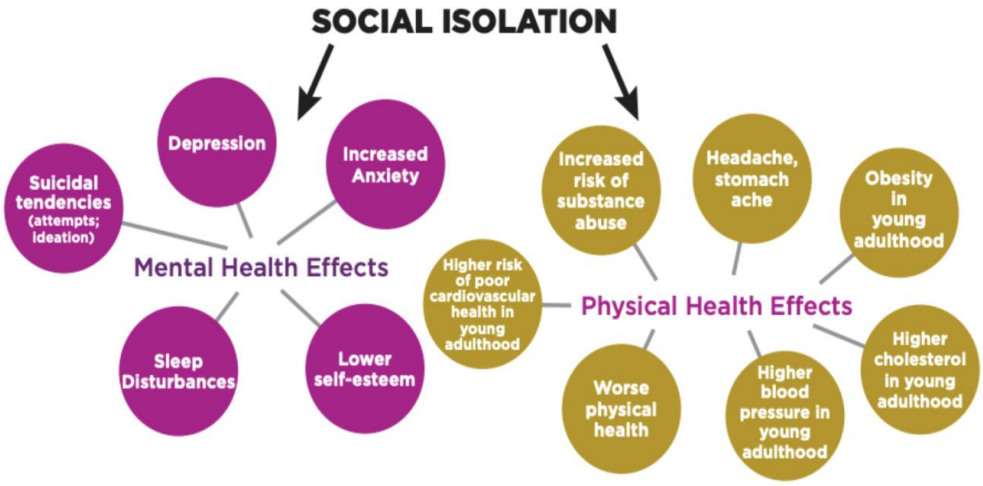
close to 300 million users (Keelery, 2020). Culture shapes individuals values, beliefs and behaviors. With the development of social media it is interesting to see how culture plays a role in affecting Indian youth to use social networking site. Social media is now an important part of our lives because it promotes the interconnectedness and interdependence of our culturally diverse world. In social networking site, people have opportunities to express their opinion to the public and participate in conversations and dialogue through a common medium. Usage of social networking sites in India has become popular because regardless of geographical boundaries the networking sites link people across different nations. The user base for social network in India is very young as compared to the rest of the world. Nearly 75% of Indian users are below the age of 35 and nearly half of them are under the age of 25 years. It shows clearly that the young population is leading the social media revolution in India. Internet has now become a great addiction in new generation. After the growth in mobile technology internet has become a basic need of the people all around the world (Cash et al., 2012). Nowadays internet has increased communication very fast and convenient, it has shortened the distance in emails and video calls on face times, Whatsapp etc. (Goswami & Singh, 2016).

Like every coin has two sides internet also has its disadvantages along with advantages. Internet is also misused for hacking, pornography, excessive gaming, chatting for long hours, gambling and cybercrime (Wallace, 2014). The studies on internet addiction and mental health of youth indicate the excessive growth of the internet has had a huge influence on psychological research in understanding its role in mental health and there has been increased interest in the addictive potential of the internet (Griffiths, 1998). The authors report that there are a number of factors which may be related to internet addiction (Kandell, 1998). Among these factors the most

remarkable are depression, stress, disruption of relationships, anxiety, Social Isolation and sleep pattern. Depression is symptoms of dysphoric affect and mood, loss of interest in life activities and feeling of hopelessness (Derogatis & Melisaratos, 1983). Internet addict adolescents have been reported with depression, lower self-esteem and lower life satisfaction. Clinical depression associated with increased levels of internet usage (Young & Rodgers, 1998; Yen et al., 2008). Researchers believe that depression is due to addiction of adolescents to the virtual world which highly hinder their relationship in the real world. This leads to lack of face-to-face interaction and communication and real social support which increase susceptibility to depression (Shaw & Gant, 2002; Sanders et al., 2000). Moreover, they take time away from face-to-face activity and also decrease the amount of time available for pursuing other more health activities such as family time, cultural pursuits, community service, sports and physical activities. Like the other kinds of addiction this brings symptoms of depression, irritability, agitation, decrease of social interaction and education (Shaghasemi, 2006). Increase in usage of internet and social media are also associated with decrease in duration of sleep and overweight among the youth in India (Kuriyan et al., 2007). Internet is useful in various aspects of life but it has also reported to have various negative psychological, physical, social and academic consequences if used irresponsibly (Cerniglia et al., 2016).

3.6 Profound effects of Social Isolation on health

Fig. 3.1 Effects of Social Isolation on health



Source: hhtps://www.beyonddifferences.org.

Mental health is not just the situation of mental disorder, also a state of well-being in which the individuals realize their own abilities to cope with the normal stresses of life, work productively and fruitfully and is able to positively contribute to their community (WHO, 2018). The youth are faced with a unique dilemma today. Despite of many social media friends and relationships they still face isolation. Mental fitness is directly related to physical fitness. If one gets compromised, the second is likely to suffer. Hence, it is important to tackle mental fitness issues among the youth at the earliest.

Existing research demonstrates that Social Isolation during childhood and adolescence has both concurrent and longer-term negative health effects. One of the most studied relationships is between isolation or loneliness and young people's depression and anxiety. In particular, Social Isolation has been associated with increased risk of depressive symptoms, suicide attempts and low self-esteem in young people (Hall-Land et al., 2007). In a national child development study in the United Kingdom, researchers found that Social Isolation in childhood is associated with

higher levels of C-reactive protein (an indicator of coronary heart disease) in mid-life (Lacey et al., 2014). In younger people social isolation may eventually threaten the safety and well-being of others when emotions are externalized. There have been cases documented where many adolescent mass murderers who were retrospectively described as socially isolated or ostracized from peers (Levin & Madfis, 2009).

The study conducted by Bhogle (1991) has shown that a greater proportion of adolescents scored on loneliness compared to adult males and females and is widely prevalent among the youth population as well. Similarly, another study reported the prevalence of self-reported loneliness as 17.3% and 9.5% among urban and rural adolescents, respectively (Samanta et al., 2012). In another study of the sampled young people with an average age of 22 years, 60% reported higher scores on loneliness (Nayyar & Singh, 2011). This indicates how the transition phase of adolescence turns into a period of dilemma, when the complex psychosomatic and social dynamics among the adolescents may result in Social Isolation and loneliness. Nevertheless, it is found that children in the age group of 8-13 years — both with and without disabilities have reported loneliness. This is a serious mental health concern for India which already has a high burden of mental disorders among children and adolescents (Hossain & Purohit, 2019).

Researchers have also demonstrated a link between childhood trauma and health effects of Social Isolation in later life. In a study to examine whether perceived Social Isolation moderates the relationship between early trauma and pulse pressure (a marker for cardiovascular health), findings showed that those with higher levels of perceived Social Isolation showed a significant positive association between childhood trauma and pulse pressure (Norman et al., 2013).

Depression is the leading mental health problem, and many people in India suffer from it. An estimated 56 million people suffer from depression. Constant depression and mental pressure ultimately lead to suicide. From 1990 to 2016 contribution of India to suicide death rates has drastically increased. The numbers are shocking: there were an estimated 2,30,314 suicide deaths in India in 2016 (Bhatt, 2019). Suicide was the leading cause of death in 2016 for those aged 15-39 years. Number of students committing suicide under the pressure of studies has also been on the rise, close to 26,000 students all over India committed suicide from the year 2014 to 2016 (Sharma, 2018). If the situation continues in the same way, then India would not be able to achieve the sustainable development goal of the UN to reduce to global suicide death rates (SDR) by one-third by 2030 (Dandona et al., 2018).

Conclusion

Social Isolation having its roots at the societal, community and individual level is considered a complex social issue. Though Social Isolation is mostly considered to be common in the later life but one cannot ignore its existence at earlier stages of life. The populations of youth in a diverse country like India are considered to be very passionate, enthusiastic and capable of achieving their goals but apart from these, there is a huge challenge of empowering youth as it requires not only quality education but the emphasis should also be on mental health. Mental health is not just the absence of mental disorder, it is as a state of well-being in which the individuals not only realizes their own abilities but also can cope with the normal stresses of life, can work productively and fruitfully and are able to make a positive contribution to their community. In a nation as populous as India, the social issues that affect youth are numerous and widespread. There are numbers of factors that affect an individual's ability to create and maintain supportive social networks like different forms of life

events or socially ascribed identities, such as those related to gender, ethnicity, sexuality or physical appearance, social and cultural beliefs, taboos related to menstruation could be the risk factors for Social Isolation among children and youth. Apart from that what should be looked upon are the ways in which mental health and well-being must be addressed across socio-economic barriers.

However, with the development of technologies and various new social media many scholars are of the view that it is creating more feelings of isolation. These days internet has become inseparable part of life for the youth. The use of online social media has negative influence because it reduces time for actual offline social interaction leading to a more isolated lifestyle. In the world we live, forming relationships has become cheap, so much so, that having many friends from different corners of the world is now a common experience. The contemporary face of isolation is no longer simply a person without connections but is somebody who creates connections that carry little meaningful relationships. Media needs to be recognized as a major public health issue rather than as a series of commercial endeavors because they have profound influence on youth. This also intersects with many other issues that are very important to youth's health, including violence, suicide, obesity and tobacco/alcohol abuse.

In India, there are limited studies on effects of media, especially the newer media items, on youth health and about intervention to improve role of media in youth health. With the increasing population, efforts must be made to address deep-seated superstitious belief systems in India in order to efficiently and effectively spread psychosocial services and establish community-based care.

CHAPTER – IV

REPERCURSSION OF SOCIAL ISOLATION IN SIKKIM

Introduction

Sikkim is the second smallest hilly state in India and is located in the foothills of the Himalayas. Sikkim is a landlocked state sharing its borders with Tibet in the north and northeast, Bhutan in the east, Nepal in the west and Kalimpong district of West Bengal in the south. Sikkim is divided into four districts namely East, West, North and South Sikkim. It is a beautiful state and is also declared as first organic state in India. As on the other extreme, it is inundated by the problems of drug abuse which has severe social, physical and psychological health consequences. While Sikkim has a history of alcohol abuse, it was only after the large pharmaceutical companies moved their base to Sikkim, the use of cannabis and drugs increased.

The state has observed remarkable growth after merger with India in various fields including health sector and it ranks highest among all the state in the proportion of households that use the public medical sector as their main source of health care.[3] However, there has been a rise in the non-communicable diseases (NCDs) including mental illness mostly suicide and alcohol/substance abuse which may be the result of Social Isolation. Sikkim has an approximate population of 6,10,577 as per the census of 2011. With a sex ratio of 899 per 1000 man, 47% of total population is the female population. The age composition of the population as per 2011 census shows 10.5% of total population in 0-6 age group. The population of age group between 19 and 60 years accounts to 57.8%. Basically comprising the working population, out of which 54% are males while 46% are females. The highest 45.38% belongs to the age group of 19-44, where 54% are male and 46% are female population (Statistical Journal,

[3] www.mohfw.nic.in/NRHM/state%2520files/Sikkim.htm.

2013, DESME). With the highest percentage of the population belonging to the youth category, it is important to maintain a sound mental health for the betterment of the country and the society as well.

With the growing impact of modernization and globalization in the contemporary society of Sikkim, it has led to the increase in social media usage and has also affected the lifestyle overall but has a huge impact especially on the youth population. Opening up of the economic opportunities among the individuals and communities in the society has also changed the system in the society over the years. Our generation, with the invention of different technologies faces with different insecurities along with its advantages. Though Sikkim ranks the highest amongst the states that use public medical sector there are still problems of suicides and drugs/alcohol addictions which might be the result of Social Isolation.

So the main objective of this chapter is to analyze the repercussions of Social Isolation among the youth in Sikkim and also to examine the changes that took place after the merger of Sikkim with India. Sikkim as a state over the years has opened-up to economic developments and with new technologies and infrastructure it has resulted in rapid social changes which have a destabilizing impact on the society. However, through the rising media exposure to the people and developments is bringing about social and cultural changes. Rapid corrosion of the indigenous cultural values through the interconnectedness that globalization brings with it seems to be at the root of persistent feelings of Social Isolation. So the data that is collected from the field through questionnaire is interpreted and analyzed in order to understand the repercussions of Social Isolation among the youth in Sikkim.

4.1 Socio-economic transformation and emerging issues

Sikkim's merger with India in 1975 and the political transformation have led to massive structural transformation in the state. There has been massive expansion of administrative and bureaucratic structure and the state has focused on considerable investments for all round development of the state. The developmental initiatives are very much visible in socio-economic transformation which is manifested in various development indicators. The state also could not remain away from the post 90s phase of globalization. Therefore, along with the improvements, developments, concerns related to social issues are also manifested in various forms.

Economic growth as a development is not an isolated process but is also accompanied by social, cultural and political transformation, awareness, consciousness and socio-cultural consequences. Alongside, witnessing the post 90s globalization phase, it has brought many structural changes in socio-political and economic domain and Sikkim was not left behind in this process. Therefore, the intersection of these structural domains moulded the modalities of development in the state.

The role of media and information technology, diversification in the economic activities, shift from primary to secondary and tertiary sector, growth of tourism industry, the process of urbanization and modernization directly or indirectly contributed to the growth of individualism, change in lifestyles, higher aspiration, competitiveness and culture of consumerism. The socio-cultural transformation often witnessed the weakening of collectivity, social ties and integration which characterized the traditional society. The transition and sudden exposure of closed traditional society with a strong sense of collective consciousness to a modern individualistic open society often have many consequences like change in family

structure, trend of nuclearisation of family, expansion of educational opportunities accompanied by outmigration from rural to urban led to so many socio-cultural consequences both positive and negative, often leading to empowerment, cultural assimilation etc., on the one hand and at the same time alienation and isolation on the other. The rise of capitalism, massive industrialization, urbanization and demographic transformation has affected the degree of social attachment and integration remarkably which to Dhurkhemenian perspective were factors contributing towards many social problems and suicide as well.

4.2 Emerging issues in Sikkim

Contextualizing the above trend in Sikkim, despite the economic growth and the all round developments, Sikkim has encountered many social challenges and emerging issues like drug addiction, alcoholism and suicide which cannot be overlooked.

Alcohol and drug abuse are important health concerns because substance abuse can lead to and is often related to social decline, loss of family ties and jobs, divorce, domestic violence etc., which may also result in Social Isolation and may further lead to suicide, another major challenge that Sikkimese society is facing. More than half of the population is engaged in agricultural practice but because of globalization and technological advancements there is also a shift in occupational pattern from primary to secondary and tertiary sectors. It has further been observed that unemployment is one of the biggest challenges in Sikkim which is more prevalent among youth and is affecting their mental health. According to a report by the World Health Organization, India ranks as the most depressed country in the world with a miserable proportion of mental health professionals. The National Crime Bureau (2015) reported that there are only 7,000 mental health workforces, comprising clinical psychiatrists, psychologist, psychiatric nurses and psychiatric social worker,

while around 55,000 is the actual requirement. It is obvious that mental health professionals are not proportionally divided among different states in the country. Sikkim is one of the states which fall under the category of limited mental health professionals. There are only 6 psychiatrists in government sector in Sikkim. This figure is disappointing and also reflects the shortage of mental health professionals.

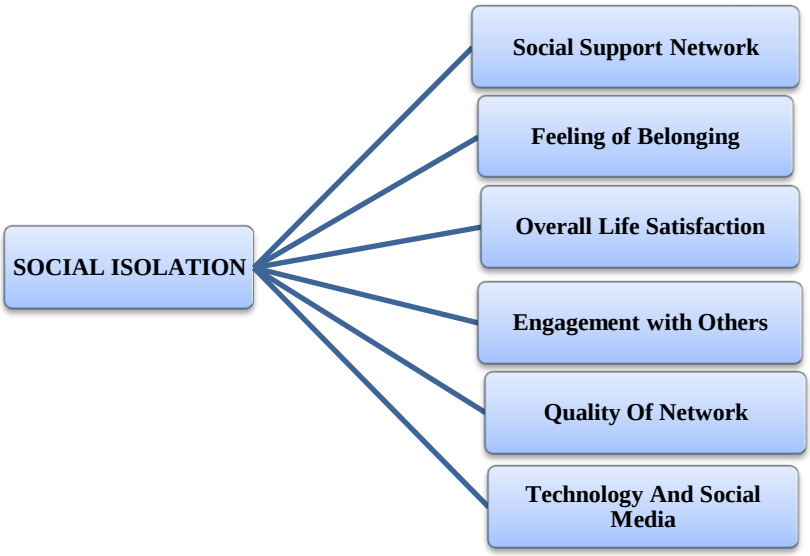
4.3 Data interpretation and analysis

The technological advances and the increased scope of social media and communication has become one of the important features of today's world. We cannot imagine our daily routine without the use of internet and social media. Now we can easily connect with anyone from anywhere but nothing comes with all good or best. While talking about the positive side of the coin, social media has been one of the best source of communication and advertising because of its ever increasing scope and reach, business development features, worldwide connectivity, opportunities for job, free publicity, real time information sharing, platform to share cultural information and much more but one cannot neglect the fact that there is also a negative side to the coin. Social media keeps us engaged for hours and our time is wasted and sometimes could be called as addictive. The other negative aspects would include the increase in crime (cybercrime), increasing fraud, hacking of information etc., but one of the worst effects is Social Isolation that hampers the psychology of a person and hinders the social relationship. As this Social Isolation is a situation of absolute or near-complete lack of connection between an individual and society.

Social Isolation is both a possible reason and an indication of emotional or psychological challenges. The perceived incapability to interact with the surrounding people and others can elevate chronic depression but this Social Isolation is not an independent structure rather it is dependent on numerous factors that results in Social

Isolation. So, in order to understand the process of Social Isolation these six factors are being taken as indicators to get a clear picture of Social Isolation in Sikkim.

Fig. 4.1 Contributing factors of Social Isolation



4.3.1 Profile of respondents

The study has been conducted in Gangtok, the capital of Sikkim because it has the most exposure to modernization and technological advancements. Though having much reformation in the wake of time there are still issues and stigmas related to depression, anxiety, suicide and other mental issues. The total of 100 respondents (male-50 and female-50) has been taken to understand how along with developments come both negative and positive changes leading to Social Isolation and its repercussions.

Table 4.1 Profile of respondents

Age group		19–22		23–26		27–30		Total
Sample size		32		37		31		100
Sex	Male	18		19		13		100
	Female	14		18		18		
		***M**	**F**	**M**	**F**	**M**	**F**	
Education	Below graduation	11	5	3	1	3	5	100
	Above graduation	7	9	16	17	10	13	
Religion	Hindus	10	8	9	11	8	7	100
	Christian	1	2	3	3	0	3	
	Buddhists	1	2	6	4	5	4	
	Others	6	2	1	0	0	4	
Accommodation	Own	10	6	7	7	9	11	100
	Rent	3	4	8	5	1	3	
	Quarters	0	1	1	2	2	2	
	Others	5	3	3	4	1	2	
Parents occupation	Employed	8	6	8	12	4	5	100
	Businessmen	2	1	0	1	0	1	
	Farmers	3	4	9	2	8	7	
	Unemployed	5	3	2	3	1	5	

Source: Field work.[4]

Note: *M - Male, F - Female.

The respondents are between the age group of 19 and 30 and the majority of them were students as the respondents constituted of the youth population because

[4]*Field work has been conducted during January 27th, 2019 to February 25th, 2020 Gangtok East Sikkim. Hereafter, it is referred as Field Work.*

this study focuses upon the youth population. The respondents are further divided into three age groups first (19-22), second (23-26) and third (27-30) so that it was helpful to understand the pattern. Among the total of 100 respondents, 32% belonged to the age group of 19-22 within this group 18% were male and 14% were female, 31% belonged to the age group of 23-26 within this group 19% were male, 18% were female and 31% belonged to the age group of 27-30 within this group 13% were male and 18% were female.

Education plays an important role in the development of one's nature and also of the nation's. Majority of the respondents were above graduation which constitute a total of 72% and among them, within the age group of (19-22), 7% were male and 9% were female, within the age group of (23-26), 16% were male and 17% were female and within the age group of (27-30), 10% were male and 13% were female. From the above Table 4.1 it can also be noticed that, in all the three age groups the females were higher in number as compared to males. Likewise, the category for below graduation constitute a total of 28% and among them, within the age group of (19-22), 11% were male and 5% were female, within the age group of (23-26) 3% were male and 1% were female and within the age group of (27-30) 3% were male and 5% were female. In this category it can be noticed from the above Table 4.1 that in all the three age group males were higher in number than females. From here it can be noticed that females were more educated than males and even though there were more respondents above graduation level they were a little skeptical to open up about mental health issues.

The area of the study is dominated by Nepali, Hindu and Buddhist community and is inhabited by people belonging to different religion. The above Table 4.1 shows the different percentage of respondents belonging to different religion. Most of the

respondents belonged to Hindu religion making a total of 53% among all the participants. Second most followed religion was Buddhist making a total of 22% and third was Christianity making a total of 12%. There were also 13% of respondents that preferred not to mention their religion. The environment of one's house, bonding with the family and neighborhood is also a great indicator of human's mental and physical health. Accommodation as mentioned above in the Table 4.1, it is divided into four types, own, rent, quarters and others. Most of the respondents were residing at their own house making a total of 50%, 24% of them were staying at rented rooms, 8% of them were staying at quarters and 18% of the respondents did not mention their accommodation. To know the economic status of the respondents it was necessary to know their parents occupation as most of the respondents were students. 43% of the respondent's parents were government employees, 33% were farmer, 19% were unemployed and 5% were businessman.

The questionnaire was mainly based on social connectedness, using indicators like social network support, frequency of social contact, time spent with family and friends and trust in others, social media etc. Form the above Table 4.1 we can notice that there were more female educated than males. Many were of the view that though Gangtok has developed there is still social stigma associated with depression, suicide, anxiety, etc. Social Isolation sits at the center of stigma and vulnerability, though it affects both mental and physical health, it is often ignored by the affected person because of the fear of making them visible only through negative attention and it may lead some individuals to keep their problems as secret which may create barriers to share their problems and further worsen mental health. Many of them felt that social support from family also plays an important role, the better the relationships the wider the positive effects on mental health. Many of the respondents were apprehensive to

interact and did not speak up openly when they were in groups but when approached one at a time, they opened up a little more as compared to when in groups.

4.3.2 Social support network

Social support network offers an approximation or perceived existence of supportive relationships. The concept that emotional and physical well-being are sustained through supportive networks is well-accepted. This support can have necessary value for a person such as emotional sense of security or even financial help. As mentioned earlier that Social Isolation takes place at four layers of social concept:

1. Community,
2. Work, school and church (religion),
3. Friends, family or others and
4. Human personality and the intellectual ability to apprehend and interpret relationships.

Social support is often identified as a key component of relationships and strong psychological health. It is perceived that poor social support has been linked to depression and loneliness and also has been linked to increase in other health issues. So it is important to analyze multiple network of a person in a society to have a more compressive understanding of the effects of Social Isolation. As we humans spend more time in a society and stay longer in the same living environment, neighborhood contacts are important for stimulating social inclusion and social satisfaction.

Table 4.2 Social support network

Categories of Samples	19–22				23–26				27–30				
Answers keys	*E	M	F	N	E	M	F	N	E	M	F	N	Total
Religious meet up	0	1	12	19	0	8	14	15	0	0	15	16	100
Samaj meet up	0	0	2	30	0	0	8	29	0	3	11	17	100
Family meet up	7	10	14	1	9	12	15	1	8	9	14	0	100
Relative meet up	7	10	15	0	7	13	17	0	6	11	14	0	100

Source: Field work.

Note: *E- Everyday, M- Most days, F- Few days, N- Never.

Religious meet up is an important source of social support, as the worship services occur in sacred places and at schedule times, and the experience may bring out a broad range of emotions as they meet different people. Moreover, individual participants may be able to give and receive various types of social support, from exchanging about worship activities to other matters of life, providing spiritual guidance to deal with daily hurdles of life. It is well known that friendships are most likely to develop among people who share common interests, values and activities. Religious gathering bring together such people on a regular basis and these activities facilitates bonding between different people and tend to build feeling of closeness and solidarity among them. The above Table 4.2 shows that majority of the respondents in all the three different age groups opted for never and there were no one who opted for every day. Within the age group of 19-22, 19% of the respondents opted never, 12% opted few days, 1% opted for most day and no respondents opted for every day. In the second age group of 23-26, 15% of the respondents opted for never, 14% opted for few days, 8% opted for most days and no respondents opted for every day. Within the

third age group of 27-30, 16% opted for never, 15% opted for few days and there were no respondents in this age group who opted for most days and every day.

From the above Table 4.2 it is clear that exactly half i.e., 50% of the samples are not a part of religious meet up, they rather believed in karma (how you act now results in what happens to you later). They have an understanding that their friends and family are there to support them rather than religious gatherings. We are witnessing evidence of cultural and religious shift because rising education level are closely related to economic development resulting in the development of technologies. Younger adults as compared to older population have grown in a different cultural environment. The youths affiliate them less in religious affairs than other factors. It was also noticed that some of the respondents viewed religion as being conservative and divisive rather than inclusive and progressive. Some respondents also mentioned that they take some part of religious values that they believed in and reject the parts that they do not and that it was not necessary for them to attain religious meetings for that.

The next factor is Samaj which is a small village or various caste organizations, like the Tamang Samaj, the Rai Samaj, the Gurung Samaj, the Kami Samaj etc., where each house is a member despite of various socio-economic background. The main function of samaj is to help its members in time of need, for instance, if any death occurs, every family is expected to send a member to help in rites of the deceased family, the members of the samaj are also likely to collect certain amount of money and give it to a family that has experienced medical emergency and also to cover the high cost that can be associated with funerals. Helping each other within the village in the time of need enhance the relationship among different families which provides a buffer against adverse life events. According to the Table

4.2 above, there is a variation in response among different age groups. Within the age group of 19-22, 30% opted for never, only 2% opted for few days and no one opted for most days and every day. In the age group of 23-26, 29% opted for never, 8% opted for few days, similarly in this age group there were no one who opted for most days and every day. In the age group of 27-30, 17% opted for never, 11% opted for few days, 3% opted for most days and no respondents opted for every day.

The above Table 4.2 gives us the information that with maturity in age, youth participation in samaj meetings also expands. As the elders of the family participate in such meetings the respondents within the first two age groups (19-22, 23-26) participated less and in the third age group of 27-30, the respondents participated more as they become more responsible. The importance of samaj among the respondents was noticeable. Some of them were of the view that samaj makes a huge difference in their lives and also create social cohesion, they said it makes them feel more inclusive and reliable and such acknowledgement makes them more positive towards living a better life.

Social support is a crucial feature in family system that provides social connection to others in the form of comfort, love, compassion and help during crisis. Individuals who have strong social support and interact frequently with family and friends are advantaged in coping with common and as well as other serious emergencies. Further, involvement in strong social support networks is consistently associated with better physical and mental health as they have reliable friends and family to share their problems. On the other hand, having few or weak social connection with family and friends place individuals at risk for a variety of poor physical and mental health outcomes.

From the above Table 4.2, we know that majority of the respondents within the age group of 19-22, 14% opted for few days, 10% opted for most days, 7% opted for every day and only 1% opted for never. In another age group of 23-26, 15% opted for few days, 12% opted for most days, 9% opted for every day and 1% opted for never. Likewise in the third age group (27-30) 14% opted for few days, 9% opted for most days and 8% opted for every day, in this group no one opted for never. Among them many were staying away from home for education or for employment purpose so it was not possible for them to meet every day. However, most of them were of the view that staying away from home does give them confidence but at the same time it is sometimes hard to deal with Social Isolation. Many of the respondents expressed that they feel happy and secured when they are around family. It can also be noticed from above that in the third age group there were no respondents that opted for the option never. Frequency of contact with family has strong links with the well-being, it allows to find the level of objective Social Isolation and it can be taken as alternative for meaningful relationships. Likewise, relatives also play an important role in dealing with Social Isolation because there are families where the children are not comfortable talking to their parents and in such time when there are relatives or cousin to talk to it helps them deal with personal crisis. From the Table 4.2 above it is clear that most of the respondents opted for few days. Within the age of 19-22, 15% opted for few days, 10% opted for most days and 7% opted for every day. Within the age group of 23-26, 17% opted for few days, 13% opted for most days and 7% opted for every day. The third age group of 27-30, 14% opted for few days, 11% opted for most days and 6% opted for every day. There were no respondents in all the three age groups who opted for never. Most of them were of the view that, although, there are many social media apps for messaging and video chatting and is a blessing when they

are away from home still the truth is that nothing can replace face-to-face communication. As over the message it is possible that the other person at the receiving end may misread the text and give it a different meaning. Communicating face-to-face sends a message before someone speaks as people will not only hear they will perceive the tone of the voice and also the body language. It will also allow one person to express and explain one's feeling clearly and honestly because it is not easy to lie in front of someone. One of the respondents also said that face-to-face meet-ups can expand network and establish a community with shared experience where they can talk and of course share their experience and let others know that they are not alone in such situations.

From the above factors a conclusion can be drawn that there is a big gap in the age groups who isolate themselves. The higher the age more they are prone to Social Isolation that maybe due to work load, family pressure/peer pressure, education etc., and with the technological advancement, the distance between the family and relatives has been lessen with the use of social media platforms. More use of social media for interaction disables social relationship.

4.3.3 Feeling of belonging

The feeling of belonging needs to be established as these links become significant and necessary for any individual towards overall development. This feeling emerges from the individual's experiences and interaction with the world. Human beings need to live collectively or belong to a group that allows rooting and generates identity and social reference (Sousa, 2010). Sense of belonging is the biggest reason to form groups, communities and societies. All people feel the need to belong — to be part of something through identification.

Table 4.3 Feeling of belongingness

Belonging	19–22				23–26				27–30				
Answer keys	Yes	*M/L	NO	DK	YES	M/L	No	DK	Yes	M/L	No	DK	Total
Immediate community/ neighborhood	27	0	1	4	32	0	3	2	24	0	2	5	100
Discussion partner	22	0	2	8	27	0	3	7	23	0	1	7	100
Sense of emptiness	6	11	15	0	11	9	13	4	3	2	10	16	100
Feel rejected	7	13	12	0	5	12	20	0	10	0	21	0	100
Miss people around	9	13	10	0	17	21	9	0	10	11	10	0	100

Source: Field work.

Note: *M/L - More or less, DK - Don't know.

We live in a society with our need for affiliation with the surroundings. We are individuals with a sense of belonging having meaningful relationships with others who like and appreciate them. The close bonds are based on shared values and activities. There is comfort and support in these relationships, which are mutual and cherished. These relationships can be in a variety of groups, whose members can include family, friends, colleagues, neighbors, etc., who enhances our lives.

Therefore, feeling of belonging is an attempt to examine internal and external feelings to achieve the quality of social connectedness of an individual. From the above Table 4.3, in regard to neighborhood, the majority of respondents opted for yes, within the age group of 19-22, 27% opted for yes, there were 4% who opted for don't know, 1% opted for no. Within the age group of 23-26, 32% of the respondents opted for yes, 3% opted for no, 2% opted for don't know. Likewise in the age group of 27-30, 24% opted for yes, 5% opted for don't know, 2% opted for no. There were no respondents in all the three different age groups who opted for more or less. Though Gangtok being the capital of Sikkim is a hub for technological advancement it was noticeable, that people still connect with their neighborhood. As compared to

metropolitan states of India, Sikkim does not suffer much when it comes to knowing their neighborhood. There is still the sense of brotherhood among the people of Sikkim. Having a partner or a close friend to discuss a problem or important matters provides a sense of belonging, security and community. In the above Table 4.3, most respondents opted for yes, in the first age group of 19-22, 22% opted for yes, 8% opted for don't know, 2% opted for no. Within the age group of 23-26, 27% opted for yes, 7% opted for don't know, 3% opted for no. Within the third age group of 27-30, 23% opted for yes, 7% opted for don't know, 1% opted for no. There were no respondents who opted for the option more or less. From here it is noticeable that youth are friendly in nature in Sikkim.

As mentioned in the Table 4.3 above, sense of emptiness is also taken as a measurement of social connectedness. There is no consensus among the respondents in this category. Within the age group of 19-22, 15% opted for no, 11% opted for more or less, 6% opted for yes and no one opted for don't know. In the second age group of 23-26, 13 opted for no, 11% opted for yes, 9% opted for more or less and 4% opted for don't know. In the third age group of 27-30, 16% opted for don't know, 10% opted for no, 3% opted for yes and 2% opted for more or less. The overwhelming sense of inner emptiness makes situation harder for people to share their problems. Sometimes people feel the emptiness within because they believe they are different from others and it is hard for them to share their thoughts. The other way to know about social connectedness is by knowing the feeling of rejection. In this category there was consensus among the respondents, no one opted for the option don't know. So, from the respondents in the age group of 19-22, 13% opted for more or less, 12% opted for no and 7% opted yes. In the second age group of 23-26, 20% opted for no, 12% opted for more or less and 5% opted for yes. In the third age group

of 27-30, 21% opted for no, 10% opted for yes and there were no respondents who opted for more or less in this group. Some of the respondents were of the view that the feeling of rejection makes a huge negative impact on their personality and is emotionally painful. Abraham Maslow is of the view that all humans, even the introverts, need to be able to give and receive affection to be psychologically healthy and have also suggested that the need for love and belongingness is a fundamental human motivation (Maslow, 1954). Thus, rejection is a significant threat and majority of human anxiety arises to reflect concerns over social exclusion.

Likewise, missing 'being around people' is another way to know about the feeling of belonging. Most of the respondents opted for more or less and there were non who opted for don't know in this category. In the age group of 19-22, 13% opted for more or less, 10% opted for no and 9% opted for yes. In the second age group of 23-26, 21% opted for more or less, 17% opted for yes and 9% opted for no. In the age group of 27-30, 11% opted for more or less, 10% opted for yes and 10% opted for no. Most of the respondents were of the view that though they love their personal space and privacy, they also wanted to be around people because humans by nature are social animal. One respondent mentioned that by wanting to be around people he did not meant just to be around people who seem friendly as people do not want to jump from friendly to friends very easily as the humans are very deceptive. He actually craved for a real and meaningful relationship where he could feel worthy of everything he is.

4.3.4 Overall life satisfaction

Social Isolation can manifest itself in many forms and is not exclusive domain of those living alone but it can arise due to unpleasant and emotional, disturbing, subjective experiences that occur as responses to discrepancies between desired and

achieved levels of social contacts or social support that may lead to negative life satisfaction. Life satisfaction is the degree to which a person positively evaluates the overall quality of their life as a whole or how much the person likes their life they lead. It is measured subjectively, or based on the variables that an individual finds personally important in their own life.

Table 4.4 Overall life satisfaction

Satisfaction with	19–22				23–26				27–30				
Answer keys	*VS	FS	NVS	NS	VS	FS	NVS	NS	VS	FS	NVS	NS	Total
Life	9	10	7	6	10	12	8	7	10	13	6	2	100
Health	8	10	7	7	11	12	6	8	9	13	6	2	100
Friends	10	8	5	9	15	10	3	9	14	10	4	3	100
Family	14	5	6	7	19	8	4	6	13	8	5	2	100
Education	16	7	3	6	18	9	4	6	12	10	7	2	100
Free choice	8	9	6	9	10	8	10	9	11	16	1	3	100
Partner/spouse	9	10	6	7	12	9	7	9	8	11	5	7	100

Source: Field work.

Note: *VS- Very Satisfied, FS- Fairly Satisfied, NVS- Not Very Satisfied, NS- Not Satisfied.

Life satisfaction involves a favorable attitude towards one's life rather than an assessment of current feelings, health, friends circle, family etc. Life satisfaction has also been measured in relation to economic standing, degree of education, experiences, freedom and many other topics. So, the above Table 4.4 tries to evaluate the subjective satisfaction of a person in the different aspects of life. The way in which various people show their emotions and feelings and also their opinion of the future can be regarded as life satisfaction. Regarding all the aspects of life as mentioned above in the Table 4.4, within the age group of 19-22, majority of the respondents opted for mostly two option that is very satisfied and fairly satisfied. In the second age group of 23-26, most of the respondents opted for very satisfied and

not satisfied. In the third age group of 27-30, the respondents opted for the same option like the first group, i.e., very satisfied and fairly satisfied. From the above Table 4.4 it is noticeable that with the increase in the age the respondents were a little more precise about their satisfaction. It is noted here that the first and the second age group seem to have a lower level of satisfaction than the older age group. This could be because of their prompt decision and also they could be facing such situations for the first time in their life. From the above Table 4.4, it can also be noted that many respondents have insecurities about many aspects of their lives but satisfaction regarding friend, family and education stayed at a consisting level. Therefore, it was seen that people who tend to communicate and are more open to others had high level of satisfaction. Along with this, respondents with high self esteem were seen to be driven towards positive thinking and were more satisfied in their lives as compared to other respondents.

4.3.5 Engagement with others

Social engagement is commonly used to refer to one's participation in the activities of a social group or collective activities. The lack of social engagement is one of the factors that has been a motivator of Social Isolation. The emotion of being lonely, alienated or being separated from others, extreme feelings of emptiness, desertion, conceptualized it as an imbalance between actual and desired social contact. Lack of social cooperation may result into loneliness which is an upsetting feeling that emerges when one’s social relationships are inadequate. Social commitment is a necessary component of quality of life (Mor et al., 1995).

As social engagement with others promotes psychological well-being and life satisfaction which is related to participation in collective activities, that includes activity like doing something, interaction with people, social exchange of things and

lack of compulsion which means that there should be no outside force forcing an individual to engage in the activity.

Table 4.5 Engagement with others

Engagement	19–22			23–26			27–30			
Answer key	YES	NO	Don't know	YES	NO	Don't know	YES	NO	Don't know	Total
Night outs with friends	6	26	0	20	17	0	19	9	3	100
Careful in dealing with people	21	8	3	33	4	0	30	1	0	100
In a relationship	12	12	8	24	12	1	18	13	0	100
Involve in arguments	24	5	3	24	10	3	23	5	3	100

Source: Field work.

There are many ways of social engagement with others. Here, engagement is broadly used as relating to and being connected with others through social relationships. There are four categories here in the above Table 4.5 that would help us know about the engagement of the respondents. In regards to going out with friends, it can be noticed that with the increase in the age group respondents opted the option yes more. Within the age group of 19-22, 26% opted for the option no solely because of the fear of being caught by their parents and only 6% opted for the option yes and no one opted for don't know. In the second age group of 23-26, as compared to the first group most respondents i.e., 20% opted for the option yes as they fall under the age group where most of the youth are more experimental with their lives, 17% opted for the option no, also, in this age group no one opted for the option don't know and for the third age group of 27-30, here, 19% of the respondents opted for the option yes, 9% opted for no and 3% opted for don't know.

Most respondents were of the view that they would love to go out with friends but were afraid of the judgments as going out at night is associated with drinking alcohols. Drawing on insights from the respondents, it was clear that partying was about enjoying and having fun and taking a break from everyday life. They were of the view that going out and being with friends help them release stress and consider it as a leisure time. While engaging with others it is also important to look upon how careful you must be while dealing with people. In the age group of 19-22, 21% of the respondents opted the option yes and agreed to being careful while dealing with people, 8% opted for no and 3% opted for don't know, likewise in the second age group of 23-26, 33% opted for the option yes, 4% opted for no and there were no one who opted for the option don't know. In the third age group of 27-30, also most of the respondents i.e., 30% opted for the option yes, only 1% opted for the option no even in this age group no one opted for don't know. It can be noted here that youth were aware that dealing carefully with different kinds of people was important as some of the respondents had a bad experience before. Some respondents were also of the view that trusting people is a huge deal and is strongly affiliated to upbringing as well.

Within the age group of 19-22, the responses regarding their relationship status were that 12% opted for the option yes and also 12% of the respondents opted for no and 8% opted for don't know. In the second age group of 23-26, 24% opted for the option yes and 12% opted for the option no and only 1% opted for don't know. In the third age group of 27-30, 18% opted for the option yes, 13% opted for no and here no one opted for don't know. Here it was noted that there was a variation among the age group, the first group respondents were not very serious about their relationship as they are very young and also according to some they wanted to explore more. While in the second and third group it can be noticed that more respondents were in a

relationship and were also serious about their partners. It was also noticed that respondents that were happy with their partners were also happy in general and one respondent was of the view that what is said between people converges with the personality to create perception of that relationship and that matters and influence our body and mind. Involvement in argument also shows some sort of engagement with others most of the respondents opted for the option yes. In the age group of 19-22, 24% opted for the option yes, 5% opted for the option no and 3% opted for don't know. In the second age group of 23-26, 24% opted for yes, 10% opted for the option no and 3% opted for don't know. Likewise, in the third age group of 27-30, 23% opted for yes, 5% opted for no and 3% opted for don't know. Here, there is a similarity of the option opted in all three age group. Hence, it is noted that youth are very much involved in arguments. One respondent mentioned that it was because of the influence from the peer he got into argument with his teacher. Arguments most of the time has been viewed as stressful but it may be one way through which youth acquire skills to debate that may enable them to have higher level of social engagement.

4.3.6 Quality of network

To develop and maintain healthy social ties, it involves give and take. Sometimes you are the one giving support and sometimes you are the one at the receiving end. Recognizing who is able to provide with the help is important because at times people with whom you interact daily will be more demanding than supportive. One should also understand that nobody belongs to us and beware of unhealthy quality of social supports as these can be just as damaging as no connection. If any of your social support place heavy demands on your time and resources or if you are unable to meet their needs or demand, you may find yourself more anxious which may further

degrade you mental health and peace. Recognizing good quality of network can increase sense of self-worth, purpose and promotes positive outlook towards life. Often, knowing that there is someone to fall back to in times of need can reduce people's negative responses to stressful situations or problems.

Table 4.6 Quality of network

Quality of network	19–22			23–26			27–30			
Answer keys	YES	NO	Don't know	YES	NO	Don't know	YES	NO	Don't know	Total
Supportive family	27	2	3	21	8	8	17	6	8	100
Happy with partner	17	5	10	24	2	11	17	4	10	100
No one knows you well	15	4	13	18	4	15	22	0	9	100
In tune with people	13	6	13	20	6	11	20	8	3	100
Can people be trusted	7	7	18	13	10	14	13	5	13	100

Source: Field work.

To understand the importance of one's quality of network, analysis of support from family, partner and friends is important. Most of the respondents opted for yes in regard to supportive family, within the age group of 19-22, 27% opted for yes, 3% opted for don't know and 2% opted for no. In the second age group of 23-26, 21% opted for yes, 8% opted for don't know and 8% opted for no. In the third age group of 27-30, 17% opted for yes, 8% opted for don't know and 6% opted for no. Likewise, evaluating happiness with partner can also help improve the quality of network and support which further helps people in dealing with pressure and stress. Within the age group of 19-22, 17% opted for yes, 10% opted for don't know and 5% opted for no, within the second age group of 23-26, 24% opted for yes, 11% opted for don't know and 2% opted for no. Within the third age group of 27-30, 17% opted for yes, 10%

opted for don’t know and 4% opted for no. The third category in this Table 4.6 is the evaluation of the feeling of no one knows them well, here most of the respondents in all three different age groups opted for yes followed by don’t know. Within the first age group of 19-22, 15% opted for yes, 13% opted for don’t know and 4% opted for no. Within the second age group of 23-26, 18% opted for yes, 15% opted for don’t know and 4% opted for no. Within the third age group of 27-30, 22% opted for yes, 9% opted for don’t know and there were no one in this age group who opted for no. From this it is clear that majority of the respondents feel as though no one knows them well at least at some point of time, if not always.

In tune with people, within the age group of 19-22, 13% opted for yes, 13% opted for don’t know and 6% opted for no. Within the second age group of 23-26, 20% opted for yes, 11% opted for don’t know and 6% opted for no. Within the third age group of 27-30, 20% opted for yes, 8% opted for no and 3% opted for don’t know. Here in the third age group we can notice that with the rise in the age of the respondents they were more sure about being or not being in tune with the people. Trust is another significant correlate of quality of network that people have and is a fundamental element of social capital. From the Table 4.6 mentioned above we can evaluate how much people are trusted. Within the age group of 19-22, 18% opted for don’t know, 7% opted for yes and 7% opted for no. Within the age group of 23-26, 14% opted for don’t know, 13% opted for yes, 10% opted for no. Within the third age group of 27-30, 13% opted for don’t know, 13% opted for yes and 5% opted for no. Here it is noticeable in all the three different age groups, the respondents were not very sure about trusting people.

Most of the respondents were of the view that they feel obligation to return the favor in some way or the other when someone helps but also said that this obligation

helps them maintain strong relationships among the community or neighborhood. They were also of the view that quality of network is more enriching when it is not only receiving but also offering support to others. While at the same time most of the respondents were not sure about trusting other people, they were of the view that trust is a huge deal and cannot be developed in few days, it takes long time and having to deal with someone who breaks the trust is nerve wracking.

4.3.7 Technology and social media

We human beings are social creatures as we need the companionship of others to thrive in life and the strength of our connections has a huge impact on our mental health and happiness. Being socially connected to others can ease stress, anxiety/ depression, boost self-worth/provide comfort and joy, prevent loneliness and even add years to your life. On the other side, we are lacking strong social connections that can pose a serious risk to your mental and emotional health. In today's world, we rely on social media platforms such as Facebook, Twitter, Snapchat, YouTube and Instagram etc., to find and connect with each other. While each has its benefits, it is important to remember that social media can never be a replacement for real-world human connection. It requires in-person contact with others to trigger the hormones that alleviate stress and make you feel happier, healthier and more positive. Ironically for a technology that is designed to bring people closer together, spending too much time engaging with social media can actually make you feel more lonely and isolated and exacerbate mental health problems.

Table 4.7 Technology and social media

Technology and social media	19–22			23–26			27–30			
Answer key	YES	NO	Don't know	YES	NO	Don't know	YES	NO	Don't know	Total
Use of social media	32	0	0	37	0	0	31	0	0	100
Obsession with social media	32	0	0	35	1	1	26	1	4	100
Negative effects of social media	17	9	6	28	0	9	30	0	1	100
Positive effects of social media	25	0	7	35	0	2	31	0	0	100
Social media and social isolation	17	6	9	21	5	11	29	0	2	100

Source: Field work.

Technology has now become a very important part of our lives and many of us rely on social media platforms like Facebook, Instagram, Whatsapp, Twitter, YouTube and other platforms to find and connect with each other. While each of these media has huge benefits, it is important to remember that social media can never be a replacement for human connection. The above Table 4.7 tries to evaluate how social media and technologies has influenced or affected the lives of young people. The first category in this Table 4.7 was regarding the usage of social media platform like Facebook, Instagram or any other social media, here, it was noticed that all the respondents, making it 100%, from all the three different age group had access to social media which makes it clear that everyone owns a smart phone. The second category was about the obsession that they were okay to not use social media, here, little variation was observed as among the first age group of 19-22, almost all of the respondents making a total of 32% opted for yes. In the second age group of 23-26, 35% opted for the option yes, 1% opted for no and 1% opted for don't know. In the third age group of 27-30, 26% opted for yes, 1% opted for no and 4% opted for don't know. From here it is noticeable that the ones falling in the younger age group were obsessed about social media as compared to other two age groups. In the last age

group respondents were not as obsessed as the younger ones and 4% were not very sure about their obsession as they said it was okay for them even if they were unable to use social media. The younger ones were of the view that they were more comfortable to text over the phone rather than meeting up this shows how younger ones find it difficult to socialize. While again in the third age groups most respondents were of the view that they would choose get-together over anything that is held on social media.

The third category was regarding their thoughts on negative effects that arise on social media platforms. In the first age group of 19-22, 17% opted for the option yes, 9% opted for no and 6% opted for don't know. In the second age group of 23-26, 28% opted for the option yes, no respondents opted for the option no here and 9% opted for don't know. In the third age group of 27-30, 30% opted for yes, no one opted for no and only 1% opted for don't know. From the above Table 4.7 it can be noticed that there was a variation among the youth, the younger ones being less of experience were of the view that social media had less negative effects as compared to the youths in their late 20s. One respondent from the third age group shared his thoughts, he said, knowing that people are uploading beautiful pictures that are manipulated they can still make you feel insecure about how you look or what is going on in your life. Similarly, another respondent from the same age group shared a view of being aware that other people tend to share just the happy times of their lives and very rarely share their low points does not lessen those feeling of envy and dissatisfaction when scrolling through their social media. The younger ones were also seen talking a lot about FOMO (fear of missing out). They wanted to be updated with all the challenges that trends on media solely because they fear that they want to fit in to their friend circle. Like everything has its pros and cons usage of social media does

have positive effects as well. In regard to the positive effects of social media, in first age group of 19-22, 25% opted for yes, no one opted for no and 7% opted for don't know, in the second age group of 23-26, 35% opted for yes, no one opted for no and 2% opted for don't know, similarly, in the third age group of 27-30, 31% opted for the option yes and in this age group no respondents opted for other options. Hence, it is clear that all the respondents agree about the positive effects of social media. Like many respondents agree that they are now much updated about news and the situation around the world, they also agreed to positive consciousness about issues that are talked less otherwise. The last category here is about the use of social media leading to the feeling of isolation, in the first age group of 19-22, 17% opted for yes, 6% opted for no and 9% opted for don't know, in the second age group of 23-26, 21% opted for yes, 5% opted for no, 11% opted for don't know and in the third age group of 27-30, 29% opted for yes, no respondents opted for no and only 2% opted for don't know. It is noticed here that most of the respondents agree to subsequent development of Social Isolation through increased amount of time of use of social media. Most respondents agreed that increased time spent on social media displace authentic social experiences like face to face meet ups that might truly decrease Social Isolation. Certain things on social media may facilitate feelings of exclusion for e.g., an individual may discover pictures of events where they are not invited making them feel unworthy which ultimately attacks self esteem and self worth.

Conclusion

Almost half of the population of our country consists of youth and it is important to check on their mental health. The information regarding Social Isolation shows that it is a growing problem not only among the older section of the population but also among the youth. When we look back at human history, we have seen humans

surviving only in groups with mutual protection and helping each other. Different aspects of human life have different effects on humans, so it is important that to be of sound mind one has to be surrounded by people with positive thoughts and vibes. Youth is a phase in life where there is a transformation from childhood to adulthood. During this phase it is hard for many to adapt to new situations like leaving home for studies or jobs and it is a time period in one's life where many of them draw strength and support from their peer group. Due to the importance of the peer relationship during this phase of their lives, there may be risk to some who does not have the benefit of such support from the peer group. It was noticed that poorer social connectedness with family, friends and relatives shows elevated depressive symptoms which further leads to unsatisfied lifestyle and developing a sense of less worth and self esteem. It is confirmed from the field study that rather than the social connectedness with the relatives the social connectedness with friends is more predominant in elevating depressed symptoms among the study population. Furthermore, compared to Social Isolation, loneliness has a much stronger association with depressive symptoms among the youth; the relationship between Social Isolation and depressive symptoms varies by the sense and level of loneliness. It was noticed from the field study that there was a pattern where the youth falling within the age group of 27-30 were feeling lonelier as compared to other two groups.

Technological advancement and huge usage of social media was noticed among the youth aged 19-30 years, there was a robust association between increased usage of social media and perceived Social Isolation. It may also be that individuals who are already feeling socially isolated tend to subsequently use more social media, like those with fewer in-person contacts may turn to online networks as a substitute. This may seem helpful at the start but increased time spent on social media may

displace in person contacts which may elevate Social Isolation and feeling of loneliness. Certain characteristics of the online environment may facilitate feelings of exclusion like for example, not being invited to a party and finding it out later in social media through uploaded pictures or other evidence of the event. Social media feeds are also highly manipulated instead of accurately representing reality and exposure to such manipulative lifestyle may elicit feelings of envy and the distorted belief that others lead happier and more successful lives may increase the feeling perceived Social Isolation. It was also observed that many respondents were of the view that they are not able to translate online interaction into real social relationship or give more meaning to such virtual interactions. Thus, a potential intervention by human interaction would be helpful in elevating the feeling of loneliness and Social Isolation.

A pattern was noticed among the youth in all the three different age groups (19-22), (23-26) and (27-30) where age as a factor played a very important role. It was noticed that youth from the third age group i.e., (27-30) were more prone to perceived Social Isolation. From the field it was noticed that with increase in age there was maturity among the youth realizing that meaningful relationships are more important that the virtual world. More inclusive approach needs to be developed in order to solve the problem of Social Isolation because studies on Social Isolation tends to focus more on older population but the fact is Social Isolation does not discriminate on the basis of age and is a big issue for humans of all ages. It was also noticed that most of the youths fail to acknowledge it solely because of the stigma related to it.

CHAPTER - V

CONCLUSION

The main objective of the study has been to examine the pattern of Social Isolation and its repercussion among the youth and what role has technological advancement and different social media platform played in elevating the feeling of Social Isolation. The study begins with a review of various dominant literatures on what Social Isolation is and its causes and effects on human, dominantly on the youth section of the population. Then the characteristics of Social Isolation and loneliness have been analyzed to understand how it can influence and hamper ones physical and psychological health. There are also various other factors which adds up to the cause of Social Isolation and loneliness like age, gender, education, income, personality characteristics, parent-child relationship, peer relationship, culture trauma, technological advancement and other related concepts. Therefore, to have clarity in the understanding of the concept of Social Isolation it was important to make a distinction between and perceived Social Isolation though it can be seen that both are in some way related or support each other in some way or the other. The study examined youth population of Gangtok within the age group of 19-30 by conducting a field study to understand what role fulfilling relationships, technology and social media could play in elevation or deprivation of Social Isolation by drawing insights from the youths falling under the age group as mentioned above.

In brief chapter II presents the concept of Social Isolation and how has it been used ordinarily and scientifically. The main focus here revolves around the clarity of the definition of Social Isolation and its related concepts. This chapter tries to bring out the main cause behind the rise of Social Isolation among the youth and its characteristics which lies in the fact that humans have always been in groups and

tribes for their survival. It is very important that humans have some degree of meaningful relationships to tackle the problems of Social Isolation. Lack of good relationships does not directly and inevitably result in loneliness. When compared and contrasted with different perspectives it is assessed that, to explain loneliness, one should not only take into consideration, the features of personal relationships but also relationships preferences along with it. Here it has been noticed that there are three social forces leading to increased loneliness in contemporary society: 1) a decline in primary group relations; 2) an increase in family mobility; and 3) an increase in social mobility. These forces have linked loneliness to the study of the American character and how society fails to meet its member's needs. Individualism is rooted in the attempt to deny the reality of human interdependence.

Technology is also one of the factors that have helped in elevation of Social Isolation. One of the most important goals of technology is to set us free from depending on other people. Unfortunately, the more we are close to achieving our tasks, the more we are being disconnected from our networks. However, it should also be emphasized that not all humans who use social media is the same and it is not necessary that all feel the same way. For example, there may be some users that tend to passively use social media where as others may engage in more active communication. It may also be that those who are more active feel more engaged and derive more social capital from social media interactions. However, it may also be that active users are more prone to having negative experiences such as arguments or being "unfriended," both of which ultimately can feel isolating. While there are also many socially awkward people who use social media, this may be a good medium for intervention. Though this study raises potential concerns, there may also be ways of leveraging social media to identify socially isolated individuals and helping them

connect to in-person networks. Understanding the relationship between social media and Social Isolation will help to ensure that these interventions are appropriately designed and provide the necessary support.

In brief, chapter III reveals that India is no exceptional case in regard to Social Isolation and face the same level of pressure. Looking back in the history it is evident that people depend on each other for survival and that meaningful and fulfilling relationships is a necessity to deal with Social Isolation and loneliness. Here the concept of youth has been explained in regard to several UN entities, instruments and regional organization which the UN Secretariat recognizes. More importantly here the definition of youth by National Youth Policy of India is considered as initially youth was defined in the age group of 13-35 but the modification made in the year 2014 defined youth as person falling in the age group of 15-29. While for the present study the age group of 19-30 is considered as youth in order to show the challenges they face dealing with Social Isolation. India being a very diverse and culturally rich country has to deal with various conservative rituals which can and does add to Social Isolation, for e.g., caste system in which people belonging to lower caste are usually treated not equally to the rest of the population and this does affect individuals making them feel less connected to the rest of the population which ultimately leads to loneliness. There are also other factors that affect individuals like different forms of life events like the death of a partner or a family member or there are also socially ascribed identities such as, gender, ethnicity, sexuality or physical appearance. Moreover, India in the 21st century of globalized era has also experienced technological advancements and the rise of social media usage which further makes youth indulged in virtual world rather than the actual world which ultimately leads to stress and anxiety further enhancing the feeling of loneliness. The problem of deep

seated stigma related to mental health needs to be addressed properly in order to spread awareness and combat the serious problems of Social Isolation and loneliness.

The chapter IV presents the field survey, interpretation and analyzes made on Social Isolation and its repercussion among youth in Gangtok. Study on different variables like supportive social network, feeling of belonging, fulfilling relationships, quality of network and technology and social media highlights that the youth are keener towards the usage of social media which elevate the level of Social Isolation among them.

The responses regarding the social support system highlighted that most of them were of the view that it is a crucial feature in a family system and promotes connectivity in the form of comfort, love, compassion, etc. It was noticed that individuals who had a strong social support had advantage in coping in emergencies and had better physical and mental health. Feeling of belonging also helps develop a sense of security which means that individuals are secure of their feelings and are aware that when in need they have friends and family to fall back. Here the most noticeable thing was about the quality of relationships, the respondents were less concerned about the number of friends but they rather preferred a very understanding relationship over large number of friends.

Irrespective of the difference in the age group most of them agreed on the importance of face to face interaction rather than online chats. It was also evident that all the respondents had access to social media which make it clear that all of them had smart phones which shows the advancement of technology in Sikkim. Social media and technology played a significant role in increasing the level of loneliness as it decreased the face to face meet up and also now it has further reduced to text messages from phone calls. This may lead to other problem such as sometimes there

arises a misunderstanding because the person at the other receiving side might take it the other way which was not meant intentionally. The analysis of usage of social media enable us to suggest that media is a great powerhouse to bringing people from different corners of the world together and is very informative regarding the news about the world and makes lives easier but at the same time it also has drawbacks like cyber bullying, it can also sometimes bring out the feeling of envy by looking at the lifestyle of others.

In the final analysis of the study, it is observed that with the technological advancement there are also other problems that are increasing in the society. Due to the advancement there are many changes taking place in the society and in the nature of people, especially the youth population of the society is more inclined towards the western culture due to which younger generations are adapting more nuclear system of family rather than the old joint family system. This changing nature of the society is brought by the western urbanization into Sikkim's society and had a strong correlation with the political changes that took place since its merger with the Indian union in 1975.

Parallel with the economic development, people today have lost their social and cultural capital. This has further led to the loosening of families and societal bonds. This has again led to decrease in the social support among the people. People especially the young generation have become more individualistic and materialistic and the old traditional values are neglected and not taken seriously. In the absence of these cultural values and support system, Social Isolation of the youth is evident. The youth are more prone to social media and technology and when they try to fit in to the situation they also try hands on drugs and other substances which further hamper their health both mentally and physically. A declining trend in the family system was also

observed where the values of love and care and the coordination between parents and children have been lost. This feeling feeds frustrations among the children and encourages them to look for support in others and when they don't receive the desired love and support from others they tend to isolate themselves which then leads to mental un-stability. The society is also responsible to some extent because looking back at older days the care and love among the people has decreased and individualism has become the mantra in the present society. Peer groups also play a vital role in one's life, peer pressure and the desire to fit in among them has been found to be important in choosing to live a manipulative life and makes it convenient for the youth to also indulge in drugs. Showing that they do no lack the quality of modernity which the group adheres makes them vulnerable to drug abuse. The families dealing with youth indulge in drugs or who are socially awkward faces several problems due to social stigma and discrimination. The society along with family has failed to provide with meaningful support. This is also because many people do not understand the trauma that youth deals with.

Sikkim in order to facilitate constructive transformation, it is necessary that the society and people need to acknowledge the problem of Social Isolation without the fear of judgments. It is important to bring to light and address the cultural transformation, to establish positive understanding of the cause of the problem in the society. The people here should be more open and welcoming to talk about the problems of Social Isolation rather than hiding it. The study draws an understanding that most of the youth here in Sikkim are influenced by social media and lack of actual understanding of the issue of Social Isolation makes it even worse for the youths in terms of mental as well as physical health.

Findings of the study

- Social Isolation is an emerging issue in today's world. The negative experience of not receiving the desired relationship affects people of all ages. Especially the youth are highly affected because it is a phase in their lives where one goes under a transformation from childhood to adulthood.
- Health has multiple dimensions, when talked about health issues, first and the foremost thing that people tend to think about is physical health but in today's world there is an alarming rise in mental health issues as well.
- The strong feature of psychological well-being among the youth is a sense of strong meaningful relationships with family and friends.
- Modernization and technological advancement is one of the most important features that have changed the old traditional and cultural integrity among people.
- Social stigma regarding the issue of mental illness has given the rise to health problems of youth in Sikkim. They fear to acknowledge their mental health problems because of the fear of judgments.
- Change in the family structure from joint family to nuclearisation structure has also contributed to feeling of loneliness. Traditionally the society use to have huge family size where children were looked after by siblings and cousins. The disintegration of the family structure resulted in lack of emotional and social support of the children.
- It was also noticeable from the study that the present generation lacks the capacity to struggle and are used to easy laid-back life. Instead of quality time with the family, the parents provide them with all the financial assistance and, hence, they are not able to handle real life situations.

- The advancement in technologies and various usages of social media platforms has made the youth population more dependent on the virtual world and consider phone as their friends spiraling away from the real world, making them socially isolated and self-centered.
- Social environment at home and neighborhood is also an important factor that contributes to the behavior of the youth.
- There is also an urgent need to address the discrimination and stigmatization against mental health. A simple act of care and humanity can sometimes be sufficient to help a person dealing with such issues.

The study reveals that, the core factors responsible for Social Isolation are integrated with less meaningful relationships. Feeling of degradation of status, disintegration of family system and moving toward nuclearisation needs attention. To address Social Isolation, firstly, the stigma related to mental health needs to be addressed. Contemporary competitive environment like the current globalization, technological advancement and the rise in the use of internet are enhancing stress in general population needs to be addressed. Counseling and skill development programmes should be initiated in school, colleges and universities so the youth population can understand and be more alert while undergoing the change from childhood to adulthood.

Further, studies can be conducted in order to understand other various factors that lead to Social Isolation. A study should be undertaken to know the differences among the youth from rural and urban areas and their problem regarding Social Isolation. Many studies should be initiated in the areas of governmental programmes and policies regarding mental health issues to find out the reasons so there will be reduction in health problems both mental and physical. The study on Social Isolation

needs to be more inclusive because more focus is given to the older section of the population over the younger ones.

Bibliography

Primary Source

NIA (2019). *Social Isolation, loneliness in older people pose health risks*. US Department of Health and Human Sciences. Retrieved from https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks (accessed on 23/04/2020).

Human Rights watch. (1999) Defending Human Right the role of International Community. Retrieved from https://www.hrw.org/legacy/worldreport99/asia/india.html

Psychiatry and Mental Health. Available from: http://www.medscape.com/viewarticle/776327 (accessed on 19/02/2020).

UN. (2020). *Recover Better: Economic and Social Challenges and Opportunities*. Department of Economic and Social Affairs. Retrieved from https://www.un.org/development/desa/en/wp-content/uploads/2020/07/RECOVER_ BETTER_0722-1.pdf (accessed on 20/09/2020).

UN. (2020). World Migration Report. Retrieved from https://www.un.org/sites/un2.un.org/files/wmr_2020.pdf (accessed on 16/09/2020).

WHO (2018). Mental health: strengthening our response. Retrieved from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response accessed on 12/09/2020.

Secondary Source

5 Reasons Why Suicide is Trending in Sikkim. (http://thenortheasttoday.com) accessed on 9/4/2019.

Age UK. (2015). *Promising approaches to reducing loneliness and isolation in later life*. https://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf (accessed on 12/09/2020).

Aaron, R., Joseph, A., Abraham, S., Muliyil, J., George, K., Prasad, J., et al. (2004). Suicides in young people in rural southern India. *Lancet*, *363*(9415), 1117–8. https://doi:10.1016/S0140-6736(04)15896-0

Alexandra, P., Angela, H., & Ali, A., (2018). Loneliness in people with intellectual and developmental disorders across the lifespan: A systematic review of prevalence and interventions. *Journal of Applied Research in Intellectual Disabilities, 31*, 643–658.

Ammaniti, M., Ercolani, A. P., & Tambelli, R. (1988). Loneliness in the female adolescent. *Journal of Youth and Adolescence, 18*(4), 321–329. https://doi: 10.1007/BF02139252

Anderson, C. A., & Amoult, L. H. (1985). Attributional style and everyday problems of living: Depression, loneliness, and shyness. *Social Cognition, 3*(1), 16–35. https://doi:10.1521/soco.1985.3.1.16

Anderson, J., & Rainie, L. (2018). *The positives of digital life*. Pew Research Center: Internet & Technology. https://www.pewresearch.org/internet/2018/07/03/the-positives-of-digital-life/ (accessed on 14/09/2020).

Anderson, L., Mullins, L. C., & Johnson, D. P. (1987). Parental intrusion versus social isolation: A dichotomous view of the sources of loneliness. *Journal of Social Behaviour and Personality, 2*(2), 125–134.

Anil, R., Prasad, K., & Puttaswamy, M. (2016). The prevalence of loneliness and its determinants among geriatric population in Bengaluru City, Karnataka, India. *International Journal of Community Medicine and Public Health, 3*, 3246–3251. http://dx.doi.org/10.18203/2394-6040.ijcmph20163944

Asher, S. R., & Wheeler, V. A. (1985). Children;s loneliness: A comparison of rejected and neglected peer status. *Journal of Consulting and Clinical Psychology, 53*(4), 500–5.

Bangee, M., Nowland, R., Bridges, N., Rotenberg, K., & Qualter, P. (2014). Loneliness and attention to social threat in young adults: Findings from an eye tracker study. *Personality and Individual Differences*. *63*, 16–23.

Barrera, M., Sandler, I. N., & Ramsey, T. B. (1981). Preliminary development of a scale of social support: Studies on college students. *American Journal of Community Psychology, 9*(4), 435–447.

Berg, J. H., & Peplau, L. A. (1982). Loneliness: The relationship of self-disclosure and androgyny. *Personality and Social Psychology Bulletin, 8*(4) 624–630. https://doi.org/10.1177/0146167282084004

Bergner, R. M. (1998). Therapeutic approaches to problems of meaninglessness. *American Journal of Psychotherapy*. *52*(1). 72–87.

Beutel, M. E., Klein, E. M., Brähler, E., Reiner, I., Jünger, C., Michal, M., Wiltink, J., Wild, P. S., Münzel, T., Lackner, K. J., & Tibubos, A. N., (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC Psychiatry 17*(1), 97.

Blue, A. (2017). Poor Social Skills May Be Harmful to Mental and Physical Health: University Communications. Retrieved from Poor Social Skills May Be Harmful to Mental and Physical Health | University of Arizona News (accessed on 12/07/2019).

Brage, D., Meredith, W., & Woodward, J. (1993). Correlates of loneliness among midwestern adolescents. *Adolescence, 28*(111), 685–93.

Brooks-Gunn, J., & Petersen, A. C. (1991). Studying the emergence of depression and depressive symptoms during adolescence. *Journal of Youth and Adolescence, 20*(2), 115–119.

Byrnes, D. A., & Yamamoto, K. (1983). Invisible children: A descriptive study of social isolates. *Journal of Research and Development in Education, 16*(4), 15–25.

Cacioppo, J. T., & Cacioppo, S. (2018). The growing problem of loneliness. *Lancet 391*(10119), 426. https://doi.org/10.1016/S0140-6736(18)30142-9

Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. D. (2006). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analysis. *Psychology and Aging, 21*(1): 140–151. https://doi.org/10. 1037/ 0882-7974.21.1.140

Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T., (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science, 10*(2), 238–49. doi: 10.1177/1745691615570616

Check, J. V. P., Perlman, D., & Malamuth, N. M. (1985). Loneliness and aggressive behaviour. *Journal of Social and Personal Relationships, 2*(3), 243–252.

Chelune, G. J., Sultan, F. E., & Williams, C. L. (1980). Loneliness, self-disclosure, and interpersonal effectiveness. *Journal of Counseling Psychology, 27*(5), 462–468. https://doi.org/10.1037/0022-0167.27.5.462

Chokshi, M., Patil, B., Khanna, R., Neogi, S. B., Sharma, J., Paul, V. K., & Zodpey, S. (2016). Health system in India. *Journal of Perinatology, 36*(3), S9–S12. doi:10.1038/jp.2016.184

Cornwell, E. Y., & Waite, L. J. (2009). Social disconnectedness, percieved isolation, and health among older adults. *Journal of Health and Social Behavior, 50* (1), 31–48. https://doi.org/10.1177/002214650905000103

Crick, N. R., & Ladd, G. W. (1993). Children's perceptions of their peer experience : Attributions, loneliness, local anxiety and social avoidance. *Developmental Psychology, 29*(2), 244–254. doi: 10.1037/0012-1649.29.2.244

Cutrona, C. E. (1982). Transition to college: Loneliness and the process of social adjustment. In L.A. Peplau, & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (291–309). New York: Wiley.

De Jong Gierveld, J., Van der Pas, S., & Keating, N. (2015). Loneliness of older immigrant groups in Canada: Effects of ethnic-cultural background. *Journal of Cross-Cultural Gerontology*, 30, 251–268.

De Jong Gierveld, J., Van Tilburg, T., & Dykstra, P. A. (2006). Loneliness and Social Isolation. In A. Vangelisti & D. Perlman (Eds.), The Cambridge handbook of personal relationships, *The Cambridge Handbooks in Psychology* (pp. 485–500). Cambridge: Cambridge University Press. doi:10.1017/CBO9780511606632.027

De Jong Gierveld, J., Van Tilburg, T., & Dykstra, P. A. (2018). 29-New ways of Theorizing and Conducting Research in the Field of Loneliness and Social Isolation. In A. Vangelisti and D. Perlman (Eds.), *The Cambridge Handbook of Personal Relationships*, UK. Cambridge, 391–404.

De Sousa, M. W. (2010). O pertencimento ao comum mediático: A identidade em tempos de transição (Belonging to common: Identity in transition times). *Significação Revista de Cultura Audiovisual, 37*(34), 31–52.

Drago, E. (2015). The effect of technology on face-to-face communication. *Elon Journal of Undergraduate Research in Communications, 6*(1), 13–19.

Elliott, G. C., Cunningham, S. M., Linder, M., Colangelo, M., & Gross, M. (2005). Child physical abuse and self-perceived social isolation among adolescents. *Journal of Interpersonal Violence, 20*(12), 1663–1684. doi: 10.1177/0886260505281439

Future Watch. (2017). Signal from India-Change in Family Fabuis, Social Isolation, Insecure Individuals. Retrieved from www.mailutopportunities accessed on 8/4/2019.

Gilmartin, H., Grota, P., & Sousa, K. (2013). Isolation : A concept analysis. 48(1), 54-60.

Goosby, B. J., Bellatorre, A., Walsemann, K. M., & Cheadle, J. E. (2013). Adolescent loneliness and health in early adulthood. *Sociological Inquiry, 83*(4), 505–536.

Gottman, J. M. (1977). Toward a definition of Social Isolation in children. *Child Development, 48*(2), 513–517.

Grover, S. (2019). Loneliness: Does it need attention! *Journal of Geriatric Mental Health, 6*(1), 1–3.

Grover, S., Avasthi, A., Sahoo, S., Lakdawala, B., Dan, A., Nebhinani, N., … Suthar, N. (2018). Relationship of loneliness and social connectedness with depression in elderly: A multicentric study under the aegis of Indian Association for Geriatric Mental Health. *Journal of Geriatric Mental Health, 5*(2), 99–106.

Hall, K. (2013). Accepting Loneliness. *Psychology Today*. Retrieved from https://www.psychologytoday.com/intl/blog/pieces-mind/201301/accepting-loneliness (accessed on 16/06/2020).

Hall-Lande, J., Eisenberg, M. E., Christenson, S., & Neumark-Sztainer, D. (2007). Social isolation, psychological health and protective factors in adolescence. *Adolescence, 42*(166), 256–286.

Hanpaa, L., Kuula, M., & Hakovirta, M. (2019). Social Relationships, Child Poverty, and Children's Life Satisfaction. *Social Sciences, 8*(35), 2–13.

Harrison, P. (2012). *Loneliness increase dementia risk among the elderly*. Medscape News-

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral MedIcine, 40* (2), 218–227.

Hemingway, A., & Jack, E. (2013). Reducing Social Isolation and promoting well being in older people. *Quality in Ageing: Policy, Practice and Research. 14*(1), 25–35.

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., Stephenson, D., (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227–237.

Hossain, M. M., Purohit, N., (2019). Improving child and adolescent mental health in India: Status, services, policies, and way forward. *Indian Journal of Psychiatry, 61*(4), 415–419.

Hossain, M., et al., (2020). Prevalence and correlates of loneliness in India: A systematic review.

Inderbitzen-Pisaruk, H., Clark, M. L., & Solano, C. H. (1992). Correlates of loneliness in midadolescence. *Journal of Youth and Adolescence, 21*(2) 151–167.

Jackson, J., & Cochran, S. D. (1990). Loneliness and psychological distress. *Journal of Psychology, 125*(3), 257–262.

Jarvis, M. A., Padmanabhanunni, A., Balakrishna, Y., & Chipps, J. A. (2020). The effectiveness of interventions addressing loneliness in older persons: An umbrella review. *International Journal of Africa Nursing Sciences, 12*.

Jeyalakshmi, S., Chakrabarti, S., & Gupta, N. (2011). *Situation analysis of the elderly in India*. Central Statistics Office, Ministry of Statistics and Programme Implementation. Government of India document.

Jiloha, R. C. (2010). Deprivation, discrimination, human rights violation, and mental health of the deprived. *Indian Journal of Psychiatry, 52*(3), 207–212. https://doi.org/10.4103/0019-5545.70972

Jones, W. H. (1982). Loneliness and social behaviour. In L. A. Peplau & D. Perlman (Eds.) *Loneliness: A sourcebook of current theory, research, and therapy* (238–254). New York: Wiley.

Jones, W. H., Carpenter, B. N., & Quintana, D. (1985). Personality and interpersonal predictors of loneliness in two cultures. *Journal of Personality and Social Psychology, 48*(6), 1503–1511.

Jupp, J. J., & Griffiths, M. D. (1990). The self-concept changes in shy, socially isolated adolescents following social skills training emphasising role plays. *Australian Psychologist*, *25*(2), 165–177.

Kawachi, I., Berkman, L. F. (2001). Social ties and mental health. *Journal of Urban Health*, *78*(3) 458–467.

London, R., & Ingram, D. (2018). Social Isolation in Middle School. *School Community Journal, 28*(1) 107–127.

Masi, C. M., Chen, H., Hawkley, L., & Cacioppo, J. T. (2010). A meta-aalysis of interventions to reduce loneliness. *Personality and Social Psychology Review*, *15*(*3*), 219–66.

Masoom, M. R. (2016). Social isolation: A conceptual analysis. *Research Journal of Humanities and Social Sciences*, *7*, 241–249.

McCormick, S. H., & Kahn, A. (1980). Behavioural characteristics of lonely and non lonely college students. Paper of Mid-western Psychological Association, St. Louis.

Medical Advisory Secretariat. (2008). Social Isolation in community-dwelling seniors: An evidence-based analysis. *Ontario Health Technology Assessment Series, 8*(5).

Medora, N., & Woodward, J. (1986). Loneliness among students at an Indian University. *International Journals,16*(1), 119–135.

Merriam-Webster. (2020). Isolation. In Merriam-Webster.com dictionary. Retrieved from https://www.merriam-webster.com/dictionary/isolation (accessed on 17/07/2020)

Merton, R. K. (1995). The Thomas Theorem and the Matthew Effect. *Social Forces, 74*(2), 379–422. https://doi.org/10.2307/2580486

Moore, D., & Schultz, N. (1983). Loneliness and adolescence: Correlates attributions and coping. *Journal of Youth and Adolescence, 12*(2), 95–100.

Nalwa, K., & Anand, A. P. (2004). Internet addiction in students: A cause of concern. *Cyber Psychology & Behaviour, 6*(6), 653–56.

Nethan, S. T., Sinha, D. N., & Mehrotra, R. (2017). Non communicable diseases risk factors and their trends in India. *Asian Pacific Journal of Cancer Preventation, 18*(7), 2005–2010.

Niño, M., Ignatow, G., & Cai, T. (2016). Social isolation, strain, and youth violence. *Youth violence and Juvenile Justice, 15*(3), 299–313.

Noumura, M., McLean, S., Miyamori, D., Kakiuchi, Y., Ikegaya, H. (2016). Isolation and unnatural death of elderly people in the aging Japanese society. *Science & Justice*, *56*(2), 80–83.

Novotney, A. (2019). *The risk of Social Isolation*. American Psychological Association. Retrieved from https://www.apa.org/monitor/2019/05/ce-corner-isolation (accessed on 16/03/2020)

Orlandi, M. (1987). Promoting health and preventing disease in health care settings: An analysis of barriers. *Preventive Medicine, 16*(1), 119–30. doi: 10.1016/0091-7435(87)90011–9

Peplau, L. A. & D. Perlman (Eds.). Loneliness: A source book of current theory, research and therapy, 269–290. New York: Wiley- Interscience.

Peplau, L. A., & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau & D. Perlman (Eds.). *Loneliness: A Sourcebook of Current Theory, Research and therapy* (pp. 1–18). New York: Wiley.

Prasad, K. M., Angothu, H., Mathews, M. M., & Cheturvedi, S. K. (2016). How are social changes in the twenty first century relevant to mental health? *Indian Journal of Social Psychiatry 32*(3), 227–37.

Ray, M., & Jat, K. R. (2010). Effects of electronic media on children. *Indian Pediatrics, 47*(7), 561–68.

Rohit, G., Trivedi, J. K., & Dhyani, M. (2007). Suicidal behaviours in special population: Elderly, women and adolescence in special reference to India. *Delhi Psychiatry Journal.*

Rubin, K. H., & Mills, R. S. (1988). The many faces of social isolation in childhood. *Journal of Consulting and Clinical Psychology, 56*(6), 916–924. https://doi.org/10.1037/0022-006X.56.6.916

Santoshini, S. (2017). Why Rich Progressive Sikkim has India's Highest Suicide Rate. (accessed on 9/4/2019).

Schultz, N. R., & Moore, D. (1986). The loneliness experience of college students: Sex differences. *Personality and Social Psychology Bulletin, 12*(1), 111–119.

Sharifpoor, E., Khademi, M. J., & Mohammadzadeh, A. (2017). Relationship of internet addiction with loneliness and depression among High School students. *International Journal of Psychology and Behavioral Science, 7*(4), 99–102.

Sharma, R. (2013). The family and family structure classification redefined for the current times. *Journal of Family Medicine and Primary Care, 2*(4), 306–310.

Shayzungs, (2017). Sikkim is Depressed: It's Time We Figured it Out. (accessed on 9/4/2019).

Singh, S., & Gopalkrishna, G. (2014). Health behaviours and problems among young people in India: Causes for concern and call for action. *The Indian Journal of Medical Research, 140*(2), 185–208.

Stravynski, A., Boyer, R. (2001). Loneliness in relation to suicide ideation and parasuicide: A population-wide study. *Suicide and Life-Threatening Behavior, 31*(1), 32–40.

Thakur, N., Najar, I. N., & Sachdeva, S. (2013). Prevalence and risk factors associated with various types of diseases in Sikkim. *Journal of Community Medicin & Health Education 3*, 245. doi: 10.4172/2161-0711.1000245

Tiwari, S. C. (2013). Loneliness: A disease? *Indian Journal of Psychiatry, 55*(4), 320–322.

Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behavior, 51*, 54–66.

US National Institute of Health. (2007). Information about Mental Illness and the Brain. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK20369/ (accessed on 03/04/2020).

US National Institute of Health. (2019). Social Isolation, loneliness in older people pose health risks. Retrieved from https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks (accessed on 12/06/2020).

Vijaykumar, L. (2007). Suicide and its prevention: The urgent need in India. *Indian Journal of Psychiatry, 49*(2), 81–84

Vishu Rita Krocha. (2018). Social Isolation Unemployment Stress Affecting Young People in Nagaland. (accessed on 8/4/2019).

Widom, C. S., DuMont, K., & Czaja, S. J. (2007). A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up. *Archives of General Psychiatry, 64*(1), 49–56.

Williams, E. G. (1983). Adolescent loneliness. *Adolescence*, 51–66.

Worldometer. (2020). India Population. Retrieved from https://www.worldometers.info/world-population/india-population/ accessed on 13/09/2020.

Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F. J. (2018). The complexity of loneliness. *Acta Biomedica, 89* (*2*), 302–314.

APPENDIX

Questionnaire

These questionnaires are prepared to collect the data for the study on **"Pattern of Social Isolation and its Repercussions Among Youth in Sikkim."** This present study is trying to understand how Social Isolation is affecting the physical as well as psychological well-being of youth in Sikkim.

Social Isolation is emerging as one of the greatest challenges in today's world. Social Isolation refers to the loss of social and meaningful connection to other individuals and social institutions. Many studies of Social Isolation have defined it in terms of objective as well as subjective pattern of behavior. Social Isolation is broad in scope and has been defined in different ways. Implicit in most of these definitions has been the notion of either a lack or diminution of meaningful social contacts and relationships. The negative experience of inconsistency between the preferred and the achieved personal relationship is common and affects both younger and older adults. Thus, Social Isolation is comprised of various inter-related factors that undermine physical and psychological well-being of youth. Social Isolation being a major source of conflict that is a universal feature of human society shaped by multiple factors of social change, cultural formation, psychological development, etc., is becoming a serious issue in today's world.

So in order to examine the above mentioned objectives I am collecting data from the field, kindly help me in this regards. The data and information provided by you will be only used for research purpose and your information will be kept confidential.

Thanking you,

Treyata Tamang
M. Phil Scholar
Department of Peace and Conflict Studies and Management
Sikkim University

Questionnaire

1. Name of the respondent: _____
2. Age: _____
3. Gender: _____
4. Religion:_____
5. Educational qualification: _____
6. Father/ Mother's occupation: _____
7. Place : _____
8. Where are you staying?

a) Own house ☐

b) Rented house ☐

c) Quarters ☐

d) Others ☐

9. Is there any religious group/association that you are a part of: | Yes | No |

10. How many times meet ups are arranged in your religious group:

a) Everyday ☐

b) Most days ☐

c) Few days ☐

d) Never ☐

11. Are you a part of any village level samaj? | Yes | No |

12. How many times are meet ups arranged in your samaj:

a) Everyday ☐

b) Most days ☐

c) Few days ☐

d) Never ☐

13. How often you spent time together with family? (mark one)

a) Everyday ☐

b) Most days ☐

c) Few days ☐

d) Never ☐

14. How often do you meet face to face with friends and relatives living outside your household? (mark one)

a) Everyday ☐

b) Most days ☐

c) Few days ☐

d) Never ☐

15. How strongly do you feel you belong to your immediate community/neighborhood?

Response structure: 1 = very strong; 2 = fairly strong; 3 = not very strongly; 5 = don't know

1	2	3	4	5

16. If you were in trouble, do you have relatives or friends you can count on to help? (mark one)

a) Yes ☐

b) No ☐

c) Does not know/no answer ☐

17. In the last 12 months have you done any volunteer activities through or for any organization?

a) Yes ☐

b) No ☐

c) Does not know/ no answer ☐

18. Respondents are asked to indicate each of the following statements that apply to them personally. (1 = agree strongly, 2 = agree somewhat, 3 = disagree strongly, 4 = disagree somewhat.)

a) If someone does a favor for me, I am ready to return it | 1 | 2 | 3 | 4 |

b) I go out of my way to help someone who has been kind to me before | 1 | 2 | 3 | 4 |

c) I am ready to undergo personal costs to help someone who helped me before | 1 | 2 | 3 | 4 |

19. In general, how satisfied or unsatisfied are you with your:

*note: Response for each item: 1 = very satisfied; 2 = fairly satisfied; 3 = not very satisfied; 4 = not at all satisfied; no answer

a) Life overall | 1 | 2 | 3 | 4 |

b) Health | 1 | 2 | 3 | 4 |

c) Friends | 1 | 2 | 3 | 4 |

d) Family | 1 | 2 | 3 | 4 |

e) Education | 1 | 2 | 3 | 4 |

f) Free choice | 1 | 2 | 3 | 4 |

g) Spouse or partner | 1 | 2 | 3 | 4 |

20. Do you like appreciation? | Yes | No |

21. Are you concerned about family, relatives, friends and neighbors appreciation towards you? | Yes | No |

22. When someone speaks negative facts about you, how do you respond? (mark one)

a) You ignore them ☐

b) You correct them ☐

c) You argue with them ☐

d) You fight them ☐

23. Indicate how often you feel the way described in each of the following statements. Mark one number for each.

    Response structure: 1 = never; 2 = rarely; 3 = sometimes; 4 = Often

a) How often do you feel that you are 'in tune' with the people around you? | 1 | 2 | 3 | 4 |

b) How often do you feel that no one really knows you well? | 1 | 2 | 3 | 4 |

c) Do you think you can find companionship when you want it? | 1 | 2 | 3 | 4 |

d) Do you feel that people around you can be trusted? | 1 | 2 | 3 | 4 |

24. Please indicate for each of the statements, the extent to which they apply to your situation, the way you feel now. Please mark the appropriate answer.

    Response structure: 1 = yes; 2 = more or less; 3 = no

a) I experience a general sense of emptiness | 1 | 2 | 3 |

b) There are plenty of people I can rely on when I have problems | 1 | 2 | 3 |

c) There are many people I can trust completely | 1 | 2 | 3 |

d) There are enough people I feel close to | 1 | 2 | 3 |

e) I miss having people around | 1 | 2 | 3 |

f) I often feel rejected | 1 | 2 | 3 |

25. Do you have anyone with whom you can discuss intimate and personal matters? (mark one)

a) Yes ☐

b) No ☐

c) Don't know ☐

26. Do you think you have to be too careful in dealing with people?

    Response structure: 1 = people can be trusted; 2 = you have to be too careful

1	2

27. When you are in trouble/problem what do you do? (mark one)

a) You talk to your parents/family members ☐

b) You talk to your friends ☐

c) You keep it to yourself and try solving it by yourself ☐

28. Are you afraid of failure? Yes | No

29. Does your family support you when you fail? Yes | No

30. Do you think people focus too much on appearing to be successful? Yes | No

31. Do you prefer being in a relationship? Yes | No

32. What is your current relationship?

a) Single ☐

b) Engaged ☐

c) In a relationship ☐

d) Married ☐

33. Are you emotionally close and happy with your partner? Yes | No

34. Are you always excited to meet your partner? Yes | No

35. Do you get involved in arguments with your partner? Yes | No

36. Do unplanned negative events keep happening in your relationship? Yes | No

37. Are you always blamed for the arguments in your relationship? Yes | No

38. How do you spend your leisure time?

a) Surf internet ☐

b) Watch television ☐

c) Read books ☐

d) Go out for drinks with friends ☐

39. How often do you go night outs (clubbing) with your friends?

a) Every weekend ☐

b) Once a month ☐

c) Sometimes ☐

d) Never ☐

40. How often do you consume alcohol/other substance?

a) Everyday ☐

b) Once a week ☐

c) Once a month ☐

d) Occasionally ☐

e) Never ☐

41. Have your friends suggested that you are an excessive drinker? Yes | No

42. Have you ever lost friends or partner because of your drinking? Yes | No

43. Have you ever gotten into trouble because of your drinking? Yes | No

44. Which social media do you use usually? (Mark all that apply to you)

a) Facebook ☐

b) Facebook messenger ☐

c) Instagram ☐

d) Whatsapp ☐

e) Twitter ☐

f) Snapchat ☐

g) Tinder ☐

h) Pinterest ☐

45. How long have you been using Facebook? (mark only one)

a) Less than one year ☐

b) 1–3 years ☐

c) 3–5 years ☐

d) Over 5 years ☐

46. In the past week, approximately how many hours did you averagely spend in social media per day? (mark only one)

a) Less than one year ☐

b) 1–3 hours ☐

c) 3–5 hours ☐

d) Over 5 hours ☐

47. How many Facebook friends do you have? (mark only one)

a) Less than 100 ☐

b) 101–299 ☐

c) 300–499 ☐

d) 500–699 ☐

e) Over 700 ☐

48. Why are you on Facebook/Instagram? (mark all that apply)

a) Friend suggested it ☐

b) Everyone I know is on Facebook ☐

c) Help others keep in touch with me ☐

d) Find classmates ☐

e) Get to know more people ☐

f) Find course information ☐

g) Find dates ☐

h) Find people with mutual interests ☐

i) Find jobs ☐

49. How much do you disclose yourself about the following information on Facebook? (1 = never 2 = very little; 3 = little; 4 = very much) 1 2 3 4

a) Work and education information ☐☐☐☐

b) Places you have lived ☐☐☐☐

c) Contact and basic info ☐☐☐☐

d) Family and relationship ☐☐☐☐

e) Life events ☐☐☐☐

50. You use Facebook/Instagram to…… (mark only one per row on a scale from 1 to 5, how much do you agree with the following statements) (1 = strongly disagree; 3 = neutral; 5 = strongly agree)

	1	2	3	4	5
To kill time					
Because it is entertaining					
Because it is fun and I enjoy it					
Because it relaxes me					
To get away from pressure and responsibilities					
To get away from what I am doing					
To let people know I care about them					
To show others encouragement					
To help others					
To show others that I am concerned about them					
To not look old-fashioned					
To look fashionable					
Because I need someone to talk or be with					
Because I just need to talk about my problems sometimes					
To forget about my problems					
To make friends of the opposite sex					
To feel involved with what's going on with other people					