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# Effect of Social Isolation on Mental Health in Rural Areas

Dr. Pallavi L. Tagade
D. K. Mahila Mahavidyalaya,
Kurkheda Dist. Gadchiroli

Dr. Mrs. A. S. Dhoble
Sevadal Mahila Mahavidyalaya
Nagpur

**Abstract**

*Social isolation can begin early in life. During this time of development, a person may become more preoccupied with feelings and thoughts of their individuality that are not easy to share with other individuals. The main objectives are to find out the general information of the respondent, to investigate the increased risk of depression and anxiety, to inspect the effects of social isolation on mental health, to analyse the challenges of social isolation on mental health. Poor sleep quality arises due to social isolation in the society.*

## Introduction

India, for instance, is a country where many people practice agriculture in rural areas. Rural areas have unique economic and social dynamics due to their relationship with land-based industry such as agriculture. Social isolation can also coincide with developmental disabilities. Individuals with learning impairments may have trouble with social interaction. The difficulties experienced academically can greatly impact the individual's esteem and sense of self-worth. Even still, nearly half of all members of senior communities are at high risk for social isolation, this is especially prevalent with seniors of a lower education and within the lower economic class and compounded with diminished availability of socializing options to these lower-class individuals. In foreign countries, the use of video communication, video call has been suggested as a potential intervention to improve social isolation in seniors. However, its effectiveness is not known.

## Objectives:

1. To find out the general information of the respondent.
2. To investigate the increased risk of depression and anxiety.
3. To inspect the effects of social isolation on mental health.
4. To analyse the challenges of social isolation on mental health.

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**Research Methodology:**

A good research methodology helps researchers in planning their research efficiently, by ensuring optimum usage of their time and resources. A research is the procedure selected by the researcher to collect, analyse and interpret data. The study was conducted in Jabhulkheda village of Kurkheda of Gadchiroli district. Research is based on data and the study of 228 samples has been considered. This research methodology requires fewer participants but is still more time consuming because the time spent per participant is quite large.

**Result and discussion:**

**Table 1.1**

**Age distribution of the respondent**

| Sr. No. | Age | No. of Respondents | Percentage |
|---|---|---|---|
| 1 | Upto 25 years | 06 | 2.63 |
| 2 | 26- 30 years | 11 | 4.82 |
| 3 | 31 – 35 years | 13 | 5.72 |
| 4 | 36- 40 years | 121 | 53.07 |
| 5 | 41- 45 years | 38 | 16.66 |
| 6 | 45- 50 years | 39 | 17.10 |
| | | 228 | 100.0 |

The above table reveals that nearly most of the respondents (53.07%) belongs to the age group of 36 to 40 years whereas 17.10% belongs to the age group of 45 to 50 years, 16.66% having age group of 41-45 years and the rest of the respondents belongs to the 31-35 years i.e. 5.72%, whereas negligible percentage belongs to the 26-30 years and up to 25 years respectively.

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**Table 1.2**

**Occupation of the respondents**

| Sr. No. | Occupation | No. of Respondents | Percentage |
|---|---|---|---|
| **1** | Farming & supporting business | 212 | 92.98 |
| **2** | Private Job | 12 | 5.26 |
| **3** | Government job | 04 | 1.75 |
| | | **228** | **100.0** |

The above table opines that majority of the respondents are having farming as their main occupation and they are having supporting business like dairy shop-02, milkman-05, pan shop-12, tailoring shop-06, breakfast point-05 like poha, bhaje, samosa, cloth shop-04, vegetable shop-08, stationary-04, grocery shop-07, poultry shop-04, whereas 5.26% had private job and only 1.75% had Government job respectively.

**Table 1.3**

**Type of family of the respondents**

| S.No. | Types of family | No. of Respondents | Percentage |
|---|---|---|---|
| **1** | Nuclear family | 18 | 7.89 |
| **2** | Joint family | 210 | 92.11 |
| | | 228 | 100.0 |

The above table reveals that 92.11% had joint family system and only 7.89% had nuclear family system prevailing in the society.

**Table 1.4**

**Increased risk of depression and anxiety**

| Sr. No. | Risk | No. of Respondents | Percentage |
|---|---|---|---|
| 1 | Psychological | 81 | 35.52 |
| 2 | Academic | 27 | 11.84 |
| 3 | Botanic | 07 | 3.07 |
| 4 | Lifestyle | 24 | 10.55 |
| 5 | Community based | 09 | 3.94 |
| 6 | Financial | 80 | 35.08 |
| | | 228 | 100.0 |

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The above table reveals that the risk factors about psychological and financial are nearly 35.0% whereas academic and lifestyle risk are 10.0 to 11.84%. Negligible percentage found in community based and botanic risk of depression and anxiety proportionately.

**Table 1.5**

**Social isolation affects mental health in rural areas**

| Sr. No. | Effects | No. of Respondents | Rank Order |
|---|---|---|---|
| 1 | Higher risk | 118 | II |
| 2 | Emotional detachment | 121 | I |
| 3 | Memory loss | 111 | IV |
| 4 | Physical consequences | 112 | III |
| 5 | Alcoholic addiction | 101 | VII |
| 6 | Obstacles | 109 | V |
| 7 | Weak immune system | 107 | VI |

The above table reveals that though the answers of each statement found to be more the rank order has been considered. The mental health affects due to social isolation and many effects has been seen in the respondents. Emotional detachment (lack emotional interaction and support) and higher risk (depression, anxiety, and even suicidal thoughts) found more and hence accorded I & II rank order. Due to lot of problems the physical consequences (loneliness, increasing the risk of heart disease, stroke, type 2 diabetes, and even earlier death) and memory loss observed and accorded III & IV rank order. Obstacles and weak immune system mentioned hence V & VI rank order. Alcoholic addiction noticed due to social isolation and remark VII rank order.

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**Table 1.6**

**Challenges of social isolation on mental health**

| Sr. No. | Challenges | No. of Respondents | Rank Order |
|---|---|---|---|
| 1 | Increased Risk of Mental Health Conditions | 197 | V |
| 2 | Worsening of Existing Conditions | 145 | VII |
| 3 | Suicidal Thoughts and Attempts | 111 | VIII |
| 4 | Cognitive Decline | 202 | III |
| 5 | Difficulty with Everyday Tasks | 221 | II |
| 6 | Lower Self-Esteem and Sense of Purpose | 178 | VI |
| 7 | Increased Stress and Anxiety | 201 | IV |
| 8 | Poor Sleep Quality | 222 | I |

The above table reveals that the main challenges they face is the poor sleep quality as they always think about themselves hence poor sleep quality and accorded, I rank order. As they are social isolated one, they face difficulty with everyday tasks and score II rank order. Cognitive decline III rank order and stress and anxiety increases due to loneliness and scored IV rank order. As person is moving alone in the society there is increased risk of mental health conditions and lower self esteem and sense of purpose and accorded V & VI rank order subsequently. Worsening of existing conditions as they are facing lot of challenges in society so the condition is worst and lastly suicidal thoughts and attempts are the only negative solution they faced and hence scored VII and VIII rank order respectively.

**Conclusion:**

Rural areas can be subject to up and down cycles in life and vulnerable to extreme or natural disasters, such as floods. Social isolation can contribute to or worsen mental health conditions like depression, anxiety, and cognitive decline. It's linked to increased risks of heart disease, high blood pressure, weakened immune systems, and even premature death. Social isolation typically refers to solitude that is unwanted and unhealthy. Socially isolated people may lack friends. Everyone needs social connections to survive and thrive. But as people age, they often find themselves spending more time alone. Being alone may leave older adults more vulnerable to social isolation which can affect their health and well-being. Social isolation remains a complex and global health issue.

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