

Social Media use, Loneliness and Physical Health among older adults: An Exploratory Study

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Abstract

Population ageing has brought increasing attention to the social, psychological and physical well-being of older adults. At the same time, social media has become an important means of maintaining interpersonal relationships, accessing information and participating in social life. However, the relationship between social-media use, loneliness and physical health among older adults remains complex. The present study examines the relationship between social-media use, loneliness and perceived physical health among older adults in Thiruvananthapuram District, Kerala. Particular attention is given to loneliness as a potential psychological mechanism linking social-media engagement with perceived physical health.

The study adopts an ex-post-facto research design. The proposed sample consists of 384 older adults aged 60–75 years who use social-media platforms such as WhatsApp, Facebook and Instagram. Participants are selected through simple random sampling. Data are proposed to be collected using a socio-demographic information schedule, Social Media Usage Scale, UCLA Loneliness Scale and Physical Health Perception Scale. Descriptive statistics, independent-samples t-test, correlation and regression analysis are proposed for analysing the data. Existing literature indicates that social media can strengthen social connectedness, facilitate communication with family and friends, provide access to health information and support healthy ageing. However, excessive or passive use may be associated with loneliness, sleep-related difficulties, sedentary behaviour and other adverse outcomes. The literature also identifies loneliness as an important factor associated with poorer perceived physical health. The present study addresses an important gap by examining social-media use, loneliness and perceived physical health within an integrated framework in the Kerala context.

Keywords: social media, ageing, older adults, loneliness, physical health, healthy ageing, Kerala, social connectedness

1. Introduction

Population ageing is one of the most significant demographic transformations of the contemporary world. Increasing life expectancy, declining fertility and changing family structures have contributed to a growing proportion of older adults. Ageing is not merely a demographic phenomenon; it has important social, psychological and health implications. Older adults may experience retirement, reduced occupational roles, loss of significant relationships, changes in family structures, declining mobility and increasing

dependence on health and social-support systems. These changes may increase vulnerability to social isolation and loneliness.

Loneliness is increasingly recognised as an important determinant of well-being in later life. It refers to the subjective perception that one's social relationships are inadequate in quantity or quality. Although loneliness is conceptually different from social isolation, the two may interact. An older person may live with others and nevertheless experience loneliness, while another individual living alone may maintain meaningful social relationships and experience little loneliness.

The consequences of loneliness extend beyond emotional well-being. Previous research has associated loneliness with poorer self-rated health, reduced physical activity, impaired sleep, chronic health problems and poorer psychological well-being. Thus, loneliness may constitute an important pathway through which social circumstances influence physical and psychological health. The rapid expansion of digital communication has introduced a new dimension to the social lives of older adults. Social-media platforms such as WhatsApp, Facebook, Instagram and YouTube provide opportunities for communication, information exchange, entertainment and participation. For older adults whose children or relatives live elsewhere, digital platforms may provide an accessible means of maintaining family relationships and social contact.

The potential benefits of social-media use, however, should not be assumed to be universal. Existing research reports mixed findings. Some studies indicate that social-media engagement may reduce loneliness and improve psychosocial outcomes, whereas other studies associate intensive or passive use with greater loneliness or other difficulties. A systematic review similarly concludes that social media has potential to support social connection among older adults, while the nature and quality of use remain important considerations. The literature reviewed for the present study indicates that meaningful digital communication can strengthen social connectedness and reduce loneliness, while loneliness itself is associated with poorer physical and psychological health. However, relatively few studies have examined social-media use, loneliness and perceived physical health together within a single framework.

This research gap is particularly relevant to Kerala. Kerala has experienced substantial demographic ageing and has a distinctive social context characterised by high literacy, widespread digital connectivity and changing family structures. Migration of younger family members and the increasing prevalence of nuclear and geographically dispersed families may make digital communication particularly relevant to older adults. The present study therefore investigates the relationship between social-media use, loneliness and perceived physical health among older adults in Thiruvananthapuram District, Kerala.

2. Background and Review of Literature

2.1 Social Media and Older Adults

Social media has become increasingly integrated into the everyday lives of older adults. Digital platforms provide opportunities for interpersonal communication, participation in online communities, access to news and health information, and maintenance of relationships across geographical distances.

The literature reviewed for this study indicates that older adults increasingly use platforms such as Facebook, Instagram and WhatsApp as part of their information and communication environment. Social-media engagement may be particularly important for individuals whose family members live away from them.

However, social-media use among older adults is heterogeneous. Frequency, duration, purpose and type of engagement may determine whether digital communication produces positive or negative outcomes. Active communication with family members may have different consequences from passive browsing or prolonged consumption of online content.

2.2 Social Media and Loneliness

The relationship between social-media use and loneliness remains inconclusive. Some studies suggest that social-media use can reduce loneliness by increasing communication and social participation. Other studies suggest that excessive use may be associated with increased loneliness.

The literature reviewed in the present study identifies evidence supporting both perspectives. Byrne et al. (2021), for example, reported associations between social-media use and reduced loneliness through increased social engagement and contact with family and friends. In contrast, Bonsaksen et al. (2023) reported that greater time spent on social media could be associated with higher loneliness among older adults, demonstrating the importance of the pattern and purpose of use.

A 2024 systematic review similarly concluded that social media may improve psychosocial outcomes among older adults, although findings across studies are mixed.

These findings suggest that social media should not be conceptualised simply as either beneficial or harmful. Its effect may depend on the extent to which it facilitates meaningful social relationships.

2.3 Loneliness and Physical Health

Loneliness is increasingly understood as a significant social determinant of health. Persistent loneliness may influence health through behavioural, psychological and physiological mechanisms. Older adults experiencing loneliness may have lower levels of physical activity, poorer sleep, reduced motivation for health-promoting behaviours and increased psychological distress.

The literature reviewed for this study identifies associations between loneliness and poorer self-rated health, reduced physical activity, impaired sleep quality, cardiovascular risk and difficulties in chronic disease management.

Consequently, examining loneliness alongside physical health provides a broader understanding of healthy ageing than considering social-media use alone.

2.4 Social Media and Physical Health

The influence of social media on physical health is generally indirect rather than purely physiological. Digital communication may improve health by facilitating access to health information, supporting communication with healthcare professionals, encouraging health-related behaviour and assisting chronic-disease management.

Research reviewed for the present study indicates positive associations between meaningful digital engagement and self-rated health, physical activity, health-information seeking and healthcare utilisation. At the same time, excessive screen exposure, sedentary behaviour and inappropriate use may create potential disadvantages.

Thus, social media can be conceptualised as an enabling resource rather than an independent determinant of physical health.

3. Research Gap

Although research on ageing and digital technology has expanded considerably, several gaps remain.

First, many studies examine social-media use, loneliness and health as separate outcomes rather than integrating them within one analytical framework.

Second, relatively few studies explicitly examine loneliness as a mechanism linking social-media use with perceived physical health.

Third, much of the existing evidence originates from countries with different demographic, cultural and healthcare contexts from India.

Fourth, there is limited empirical evidence concerning the combined relationship between social-media use, loneliness and perceived physical health among older adults in Kerala, particularly in Thiruvananthapuram District.

The literature review associated with the present thesis specifically identifies this gap and notes the limited integration of these three variables within the Kerala context.

The present study seeks to address this gap.

4. Conceptual Framework

The study conceptualises social-media use as the principal explanatory variable, loneliness as an important psychological variable, and perceived physical health as the outcome variable.

The proposed relationship can be represented as:

Social Media Use → Loneliness → Perceived Physical Health

The framework assumes that meaningful social-media engagement may strengthen social connectedness and consequently reduce loneliness. Reduced loneliness may, in turn, be associated with better perceived physical health.

At the same time, the study recognises that the relationship may not be exclusively linear. Social-media use may have both beneficial and adverse consequences depending on frequency, duration, purpose and quality of engagement.

Relevant socio-demographic factors include:

- Age
- Gender
- Marital status
- Educational status
- Economic status
- Living arrangement
- Social-media usage pattern

5. Objectives of the Study

The study has the following objectives:

1. To examine the social profile of older adults using social media.
2. To assess the level of loneliness among older social-media users.
3. To examine the relationship between social-media usage and perceived physical health among older adults.
4. To identify the psychological benefits and challenges associated with social-media use among older adults.
5. To identify the perceived advantages and disadvantages of social-media use among older adults.

6. Hypotheses

The following hypotheses are proposed:

H1: There is a significant relationship between the socio-demographic characteristics of older adults and their social-media use.

H2: Social-media usage is significantly associated with the level of loneliness among older adults.

H3: There is a significant relationship between social-media usage and perceived physical health among older adults.

H4: Social-media usage has a significant relationship with the psychological benefits and challenges experienced by older adults.

H5: There is a significant difference in the perceived advantages and disadvantages of social-media use among older adults.

7. Methodology

7.1 Research Design

The study adopts an ex-post-facto research design. The design is appropriate because the study examines naturally occurring patterns of social-media use, loneliness and perceived physical health without experimental manipulation.

7.2 Study Area

The study is conducted among older adults in Thiruvananthapuram District, Kerala. The study focuses particularly on older adults who use social-media platforms and are within the specified age range.

7.3 Population and Sample

The proposal identifies a population of approximately 20,000 older adults using social media and proposes a sample of 384 respondents, consisting of 192 males and 192 females. The sample size was calculated using the Taro Yamane formula with a 5% margin of error.

The proposed sample distribution is:

Category	Number
Male respondents	192
Female respondents	192
Total	384

7.4 Sampling Technique

The proposal specifies simple random sampling as the sampling technique.

7.5 Inclusion Criteria

Participants should:

- be aged between 60 and 75 years;
- use social-media platforms such as WhatsApp, Facebook or Instagram;
- be able to understand the language of the questionnaire;
- be capable of responding to the questionnaire;
- voluntarily provide informed consent.

7.6 Exclusion Criteria

Individuals below 60 or above 75 years, non-users of social media, persons unable to provide reliable responses because of severe cognitive or other specified limitations, persons unwilling to provide consent, and respondents submitting incomplete questionnaires are excluded.

7.7 Research Instruments

The study proposes the following instruments:

1. Socio-Demographic Data Sheet / Personal Information Schedule – to collect age, gender, education, marital status, living arrangement, economic status and social-media-use information.
2. Social Media Usage Scale – to assess frequency, duration, purpose and level of social-media use.
3. UCLA Loneliness Scale – to assess loneliness.
4. Physical Health Perception Scale – to assess perceived physical health and well-being.
5. Consent Form – to obtain informed consent.

7.8 Data Analysis

The proposal identifies IBM SPSS Statistics and Microsoft Excel for data organisation and analysis. The proposed statistical techniques include:

- Frequency and percentage
- Mean and standard deviation
- Independent-samples t-test
- Correlation analysis
- Regression analysis

8. Results

The preliminary data presented below comprise four respondents. The results are summarised using frequency and percentage.

Variable	Category	Frequency (n)	Percentage (%)
Social Media Use	Low	2	50.0
	Moderate	2	50.0
	High	0	0.0
Loneliness	Low	0	0.0
	Moderate	0	0.0
	High	4	100.0

Physical Health	Low	0	0.0
	Moderate	0	0.0
	High	4	100.0

The preliminary findings indicate that 50% of the respondents reported low social-media use and 50% reported moderate use. All four respondents reported a high level of loneliness, while all reported high perceived physical health.

9. Discussion

The present study is designed to examine an increasingly important dimension of healthy ageing: the interaction between digital communication, loneliness and physical health. Existing evidence suggests that social media can facilitate communication and social participation among older adults, but its consequences depend substantially on how it is used. The literature reviewed for the study demonstrates that social-media use may strengthen relationships with family and friends and may therefore contribute to reduced loneliness. At the same time, excessive or passive use may not provide the same social benefits as active interpersonal communication. This distinction is particularly important in later life, when the quality of social relationships may be more consequential than the mere quantity of online interactions.

The proposed focus on loneliness is theoretically significant. Rather than treating loneliness simply as another outcome, the present study conceptualises it as a possible mechanism through which social-media engagement may be associated with perceived physical health. The literature review similarly identifies social connectedness and loneliness as important pathways linking digital engagement and health. The physical-health dimension also extends the discussion beyond psychological well-being. Social media may contribute to health indirectly through access to health information, communication with healthcare providers, chronic-disease management and encouragement of health-related behaviour. Nevertheless, prolonged screen exposure and sedentary behaviour may create potential disadvantages.

The Kerala context provides particular significance to the study. The combination of population ageing, changing family structures, migration and increasing digital connectivity creates a social environment in which digital communication may become an important component of older adults' social lives. Yet empirical evidence simultaneously examining social-media use, loneliness and perceived physical health among older adults in Kerala remains limited.

The findings obtained from the completed dataset should therefore be interpreted not merely in terms of whether social-media use is good or bad, but in terms of the quality, purpose and social meaning of digital engagement.

10. Implications of the Study

The study has several potential implications.

10.1 Implications for Older Adults

Older adults may benefit from meaningful and purposeful social-media use, particularly when digital communication supplements rather than replaces face-to-face relationships.

10.2 Digital Literacy

Digital-literacy programmes for older adults should include not only technical skills but also guidance concerning privacy, misinformation, responsible use and reliable health information.

10.3 Family Support

Family members can encourage older adults to use digital platforms for meaningful communication rather than passive consumption.

10.4 Health Promotion

Social-media platforms can potentially be used to disseminate reliable health information, encourage physical activity and facilitate communication with healthcare services.

10.5 Policy Implications

Age-friendly digital-inclusion programmes should consider loneliness and social connectedness alongside technical access. Digital inclusion should be viewed as part of a broader healthy-ageing strategy.

11. Limitations

The study is limited to older adults aged 60–75 years who use social media in Thiruvananthapuram District. Therefore, the findings may not be generalisable to non-users of social media, individuals outside the specified age range or older adults living in other geographical and cultural contexts.

The ex-post-facto design also limits causal interpretation. Associations between social-media use, loneliness and physical health should not automatically be interpreted as causal relationships.

Self-reported measures may be influenced by recall and response bias. Furthermore, social-media use is a multidimensional construct, and frequency of use alone may not adequately capture the quality and purpose of online engagement.

12. Conclusion

Social media has become an increasingly important component of the social environment of older adults. Its significance extends beyond communication and entertainment to include social connectedness, access

to information and health-related resources. However, its relationship with loneliness and physical health is complex and cannot be adequately understood by examining frequency of use alone.

This provides a framework for examining social-media use, loneliness and perceived physical health among older adults in Thiruvananthapuram District, Kerala. Its central proposition is that loneliness may constitute an important psychological pathway connecting digital engagement with perceived physical health.

This consequently contributes to the emerging literature on digital ageing by bringing together three important dimensions of later life: digital engagement, social-emotional well-being and physical health. Its findings may help researchers, families, health professionals and policymakers develop more effective approaches to digital inclusion and healthy ageing.

Future research should employ longitudinal designs, distinguish active from passive social-media use, examine platform-specific effects and investigate whether loneliness significantly mediates the relationship between digital engagement and health outcomes.

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