SOCIAL ISOLATION AND THE WELLBEING OF OLDER PERSONS IN EGOR LOCAL GOVERNMENT AREA, EDO STATE

BY

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CERTIFICATION

This is to certify that this research titled "Social Isolation and The Wellbeing of The Older Persons in Egor Local Government Area, Edo State" by **Paul Idahosa** was presented before the Post Graduate Board in the Department of Social Standard, Faculty of SPESSE, University of Benin, Benin City.

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Head of Department **Date**

DEDICATION

This research is dedicated to God Almighty, the source of wisdom and the fountain of knowledge.

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ABSTRACT

Social isolation among older adults has emerged as a significant public health concern globally. The Study indicates that elevated levels of social isolation correlate with negative health outcomes, including increased death rates and mental health disorders such as depression and anxiety. In Nigeria, older adults are particularly vulnerable to social isolation due to globalization and industrialization and migration of family member that adversely affect their well-being. This study examines the impact of social isolation on the well-being of older adults in Egor Local Government Area of Edo State, using phenomenological research design. Twenty one Respondents aged 65 years and above were purposively selected. Data gathered was analysed using thematic and content analyses Findings reveal that social isolation adversely affects multiple dimensions of older adults' lives, including their social interactions, mental health, physical health, and overall quality of life. The study equally reveal that. Older adult in Egor are at risk of social isolation because of some prevailing situations that revolve around their well-being, and such pathetic situations have contributed to their vulnerability. The study recommends establishment of local community centres or social clubs specifically for older persons, where they can engage in regular social, recreational, and educational activities. These programmes can reduce feelings of loneliness and enhance emotional well-being by fostering a sense of belonging and social connection.

Keywords: *older persons, mental wellbeing, physical wellbeing, Social Isolation, social work interventions*

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Globally, social isolation among older persons has attracted significant attention as a major public health concern. Domènech-Abella et al. (2023) indicate that higher levels of social isolation are linked to adverse health outcomes, including increased death rates and mental health issues such as depression and anxiety. For example, a study conducted by Lara et al, (2019) asserted that socially isolated seniors are more likely to experience cognitive decline. Older person are often faced with the issues of retirement, loss of spouses, and mobility limitations, which can aggravate feelings of loneliness (Beller & Wagner 2018), Leino-Arjas et al., (2021) posited that the dynamics of social isolation can differ significantly owing to cultural factors and social structures in developing nations. The social safety net for the extended family system. Today , shifts towards urbanization and modernization and globalizations has led to increased social isolation among older persons, also lack of formal support systems and resources in most regions in developing countries can intensify the effects of social isolation, leading to detrimental outcomes, including malnutrition and increased morbidity (Floyd et al., 2020).

In Sub-Sahara Africa, social isolation is particularly noticeable due to societal changes, economic hardships, and the impact of diseases which has devastated many communities and disrupted traditional family structures (Mavesa et al., 2020). The Study conducted by Egbochukwu & Atedhor, (2025). Reveals that social isolation among older persons is exacerbated by urban migration and a cultural shift towards individualism Despite traditional family structures that typically support older persons, economic strain and migration patterns have led to increased loneliness (Adewoyin et al., 2020). Older persons often experience feelings of exclusion and depression, tied to inadequate social support networks (Odu et al., 2021). The older person's population in Nigeria, in particular, and Sub-Sahara Africa in general, is increasing and also the most vulnerable and disadvantaged groups. He, (2022) estimated the number of older person to be 74 million people as at 2020 in Africa.

According to Mbam et al., (2022), Nigeria's ageing population is projected to increase steadily to 2.9% by 2030, 4.0% by 2050, and 10.1% by 2100. Due to their increased susceptibility, Nigeria's ageing population is gradually increasing, making their wellbeing of utmost importance, Hence the Aim of this study, United Nations Department of Economic and Social Affairs estimated that the older persons (aged 65 and above) population in Egor Local Government Area of Edo State is approximately 12% of the total population (429, 897), which is 51,588. As a result, a variety of factors influence their welfare, such as their general quality of life, mental and psychological well-being, emotional and mental health, social integration, and overall health status (Girmay & Singh, 2019). According to Nakamura et al. (2022), older person's well-being is a wide notion that includes people's overall ratings of life satisfaction and emotional responses.

Two factors influence psychological well-being, which is a crucial aspect of older people's quality of life (de Oliveira et al., 2019): the absence of social isolation and depression and the presence of happiness, life satisfaction, security, and future plans (Leino-Arjas et al., 2021; Jansson, 2020). One common problem that can seriously harm people's physical, mental, and emotional health is social isolation. Studies have indicated a connection between social isolation and a higher risk of a number of illnesses, such as heart disease, cognitive decline, and a general drop in life satisfaction (Holt-Lunstad et al., 2010; Cacioppo & Cacioppo, 2018; Omorogiuwa, 2016; 2020). Several factors contribute to social isolation, including geographical location, limited mobility, loss of loved ones, lack of social support systems, and cultural or language barriers. Recognizing and addressing these factors is crucial to combat social isolation and its detrimental effects on the ageing population (Jack et al., 2019). Strong familial ties and intergenerational interactions with senior people of their societies were valued in industrialised nations throughout the pre-industrial era as a source of social support, according to studies conducted globally (Landeiro et al., 2017; Vozikaki, 2018).

1.2 Statement of the Research Problem

Older adults in Nigeria are at a higher risk of social isolation because of some prevailing situations that revolve around their well-being, and such pathetic situations have contributed adversely to their vulnerability (Cuddy et al., 2005; Omorogiuwa, 2020). Ebimgbo et al. (2019) argue that as

people continue ageing, there are specific life events that usually disintegrate the aged individuals from society, and such events increase their social isolation, especially in a country like Nigeria where potent and reliable social security is absent for the older persons members of the society. As a result of this, older persons in Nigeria is confronted with a myriad of issues and challenges which exacerbate their susceptibility and negatively impact their well-being (Okoye, 2004). These challenges include but are not limited to ageism, discrimination, poverty, and retirement from active service, which has an attendant effect on their health, abuse of the older persons, transitional issues which range from loss of loved ones, loss of some significant parts or organs of the body which include sight, hearing and mobility and the host of others (Ibrahim, 2013).

According to Omorogiuwa (2016), the significant problems confronting older adults in Benin Metropolis include, but are not limited to, social isolation, emotional issues or detachment, health challenges, and socio-economic problems. Victor (2000) found that social isolation adversely impacted the general quality life of senior citizens in Nigeria because men usually die before women (husband and wife). The condition may even get worse when the family are blessed with grown-up children who are no longer living in the same vicinity with their aged parent(s) and without the provision of caregivers to manage their aged parent situation. Similarly, life events, loss and bereavement have rendered a significant number of older individuals more isolated as such events might continue to weigh down the surviving aged member of society and affect their overall well-being (Okoye, 2012; Tanyi et al., 2018). More so, social isolation can have significant attendant risk factors on the physical well-being of older persons individuals in Nigeria, especially when the aged person lacks necessary social support and requires resources from essential others to address the challenges to a manageable level (Qualls, 2017; Omorogiuwa, 2020; De Almeida & Veiga, 2020).

In a similar vein, the older persons with low income at this critical stage of life are more likely to be adversely impacted by loneliness and isolation than the affluent older individuals (Omorogiuwa, 2016). This is because adequate income and resources can afford such older individuals opportunities to have a network of people that can render essential services that can enhance their well-being in this critical and sensitive period of life (Van Orden et al., 2021).

Furthermore, some older persons members of society in Nigeria who experience social isolation suffer from depression, which eventually metamorphoses into several mental disorders which affect significantly their psychological well-being (Nicholson, 2012). Nicholson averred that social isolation and loneliness has significant implications on the psychological well-being of older people if adequate care is not put in place to enhance, to a certain extent, their social integration with significant members of the family and society at large. Similar studies conducted by Victor (2000) and Omorogiuwa (2020) found how social isolation has adversely impacted the social, emotional, psychological, and physical well-being of older persons in Nigeria, which requires decisive measures to wade into the plight of this vulnerable groups. However study on social isolation and the well being of older person has been contrail, hence this studies aim to live a gap in literature by conducting this studies on social isolation and the wellbeing of older person in Egor Local Government area of Edo state.

1.3 Aims and Objectives of the Study

The main aim of the study was to examine the effects of social isolation on the well-being of the older persons in Egor Local Government Area of Edo State. The specific objectives were to:

1. explore the prevalence of social isolation on the social wellbeing of older persons in Egor local government area of Edo State.

2. ascertain the nature and pattern of social isolation on the physical wellbeing of older persons in Egor local government area of Edo State.

3. explore the impacts of social isolation on the mental wellbeing of older persons in Egor local government area of Edo State.

4. explore various ways to address the impact of social isolation on the wellness of older persons in Egor local government area of Edo State.

1.4 Research Questions

The following research questions guided this study:

1. What is the extent of prevalence of social isolation on the wellbeing of older persons in Egor local government area of Edo State?

2. What is the nature and pattern of social isolation on the physical wellbeing of older persons in Egor local government area of Edo State?

3. What are the impacts of social isolation on the mental wellbeing of older persons in Egor local government area of Edo State?

4. What are the various ways to address the impact of social isolation on the wellness of older persons in Egor local government area of Edo State?

1.5 Significant of the Study

Like other discourse of its kind, this study will close the knowledge gap that was exposed by the various studies and discourses that came before it. The goal of the study was to bring different stakeholders' attention to the multitude of issues that older people face in contemporary society. The study will recommend improved social security policies that will improve the welfare, general quality of life of the aged population in Nigeria. Likewise, the research will help decision-makers create and carry out pertinent policies and initiatives aimed at enhancing the overall welfare of senior citizens in Nigerian communities. Additionally, the study will promote the social support and aid of pertinent stakeholders, particularly philanthropists with a strong sense of mission and Non-Governmental Organisations (NGOs), in order to create frameworks and programmes that will enhance the welfare and general quality of life of the nation's older persons.

Similarly, the study's outcome can be a source of reference for other scholars and researchers who intend to replicate the study in changing society. The findings from this study will immensely benefit gerontologists, social workers, welfare officials and other relevant professionals in understanding more about the pivotal roles they are expected to play in ameliorating the challenges faced by the older persons also in the findings will be helpful in policy decision making by government and other stakeholders..

1.6 Scope of the Study

The study was limited to older people in the Egor Local Government Area of Edo State who are 65 years and above. The Targeted respondents were drawn from both male and female who are within the above age range.

1.7 Definition of Significant Terms

The following terms are operationally defined as used in the research:

Social Isolation is operationalized as a state of being detached from others on a physical, psychological and emotional level, which can be voluntary or involuntary.

Well-being is considered a state of being comfortable, healthy, and happy, which encompasses the physical, mental, and emotional social aspects of a person's life.

Social Wellbeing is conceived as the overall happiness, sense of fulfillment, and positive experience of interactions and relationship.

Physical Wellbeing entails a state of good health and functioning of the body system and ability to live a better quality of life.

Mental Wellbeing consists of emotional, psychological, and social aspect of the mental health and ability to cope life's challenges and maintain positive relationship.

Psychological Wellbeing is regarded as the overall mental health, and emotional state of one's life which range from life satisfaction, resilient, and sense of purpose and meaning.

Social Work Intervention is operationalised as professional actions taken by Social workers to tackle and proffer solutions to the problems and challenges encountered by individuals, families, groups, and communities.

CHAPTER TWO

LITERATURE REVIEW

Preamble

The literature review will delve into the following headings and subheadings. These include social isolation as a concept, social isolation in older persons, social isolation characteristics and causes, and social isolation negative effects. A review of empirical research, a theoretical framework, the notion of well-being, social well-being, physical well-being, financial well-being, and psychological well-being are among the subjects covered.

2.1 Review of Relevant Concepts

2.1.1 Concepts of Social Isolation

There are several known concerns about social isolation. Nevertheless, it is not easy to fully convey the richness and diversity of peoples' social environments using only one or two metrics. Because of this, it is challenging to infer from earlier research whether different facets of social isolation interact or function independently to affect health outcomes. Many writers have already identified core components of isolation to combine various measures of isolation (De Jong-Gierveld et al., 2006; Mick et al., 2014; De Jong-Gierveld et al., 2006; Omorogiuwa, 2016). Van Baarsen (2002), for example, makes a distinction between social loneliness, which is characterised as a deficiency of assimilation and friendship, and expressive detachment, which is the absence of an attachment figure. Similarly, De Jong-Gierveld et al. (2006) draw a distinction between loneliness, which is the antithesis of embeddedness, and isolation, which is the opposite of integration. We distinguish between perceived isolation and social disconnectedness as two different forms of social isolation based on these differences and the scholarly viewpoints of psychology and sociology.

One indicator of social detachment is a lack of social engagement. Indicators include situational traits like low social network size, low social interaction frequency, and low group and activity engagement. On the other hand, Harasemiw et al., (2018) felt isolation could also be defined as the individual's subjective sense of lacking social resources like affectionate networking. Emotions of loneliness and a sense of not belonging, for example, suggest that one believes that the intimacy or

closeness of one's current interpersonal connections is not as great as one would like. Harasemiw et al., stated that understanding the difference between social detachment and imagined isolation is essential to understanding how people manage their social lives. For some people, the amount of time they spend alone has minimal bearing on how they view social resources. Ferreira et al., (2023) define social isolation as the absence of interpersonal interactions and the focus on the objective features of a situation; in other words, they believe that persons who have few meaningful relationships are socially isolated. Meanwhile, Infurna et al., (2025) stated that the meaning of social isolation and suggested that historical definitions of the phenomena may be used to indicate how human cognition has evolved. Infurna et al., provided a list of seven social isolation theories that are pertinent to the nursing field. A comparison of the first two definitions of social isolation over a ten-year period revealed that Lien-Gieschen's concept had evolved cognitively as she started to take people's needs and preferences into account. Aartsen & Keating (2026) postulates that social isolation as "lack of interaction with individuals within one's social network". To put it another way, they believed that interactions should be taken into account. Consequently, at that point, the idea of social isolation started to take into account interactions between individuals and the greater society (Ferreira et al., 2023). Ferreira et al., stated that the definition of social isolation is "where it is involuntary and perceived as negative and where the social network is shrinking in quality or quantity of contacts. Individuals who are socially isolated may find it difficult or impossible to open up to their confidants about their innermost thoughts.

A more nuanced perspective is offered by Weldrick and Grenier (2018), they opined that "individuals' experiences of loneliness are perceived as imposed by others as a negative or threatened state." Ackley and Ladwig hypothesised that social isolation is probably imposed by a wider spectrum of people than just close friends and family, in contrast to Fleury et al.'s prior work (Ferreira et al., 2023). They also think that social isolation is something that other people force upon them. Li et al., (2025) pointed that "an objective state involving minimal contact and interaction with others and a generally low level of involvement in community life". An increasing amount of research has been done on the impacts of social isolation on people, as evidenced by the 2004 classification of social

isolation as an objective state. After studying the term's historical definition, he came to the conclusion that someone who is socially isolated requires more interactions and a sense of belonging.

According to National Academies of Sciences, Medicine, Medicine Division, Board on Health Sciences Policy and Loneliness of Older Adults (2020), there are a variety of intricate linking difficulties between the individual experiencing social isolation and the broader society, which contribute to social isolation. Subsequently, Ferreira et al., (2023) proposed that social isolation is a state in which the individual lacks a fulfilling and quality relationship, lacks engagement with others, and has a minimal number of social contacts." Ferreira et al., maintains that social isolation can refer to several things, including social networks, social involvement, and a lack of social integration.

However, the traditional family support system eroded and became brittle as these countries' cultures became more urbanised and industrialised and as younger people became more mobile, leaving older folks feeling alone and alone (Victor, 2000; Nicholson, 2012). Similar to this, older persons people are frequently the targets of marginalisation and neglect in many developing and underdeveloped countries, which finally turns into feelings of isolation and loneliness (Greaves & Farbus, 2006). Further, Greaves and Farbus, point that the high percentage of poverty, limited access to healthcare, absence of required assistance from acquaintances such as significant others, and insufficient support networks all contribute to the social isolation of older adults in this area. Research affirms that, the sociocultural and economic structure of the Sub-Saharan region has a substantial influence on the phenomena of senior loneliness and well-being. Nonetheless, younger individuals in society have historically valued elder people (Hemingway & Jack, 2013).

Social well-being is the capacity to establish or grow meaningful relationships and interactions with people in one's surroundings and to retain the most robust support system to help one overcome social isolation (Davis, 2019). Older adults' social wellbeing can be improved by their ability to feel included and participate in communal decision-making (Egharevba, 2023). Similarly, physical well-being, according to Capio et al. (2014), is the capacity to engage in physical activities and fulfil social tasks without being hindered by physical limitations or experiences with

physiological and biological health indicators. Maintaining and pursuing a healthy quality of life allows a person to perform daily routines effectively without any form of exhaustion or stress (Adeyanju et al., 2014). Financial wellbeing of older persons entails ability to control their finances and feel secure in their financial future (Okoye, 2014). More so, the ability of the older persons to make informed financial decisions during their active years in service can help them maintain financial well-being in later life (Alzua et al., 2023). According to Oluwagbemiga, (2016), the psychological well-being of the older persons denotes their overall mental health and emotional state, including their level of happiness, life satisfaction, and ability to cope with stress and challenges.

According to Cotterell et al. (2018), the crisis of urbanisation and modernization undermined the family social structure, which has historically encouraged and maintained social assistance for the old, and as a result, the older persons in this region are reporting higher levels of social isolation. Due to a collapse in the family structure, which up until now provided social support and overall well-being for the older persons, gerontologists and other pertinent stakeholders have expressed worry about social isolation among older people in Nigeria (Hawton et al., 2011). The Motivation of this study is due to the vast spectrum of social isolation experienced by older persons in Egor Local Government in Benin City.

2.1.2 Forms of Social Isolation among Older Adults

Although older adults may find it challenging to retain social relationships for various reasons, recent research indicates that changes in social connectivity and life satisfaction with age can vary widely. People may be unable to engage in social activities due to health problems and lose their social roles due to life events like retirement and bereavement (Surugarn et al., 2021). However, because retirement offers more free time, people are more involved in society and volunteer as they age. Other social connection indicators have nonlinear age-related patterns. Middle-aged people communicate with network members the least frequently and feel the most alone (Stebbins, 2019). Because there are so many age-related social contact trajectories, growing older only sometimes translates into social isolation. Furthermore, there might not be a substantial correlation between social connectivity, support, and loneliness in older adults. Even as their non-kin links fade, many

older people provided needed assistance and support outside the significant others networks (Kendig, 2023).

Additionally, Akhter-Khan et al., (2023) stated that feeling supported at comparatively high levels by older adults' increases contentment with their relationships and this may be due to age-related changes in expectations, even while their networks are shrinking and their interactions are occurring less frequently. Accordingly, older people's impressions of their social relationships and resources might only partially reflect how connected they are (Schnittker, 2020). Schnittker opined that due to their increased likelihood of experiencing health problems and bereavement, older adults are particularly vulnerable to the adverse health effects of social isolation. Older adults who experience social isolation in any way have an increased risk of sickness, depression, immunological system degeneration, all-cause mortality, and cognitive decline (Barnes et al., 2022). Therefore, we must understand the mechanisms via which isolation generally and particular isolation-related characteristics for older persons pose health risks.

2.1.3 Health-Related Consequences of Social Isolation

Numerous processes exist by which different kinds of isolation may impact health, according to previous research on social isolation in people of all ages. Similar pathways relate lower health outcomes to social disconnection and perceived isolation. For instance, the negative consequences of stress exposure are mitigated by social connectivity and the feeling of support that is accessible (Igbokwe et al., 2020). Individuals with strong social connections could benefit from helpful peer or network assistance, promoting proactive coping strategies and ultimately lowering stress levels. Comparably, people who report low levels of loneliness and high levels of perceived social support are more likely to have active coping mechanisms, higher levels of self-esteem, and a stronger sense of control all of which can lessen the adverse effects of stress (Lin et al., 2022).

However, there is evidence of additional routes linking perceived isolation or social disconnection to health outcomes, suggesting that the two may have distinct consequences on health (Hurlbert et al., 2017; Umberson, et al., 2022). These tools have the potential to be very beneficial in advancing wellbeing. Aspects of social connectivity, such as integration within dense social networks,

may also promote healthy behaviours, leading to better health outcomes, even though stressful relationships have been linked to worse health outcomes. Furthermore, social networks can propagate health-unsafe activities like smoking, risky sexual activity, and poor diet (Umberson & Donnelly, 2023).

However, the benefits of social connectivity appear to exceed the drawbacks overall. These drawbacks may include potential stress from maintaining social relationships or the risk of being influenced by unhealthy behaviours within one's social network. Despite these potential drawbacks, the overall positive impact of social connectivity on health is significant. Perceived isolation is frequently associated with adverse health outcomes via many pathways. However, a significant body of research suggests that there may be a significant correlation between mental health conditions, including depression, and feelings of loneliness (Santini et al., 2020). Loneliness is a strong predictor of depression, especially in older persons. Similar to this, social support has a greater impact on psychological condition outcomes than metrics of social connectivity, such as network size and aid received to the extent that mental health problems make a person more susceptible to physical health problems and the impact of perceived isolation on mental health could also have an impact on physical health (McHugh Power et al., 2020). It's also possible that the relationship between social detachment and health is mediated by emotions of isolation. Loneliness and the sense of social support may be directly impacted by social engagement and social connectivity. Older person's loneliness is more likely when social ties are broken, such as when a person becomes widowed, even if there is a weak to moderate correlation between loneliness and numerous aspects of social connectivity. The hypothesis that felt isolation is the root cause of the link between social disengagement and health has been investigated in microscopic research (Czaja et al., 2021).

2.1.4 Attributes and Causes of Social Isolation

According to Tushya et al., (2025), social isolation can be characterised by five factors namely the number of connections, the sensation of belonging, fulfilling relationships, engagement, and the quality of network members. Also, Elmer and Stadtfeld (2020) found no relationship between the fleeting link of loneliness and depressive symptoms with social support or true social isolation.

Elmer and Stadtfeld showed a correlation between emotions of loneliness and the extent of one's social network and depression. Moreover, a lack of social support and objective social isolation are associated to depressed symptoms and loneliness. Therefore, although they might exacerbate social isolation, loneliness, depressive symptoms, and their temporal relationship are not traits of social isolation. Consequently, several factors may contribute to social isolation, including a lack of social connections, satisfying and high-quality interactions, psychological and physical obstacles, a lack of money and resource exchange, and a prohibitive environment (Holt-Lunstad, 2024).

Recent research indicates that age-related changes in social connectivity and life happiness can vary widely, even though maintaining social relationships might provide a number of challenges for older people. Social roles can be lost as a result of life course transitions such as retirement and bereavement, as well as health problems that prohibit people from engaging in social activities (Bruine de Bruin et al., 2020). However, as people age, retirement related gains in free time lead to an increase in volunteerism and social participation. Other social connection indicators have nonlinear age-related patterns e.g. Middle-aged people have the lowest frequency of contact with network members and the highest degrees of loneliness (Fancourt et al., 2026). Fancourt et al., pointed that due to the variety of age-related social contact trajectories, growing older only occasionally causes social isolation. Furthermore, in older persons people, there might not be a substantial correlation between social connectivity, support, and loneliness.

According to Shaw et al. (2017), many older persons report relatively high levels of perceived support. They may develop tighter relationships with those in their networks, even when their links with relatives deteriorate. Even while their networks are getting more minor and their interactions are happening less frequently, older persons' growing happiness with their connections may also be attributed to age-related adjustments in expectations (Schnittker, 2020). Thus, perceptions of social resources and interactions among older persons could not accurately represent their true degrees of connectivity (Schnittker, 2020). A higher risk of all-cause mortality, increased morbidity, weakened immune system, depression, and cognitive decline is associated with older persons who experience one or more forms of social isolation (Barnes et al., 2022).

Ibrahim (2024) listed the negative effects of social isolation, including decreased physical health, obesity, higher blood pressure, vascular resistance, altered immunity, alcoholism, and the progression of Alzheimer's disease. Put another way, individuals who are socially isolated are more prone to suffer from health issues. Bag Soytas et al., (2023) postulates that the following were some specific detrimental effects of social isolation connected to social networks: drinking, falling, depression symptoms, nutritional risk, increased rates of re-hospitalization, loneliness, and alterations in the family process. Bag Soytas et al., pointed that empirical data reveals the significant impact social isolation has on older people's wellbeing.

2.1.5 Concept of Wellbeing

Well-being is a multilayered and multi-dimensional phenomenon consisting of numerous interrelated elements. Despite the common confusion between the phrases, subjective well-being and happiness are distinct concepts. It has always been described as happiness. Talarska et al., (2018) asserts that an older persons psychological health has a critical role in their overall quality of life. The absence of hopelessness and emotional isolation as well as the existence of happiness, life satisfaction, security, and aspirations for the future are two traits that contribute to psychological well-being. According to Oskrochi et al., (2018), if a person is more affected positively than negatively, they will have a high level of psychological well-being. On the other hand, when negative effects are significant, the person's wellbeing will decrease. Put differently, in order to attain subjective well-being, people usually experience more pleasure than misery in their lives.

A study by Khan and Subhan, (2023) showed that social, occupational, and intellectual activities substantially impact well-being and physical activity. Also, listening to music is a common leisure activity that people do in a variety of settings, according to recent studies. and that, from ancient times, older people have frequently found happy emotions when they listen to music using several techniques. According to Zhang, (2023), music is a valuable tool for reducing stress-related arousal reactions and preserving well-being. Through an analysis of the phenomena of social isolation and loneliness as well as the interactions among the three phenomena social isolation, loneliness, and well-being the study will highlight the significance of the impact of well-being on older adults.

2.1.6 The Social Well-being Concept

Social well-being is the capacity to establish or grow meaningful relationships and interactions with people in one's surroundings and to retain the most robust support system to help one overcome social isolation (Davis, 2019). Davis noted that limited social support from family, friends and significant others is one of the challenges bedeviling older person's well-being. Such challenges are not restricted to psycho-social problems but cut across other variables in Nigeria. According to Osazuwa (2025), social welfare is the appraisal of an individual's situation about his surroundings. Consequently, Keyes distinguished five typologies of social well-being: social coherence, social integration, social acceptability, social contribution, and social actualization.

1. Social Acceptance: This refers to the overarching social construct that allows people to assess one another's attitudes and behaviours in relation to acceptable behavioural norms and assess whether or not they correspond to them. Members of a society's group assess an individual's actions and attitude and decide whether or not to accept them (Huidu & Sandu, 2020).

2. Social Contribution: This refers to evaluating a person's adherence to social norms and values and their status as an active or passive member of a community or society. The degree of his social contribution in a specific location is determined by how much he or she has contributed to realizing a specific desired objective of the community (Oko-Joseph, 2024).

3. Social actualization: This emphasizes evaluating one's accomplishments and the direction of their society.

4. Social coherence: This refers to a society's ability for each member to assess the level of social solidarity and the smooth operation of its many institutions, which in turn provides each member with a sense of community and belonging (Nwobi & Alade, 2024).

5. Social Integration: This refers to evaluating each member of society according to how much they feel they belong in their community (Magyar & Keyes, 2019).

The Keyes typology states that if the majority of the typology's components are sufficiently addressed to improve the quality of life for the aged, then the social welfare of these people of society should be accorded the highest priority. The social wellness of the older persons in Nigeria can also be significantly impacted by having a robust social support system comprising friends, family, and community networks (Alzua et al., 2023). Older adults' social wellbeing can be improved by their ability to feel included and participate in communal decision-making (Egharevba, 2023). According to Egharevba, an older adult's social wellbeing can be significantly improved when treated with dignity and respect by other community members. The older persons's economic security is crucial to preserving their social wellbeing since, in Nigeria, having access to necessities like food, clothing and a steady income would significantly impact how well-off the older persons are in society (Oketa, 2024).

2.1.7 Types of wellbeing or categories of wellbeing

1. Physical Wellbeing

According to Pressman et al., (2020), physical well-being is the capacity to engage in physical activities and fulfill social tasks without being hindered by physical limitations or experiences with physiological and biological health indicators. This includes health-related behaviours that enhance people's well-being and help them stay away from illnesses and disorders that can be prevented (America Association of Nurse Anaesthetists, 2019). Nutritious diets and healthy exercise can also improve social and anatomical functioning (Davis, 2019). Maintaining and pursuing a healthy quality of life allows a person to perform daily routines effectively without any form of exhaustion or stress. Ojo et al. (2017) maintain that the older persons's physical well-being revolves around their ability to exercise regularly to improve their strength and flexibility, which can reduce the risk of associated illness. Equally, nutritional foods or diets are essential in maintaining the physical well-being of the older persons because eating any food that is devoid of required diets can have a deleterious effect on the physical and overall well-being of the older persons and can exacerbate their deterioration conditions.

Similarly, their ability to have enough sleep and rest at this critical stage has been identified as another way to improve the older persons physical well-being because the absence of sleep and enough rest can expose them to undue stress, which is one of the associated risk factors of the other ailment in older persons individuals in any society of the world (Davis, 2019). Similarly, strong social support can improve the general well-being of the older persons by reducing social isolation and loneliness. According to Waidler et al. (2018), independence and mobility in the older persons are crucial in promoting their physical well-being because they can assist them in staying active and engaging in their community's services and activities. Furthermore, hygiene practices such as regular bathing, grooming, and oral health are paramount for maintaining the physical well-being of older persons individuals. However, those with mobility and cognitive impairment may require assistance in order to manage their situations and avoid unnecessary stress that may adversely impact their pathetic situations (Bolukbasi & Dundar, 2024).

2. Financial Wellbeing

Financial wellbeing is the ability of a person to control his finances and feel secure in their financial future. This ranges from having resources to cater for essential needs, saving and investing for the future, and feeling confident in their ability to manage financial issues and challenges. This also entails having a sense of financial security, financial independence, and financial freedom (Apriansah et al., 2022). Based on the above conceptualisation of financial well-being, adequate retirement savings have been pointed out as one of the measures to guarantee financial well-being among the older persons in Nigeria. This includes having access to pension funds during the retirement period, saving accounts and other forms of financial assets that can enhance financial stability and well-being during the later life of the older persons (Alzua et al., 2023). According to a related development, social support is crucial for improving the financial well-being of the older persons in Nigeria. Support from important people like family, friends, acquaintances, and community organisations can help the older persons during this difficult time in their lives (Ebimgbo et al., 2019).

Similarly, the ability of the Nigerian older persons to access the National Social Safety Net Project, which was provided by the Nigerian government, will in no measure improve their financial well-being (Folorunsho et al., 2025). More so, the ability of the older persons to make informed financial decisions during their active years in service can help them maintain financial well-being in later life (Alzua et al., 2023).

3. Psychological Wellbeing

Psychological Wellbeing is regarded as the overall mental health, and emotional state of one's life which range from life satisfaction, resilient, and sense of purpose and meaning (Magyar, & Keyes, 2019). Oluwagbenga (2025) found that older adults in Nigeria are equally confronted with health challenges, which range from sadness, despair, depression, and amnesia, amongst others. Oluwagbenga upholds that health challenges are one of the significant issues that older adults in her study area usually face, which may be attributed to their age. Positive mental health, which includes growth and development on a personal level as well as positive interactions with others, is referred to as psychological well-being (Ungar & Theron, 2020). Individual well-being is influenced by six factors, according to Oskrochi et al., (2018), these factors are considered an element of psychological well-being in an individual. They include:

a. Self-acceptance: This is the ability of an individual to accept his authentic self, whether good or bad and develop a positive attitude toward accepting multiple aspects of oneself. Adjusting drastically to the positive aspect of the authentic self of the acceptance can impact a progressive future.

b. Personal Growth is the ability to continue developing oneself through experiences and working towards actualising one's potential for personal growth and development.

c. Purpose in Life: This entails a strong orientation and conviction about what life means. Thus, strong meaning means a strong purpose in life and numerous goals or aims, and vice versa.

d. Positive Relationships with others: This entails engaging in meaningful relationships with others, which include reciprocal relationships, empathy, affection, and intimacy. However, weak relationships imply a lack of trust and an inability to trust others.

e. Autonomy means self-determining and independence, the ability to resist unnecessary social pressure, the ability to regulate behaviour within the environment, and the evaluation of oneself by the desired personal standard.

f. Environmental Mastery: High environmental mastery implies that the person is able to utilise available opportunities in the environment, while low environmental mastery means that an individual is unable to utilise available opportunities in his/her environment.

Adeyanju (2014) discovered that managing psychological conditions of various types require access to mental health services, including counselling and medication. It also establishes a prerequisite for preserving the psychological well-being of older people in Nigeria. Similarly, because chronic health disorders can negatively affect an older person's mental and psychological well-being in society, physical health has a substantial impact on the psychological well-being of the older persons (Okoye, 2014). Additionally, seniors who participate in fulfilling activities like volunteering, hobbies, and social events can feel more fulfilled and have a sense of purpose in life, which improves their psychological health and general quality of life (Ene et al., 2020).

4. Mental Wellbeing

Mental well-being is conceived as a state in which an individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to their community. It is a multidimensional concept, including emotional, psychological, and social dimensions (Chaurasia, 2024). Mental well-being is not the absence of mental illness, but rather a positive state of mind that enables individuals to function well and flourish in their daily lives. According to a study by Ayeni and colleagues (2021), the mental well-being of older persons people in Nigeria is significantly impacted by various factors such as poverty, chronic illnesses, social isolation, and limited access to healthcare. These factors often contribute to depression, anxiety, and

other mental health problems in the older persons population. Another study by Adebayo and colleagues (2020) found that the prevalence of depression among older persons people in Nigeria is high, with a prevalence rate of 32.7%. This highlights the need for effective mental health interventions and support systems for the older persons population in Nigeria.

Furthermore, Ojagbemi and colleagues (2020) emphasised the importance of promoting mental well-being and resilience in older persons individuals through programs that promote social engagement, physical activity, and cognitive stimulation. The components of mental well-being for older persons people in Nigeria include:

1. Social support: Social support is essential for promoting mental well-being in older persons individuals. Quayson and Agbemafle (2019) found that social support significantly predicted the mental well-being of older persons people in Nigeria.

2. Spiritual well-being: Spirituality is important for older persons individuals in Nigeria and can contribute to mental well-being (Oladipo et al., 2018).

3. Physical health: Good physical health is linked to good mental health in older persons individuals. Physical health significantly predicted the mental well-being of older persons people in Nigeria.

4. Financial stability: Financial stability is essential for promoting mental well-being in older persons individuals, especially in Nigeria where many older persons people struggle financially (Adams et al., 2019).

5. Access to healthcare: Access to healthcare and medical treatment is important for maintaining mental well-being in older persons people in Nigeria. Oyegoke et al. (2019) found that access to healthcare was a significant predictor of mental well-being in older persons individuals.

2.2 Review of Empirical Studies

Previous studies on the relationship between social isolation and older individuals' well-being have produced contradicting findings. Social isolation and loneliness seem to coexist because of shared characteristics such as loneliness and a lack of social networks. There is solid evidence from

numerous cross-sectional studies supporting the high relationship between social isolation and older people's well-being. Domènech-Abella et al. (2023) found that in a nationally representative sample of Spanish individuals 50 years of age and older, a more important social network was associated with a lower risk of feeling lonely. Another study by Clair et al. (2021) looked at the individual and combined effects of seven indicators of social isolation, including living alone, how often one interacts with family and friends, and social participation, using a sample of 6,962 older adults from the Health and Retirement Study (HRS). The findings demonstrated that, with the exception of contact with adult children, all single markers and overall social isolation were associated with higher levels of loneliness. Santini et al. (2020) conducted a longitudinal study using three waves of data from NSHAP over ten years to examine the relationships between social disconnectedness (measured by the size and scope of the social network, frequency of contact, and social participation), perceived isolation (measured by loneliness and perceived social support), and depression.

Despite the evidence supporting the significant impact of social isolation on older persons well-being, studies like Dahlberg & McKee (2018), Zhang et al. (2018), and Holt-Lunstad 2021, submit that social isolation and loneliness are only weakly to moderately correlated, and both constructs have independent relationships with physical and mental health problems among older adults. Domènech-Abella et al.'s cross-sectional study from 2023 found no evidence of a significant relationship between social isolation markers like frequency of interaction and loneliness. Cohen et al., (2022) investigated 229 adults 50 years of age and older in a different study. In the baseline wave, they found a high correlation between social isolation and loneliness; however, in subsequent waves, social isolation did not predict loneliness, according to cross-lagged analysis. Similarly, Gong and Nikitin (2021) found that low social contact and loneliness were correlated in the short term but not in the long term. The study spanned 20 years. Taken together, these findings suggest that although social isolation can have acute, short-term effects on loneliness, these effects typically wear off with time. Anttila et al. (2020) found that expectancies and contentment with social contact with friends and relatives strongly predicted experiences of loneliness instead of the frequency of social interaction with these people being associated to loneliness in a population-based research of older adults. Using

a nationally representative survey in England, a second longitudinal study by Barrenetxea et al. (2022) demonstrated that perceived proximity to a spouse or partner dramatically mitigates loneliness with time.

Changes in social network size or marital status, however, had no discernible impact on loneliness. One's lifestyle decision may also play a role in explaining the distinction between social isolation and loneliness. In order to concentrate on their closest relationships and avoid unpleasant ones, socially isolated older adults, for example, may not feel lonely because they lead solitary lives and choose to remain that way (Finlay & Kobayashi, 2018: Beller & Wagner, 2018). Individuals who define social isolation as the absence of interpersonal relationships concentrate on the objective features of a situation and believe that persons who engage in few meaningful interactions are socially isolated. According to Ferreira et al., (2023) research on the notion of social isolation, it is conceivable to define the phenomenon in a temporal manner in order to show how human cognition has evolved throughout time. It is imperative to acknowledge the influence of social isolation on the quality of life of older persons individuals (Finlay & Kobayashi, 2018).

According to Cacioppo et al. (2009), social connection issues are important to take into account while talking about the older persons. Berkman and Glass (2000) and Fantuzzo et al. (2004) assert that social isolation is a serious issue that has a detrimental impact on one's health. Waidler et al. (2018) state that the typical isolation effects of social isolation on older adults are qualitatively similar to those on younger adults. Ferreira et al., (2023) identifies five elements that contribute to social isolation: the number of connections, the sensation of belonging, fulfilling relationships, engagement, and the quality of network members. Social support and genuine social isolation do not play a role in the ephemeral association between depression symptoms and loneliness..

Van den Brink et al., (2018) have shown a correlation between emotions of despair and loneliness and the size of one's social network. Additionally, a lack of social support and objective social isolation are associated to depressed symptoms and loneliness. Therefore, although they might exacerbate social isolation, loneliness, depressive symptoms, and their temporal relationship are not

traits of social isolation per se. Accordingly, a number of things can lead to social isolation, such as a lack of social ties, fulfilling and high-quality contacts, physical and psychological barriers, a lack of interchange of money and resources, and an environment that is prohibitive (Ferreira et al., 2023). The effects of social isolation on senior well-being are too great to ignore (Beller & Wagner, 2018). In their study, Van den Brink et al., (2018) point out that social connection issues with the older persons need to be considered.

2.3 Theoretical Framework

Theories are systematic frameworks that help explain, understand, and predict phenomena in various fields of study. They provide a structured way of organising and interpreting observations, data, and evidence. They serve several important purposes, such as explaining and understanding various concepts, enabling predictions about future events, and helping guide research by providing a foundation for formulating research questions, hypotheses, and study designs. Theories are useful in a variety of sectors because they may be used to guide the creation of interventions, plans of action, and regulations that target particular problems or enhance results. This theoretical framework investigates how social isolation affects older people's wellbeing.

2.3.1 Social Integration Theory

The study adopted Social Integration Theory which was first presented in the late 19th and early 20th centuries by Emile Durkheim (1858–1917). He claims that social isolation upsets the networks and systems of social support that are vital for attending to the psychological, emotional, and practical needs of the older persons. The hypothesis is predicated on the idea that having opportunities for social contact, a sense of belonging, and solid social relationships benefits everyone, including the old. Durkheim asserts that social support is essential to preserving well-being (Berkman, et al., 2000; Brantez, & Houle, 2023). Kołodziej-Sarzyńska et al. (2019) found that strong social networks and social support are important sources of emotional, practical, and informational support for senior citizens. It can lessen emotions of loneliness and isolation while assisting them in navigating life's transitions and overcoming obstacles. Interventions can promote social support and

the general wellness of older members of society by fostering social integration and fortifying social networks (Berkman & Glass, 2000).

Social integration theory also postulates that being actively involved in community activities play pivotal role in the overall improvement of general quality of life of older persons individuals in the society (Kołodziej-Sarzyńska et al. 2019; Na et al., 2022). Older adults participating in community groups, clubs, or volunteer activities have opportunities for social engagement, meaningful connections, and a sense of belonging (Scheff, 2007). Berkman,, and Glass (2000) posited that encouragement and facilitation of community engagement, interventions can combat social isolation and promote social integration, resulting in improved well-being for the older persons. This theory recognises the importance of intergenerational interactions for the well-being of older adults. By fostering connections between older adults and younger generations, interventions can provide opportunities for mutual support, learning, and companionship (Rose et al., 2014). This can enhance social integration and combat the social isolation that older adults may experience. Intergenerational programs and initiatives that facilitate interactions between different age groups can effectively promote the well-being of the older persons (Brantez & Houle, 2023).

Social networks and social integration can provide access to valuable resources. For the older persons, this can include access to healthcare services, transportation, information, and support systems. Interventions focusing on enhancing social integration can help older adults access these resources, improving their overall well-being (Segre, 2004). For example, establishing community resource centres or support networks can ensure that older persons individuals have readily available support and resources. Social integration theory highlights the importance of creating environments that support social integration. Age-friendly environments promote social connections, accessibility, and inclusion for older adults. It is possible to counteract social isolation and improve the well-being of the older persons by implementing interventions that prioritise the development of age-friendly communities, infrastructure improvements, and increased opportunities for social participation (Scheff, 2007; Taylor & Ashworth,2022)..

The justification for adopting the social integration theory is that the older persons members of society need to overcome social isolation and loneliness; they require integration from the members of the society, especially the family, friends, acquaintances, caregivers, and the host of others who might be in one way or the other provide social support for the older persons to be integrated in the community in order to enhance their overall well-being which is paramount at the transitional stage of the older persons in any society of the world.

2.3.2 Social Support Theory

Social support theory was proposed by George Vaillant (1974). The theory is premised on the assumption that having assistance from others emotional, informational, or tangible can provide several benefits to individuals especially those who are unable to provide such support for themselves. Thus, this postulation is related to older persons people who are isolated and such isolation has wreaked more havoc on their conditions of living which has adversely affected their well-being (López-Cerdá et al., 2019). Social support theory emphasises that:

i. Social support is multi-faceted and is not only limited to one form of assistance but the assistance may include tangible, emotional support informational guidance and many more to improve their wellbeing.

ii. The theory equally posits that such social support can come from different people which include but are not limited to family, friends, colleagues, acquaintances, community members, or professionals such as social workers, counsellors, psychologists, and a host of others.

iii. Social support can be beneficial in numerous situations which include times of isolation/loneliness, stress, illness, positive life events, and everyday life.

iv. Social support can be obtained from various networks which can enhance individual's social connections and relationships and thereby positively in their overall well-being.

v. Adequate levels of support can improve physical and mental health, boost resilience, and increase feelings and thoughts about social networks and self-esteem.

vi. The quality and effectiveness of social support can differ depending on several factors such as the source of support, the forms of support, and the commensuration of support to the individual's needs.

vii. Social support theory asserts that having access to various forms of support from a variety of sources can provide significant benefits to individuals in a range of situations and can enhance overall well-being.

Lakey and Cohen (2000) maintain that understanding various dimensions of social support such as emotional support, practical support, and informational support can assist social workers and other related professions in assessing the extent to which an older persons person's social network provides these forms of support and then develop interventions that tackle any deficiencies. For example, Social Workers can help older adults connect with community resources, encourage them to participate in social activities, and provide counselling to address emotional and psychological issues. Adopting a social support framework can assist social workers to empower older persons individuals to access the resources, information and relationships that they need to live fulfilling lives (Yeh & Liu, 2003; Kuhirunyaratn et al. 2007; Wang, 2016; López-Cerdá et al., 2019).

The justification for adopting the social support theory in explaining the impact of social isolation on older person well-being is that social support is an integral part of human life, especially for older persons with their vulnerable peculiarities and such support can promote their overall well-being and lack of support can have adverse effects on the physical and mental wellbeing of older persons individuals in the society. Similarly, the theory pointed out that different form of social support (such as emotional, informational, and instrumental support can play specific roles in reducing social isolation and promoting older persons well-being (Wang, 2016). This assumption also informed the adoption of this theory. The theory also justified that emotional support can reduce fillings of loneliness and anxiety, while instrumental support can help older persons individuals with tasks that may be difficult for them to perform alone (Lakey & Cohen, 2000).

To this end, social support theory provides a useful framework for understanding how social isolation affects the well-being of older persons individuals and how social support can assist the older persons cope with stress and maintain optimum well-being.

CHAPTER THREE

METHODOLOGY

The method adopted in this study are the research design, study population, sample size, sampling technique, verification of data, data collection, data analysis and ethical considerations

3.1 Research Design

This study investigated the social isolation on the wellbeing of older persons using a phenomenological qualitative research approach. This study's design provided respondents (the older persons) with ample opportunities to express their opinions, experiences, ideas, and thoughts towards the issues under investigation in one short time survey contact. As Carcary (2009), asserted phenomenological research design allows one to obtain first-hand data from targeted respondent about real-life situations in the field. This type of approach is collecting data will enable one to comprehend and investigate the experiences and opinions of the respondents regarding the real-life scenario. One can obtain information directly from targeted respondent through the use of qualitative approaches (Mohajam, 2018).

3.2 Population of the Study

According to the National Population Commission's projection, the total population of Egor Local Government Area of Edo State is estimated to be around 429,897 in 2024. The older persons (aged 65 and above) population in Egor Local Government Area of Edo State is prejected to be 12% of the total population, which is 51, 588 at 3.3% population growth. The categories of the older persons (aged 65 and above) that was interviewed were majorly older adults who are victims of social isolation either currently or in the recent past in Egor Local Government Area of Edo State. Equally, the older persons who come from diverse backgrounds, with varying levels of education, income, and cultural backgrounds, and may have different experiences and perspectives on phenomenon of older persons social isolation were interviewed.

3.3 Area of Study

Egor Local Government is one of the Local Government Areas in Edo State. The justification for chosen this area of study (Egor Local Government) was as a result of the Semi-urban and urban

nature of the study area. Egor has about 10 wards which are (1) Otubu Ward , (2) Oilha Ward , (3) Ogida /Use Ward, (4) Egor Ward, (5)Uwelu Ward, (6)Evbareke Ward, (7) Uwelu Ward 1, (8) Uwelu ward 2, (9) Okhoro Ward, (10) Ugbowo Ward. This 10 wards were migrations of young adults its high and also has a lots of older person residing in the various ward . Egor local Government Area its also highly populated and commercialized area , hence one would be able to elicit information necessary in the study .

3.4 Sample Size and Sampling Technique

The study adopted a purposive sampling technique because it allows the selection of desired elements. The purposive sampling was utilised to obtain information from the respondents with in-depth knowledge and experiences about the trend under investigation. Equally, cluster sampling was used to select three wards from the study area. The rationale for adopting purposive sampling was that respondents possess the criteria one requires in the study. Purposive sampling also connected one directly to the respondents who have experienced or are experiencing the isuess under investigation. Twenty-one respondents from three wards of the study area was purposively selected and used for In-depth interviews (IDIs).

Hence, the sample size for this study was 21. Crosswell et al. (2020) found that the sample size for phenomenological studies should be between 20 and 30 respondents and should be in order to reach saturation. Thus, one used 21 respondents as a sample size, which implies that seven participants was purposively selected from three wards of the local government area of the study. However the three wards used for these study are ugbowo wards, okhoro wards, and uwelu ward 2 . Older adults in the area of study who were victims of social isolation either currently or in the recent past was included in the study. In the inclusion process of the category of the respondents, one ensured that such respondents were those whom the phenomenon under investigation has adversely impacted their well-being before they could be included in this study. However, older people from intact families who have been adequately cared for by their family or caregivers were excluded from this study.

3.5 Instrument of data Collection

A Self developed Scale tagged Social Isolation and Well-being of the Older Persons Interview (SIWOPI) was used to elicit information in the study. The scale consists of five sections A-E. Section A focused on the personal data (demographic characteristics) of the respondents such as age, gender, religion, educational qualifications amongst others, and section B and C focused on the questions that measured the prevalence, nature and pattern of social isolation among older persons. Section D and E developed on the impacts of social isolation on older people's wellbeing and the social work interventions to address the impact of social isolation on the wellness of older persons.

Purposively selected older persons were interviewed using a semi-structured interview guide to elicit information for this study. Although interviews are a great way to gather detailed information, they may be time-consuming and costly. Each interview was different, and as a result, the interviewer and respondents have to adjust to each other in new ways, as well as the quality of the responses received from many interviewees varies greatly.

3.6 Verification of Data

Verification of data is a vital part of qualitative research, as it assists in ensuring the correctness and trustworthiness of the data collected. It involves a systematic process of checking, re-checking, and cross-referencing the data to identify and correct any discrepancies or mistakes. The process of verification of data typically involves several steps including data triangulation, member checking, and peer examination. Thus, data verification encompasses the use of multiple sources of data to check or disprove the findings of the study. This process helps to increase the validity and reliability of the data as it reduces the likelihood of mistakes or preferences arising from using a single source of data. This process helps to ensure that the data accurately replicates or reflects the respondents' experiences and points of view. More so, several other methods can be used in addition to these processes, to confirm the data in the qualitative research, including audit trails, data saturation, and negative case analysis. An audit trail is a means of documenting the process of qualitative research so that it can be traced and verified by others. It involves making a detailed record of decisions made at each stage of the study, including how data has been collected, analysed, and

interpreted, to ensure that it is transparent and replicable. (Shenton & Hayter, 2004). Data saturation refers to the point at which new data no longer adds significant new insights or perspectives to the study. In other words, it is the point that one has reached a theoretical saturation of the data. When data saturation is reached for a particular phenomenon, no new data collection is necessary. (Guest et al., 2006). According to Bryman (2004), negative case analysis as a method of identifying and analysing data that contradicts one hypothesis or initial assumptions. It involves looking for outliers and anomalies in the data, which can offer insight into alternative explanations or factors that have been overlooked. This approach ensures a more rigorous and comprehensive analysis of the data, as it doesn't only focus on patterns that confirm one expectations. Through a systematic process of checking, re-checking, and cross-referencing the data, one can establish the credibility and validity of their findings, and provide meaningful insights into the experiences and perspectives of their respondents.

3.7 Method of Data Collection

This study adopted primary method of data collection as a means of elicing required information from the respondents Thus, the collection of data was conducted through in-depth interviews which was considered as the primary method of data collection in qualitative research. In-depth interviews is particularly useful when gathering information on sensitive and personal issues as well as peoples' life experiences and feelings. They are also beneficial in gathering or collecting detailed information and preventing misinterpretation of questions. For the current study, in-depth interviews was chosen to understand each older persons personal stories and experiences with raising issues of older persons social isolation. Open-ended questions was used to allow respondents to talk about their experiences in their own words and to facilitate the collection of detailed data. All interviews were scheduled at convenient times and locations, with some taking place at the respondents' homes or agreeable designated area of the respondents. one recruited two assistant moderators to conduct in-depth interviews, and recording electronic devices was used throughout the exercise. Equally, notes was taken to note down some salient issues during the exercise

3.8 Method of Data Analysis

The initial step in the qualitative analysis of data was entail the conversion of the interviewees' input into a written format. Subsequently, the data were organised and refined based on the research objectives. The transcribed data was manually scrutinized using a content analysis approach, with the aim of recognising recurrent patterns and viewpoints and relating them to the study's purpose. Thematic content analysis is a method used in qualitative research to identify and analyse patterns or themes within data. It involves systematically reviewing text-based data to identify and categorize units of meaning or codes. These codes are then grouped together into broader themes that reflect common patterns or ideas within the data (Braun & Clarke, 2006). Thematic content analysis encompasses familiarizing oneself with the data, identify codes and categories, create a coding framework, apply the coding framework, analyse the themes, and interpret the findings. Thus, the goal of thematic analysis is to identify the key themes and patterns within the data and to draw inferences about the meaning of the data. It is a useful method for exploring and understanding qualitative data sets.

Hence, analysis was based on the substantive issues raised and discussed in each theme of the interview guide. The researcher devoted much time to checking over each interview theme to minimise likely errors in the analysis to the barest minimum.

3.9 Ethical Consideration

Ethical approval was sought from the respondents and the caregivers that the data to be collected is for academic purposes and will be treated with utmost confidentiality and anonymity. The researcher informed the respondents that they can withdraw from participation at the studying stage. The consent form was given to each interviewee so their permission was sought before the commencement of the interview exercise. Similarly, the researcher informed the participants that no harm was attached to participating in the study. More so, the researcher enumerated the cost and benefits of the study to the respondents to establish professional engagement with them and give room for disengagement as the data collection unfolds.

CHAPTER FOUR

DATA ANALYSIS

This chapter contains qualitative data obtained from fieldwork and content analysis. It includes background information about in-depth interviews and analyses, the research questions corresponding to the study's objectives, as well as discussions of the findings.

4.1 Background Information of Interviewees

This study explores the personal characteristics of the participants, with a particular focus on their socio-demographic profiles. Factors such as gender, marital status, religion, and level of education were considered significant for achieving the goals of the study. The relevant information and figures are displayed in Table 4.1 below.

Table 4.1 Demographic Characteristics of Interviewees

Variables	Frequency (N = 21)	Percentage
Gender		
Male	9	42.86%
Female	12	57.14%
TOTAL	**21**	**100%**
Marital status		
Married	14	66.67%
Single	0	0%
Widowed	7	33.33%
Total	**21**	**100%**
Level of education		
No Formal Education	5	23.81%
Tertiary	7	33.33%
SSCE	6	28.57%
Primary	3	14.29%
TOTAL	**21**	**100%**

Religious Affiliation		
Christianity	15	71.43%
Islam	4	19.05%
ATR	2	9.52%
TOTAL	**21**	**100%**

Source: ***Field Survey (2026)***

The data regarding social isolation and the well-being of older adults in Egor Local Government Area, Edo State, offers valuable insights into various demographic factors that may influence levels of social isolation. Females form the larger part of the sample, accounting for 57.14%, while males represent 42.86%. This suggests a slight overrepresentation of women, possibly reflecting trends in life expectancy and participation in social activities. Cultural factors may cause older women to face more social isolation, which could affect their well-being within this group in Egor LGA of Edo State. Examining marital status, 66.67% of the individuals are married, while 33.33% are single. The high percentage of married people indicates that many older adults have long-term relationships, which might provide them with stronger support systems. On the other hand, the single individuals (33.33%) may encounter more isolation, as they lack the companionship and emotional support typically found in marriage. This could heighten their vulnerability to social isolation, potentially leading to reduced well-being.

In terms of education, there is a range of educational backgrounds among the respondents. Only 23.81% of them lack formal education, while the majority either hold tertiary qualifications (33.33%) or have completed secondary education (SSCE, 28.57%). The significant number of individuals with tertiary or SSCE education implies that many older people in Egor may have better access to social mobility and more opportunities to engage in community activities. This could positively influence their social connections and well-being. Those without formal education, however, might encounter more challenges in accessing resources and information, leading to a higher likelihood of social isolation.

With regard to religion, 71.43% of the respondents identify as Christians, followed by 19.05% as Muslims and 9.52% as practitioners of African Traditional Religion (ATR). Religion is an important aspect of the social lives of older adults, often providing them with a sense of community and support. The Christian majority might benefit from a stronger social network within their religious groups, helping to reduce feelings of isolation. Although the Muslim and ATR groups are smaller, their religious practices could still provide them with a degree of protection from social isolation, depending on the strength of their respective communities.

4.2 Presentation and Analysis of the Research Questions

4.2.1 Prevalence of Social Isolation on the Social Wellbeing of Older Persons in Egor Local Government Area of Edo State

Social isolation among elderly individuals in the Egor Local Government Area of Edo State is a significant issue affecting their overall social well-being. A notable number of participants mentioned feeling overlooked and disconnected from their families and communities, which has led to emotional struggles. One participant remarked,

"I began to notice that I was being left out when my children stopped visiting regularly. At first, I thought they were just busy, but over time, I realised that I had become invisible to them. The loneliness started affecting my health, and I felt abandoned. (69 years, female)."

This emphasises how the gradual reduction of social support can have negative effects on older people, making them feel isolated and emotionally distant. The emotional burden of being socially isolated is evident in the comments from individuals who have spent long periods living alone. Another respondent mentioned,

"I realised I was isolated when I no longer received visits from my neighbours or friends. The few times I tried to reach out to them, they were always too busy. It became clear that I was on my own, and that isolation left me feeling worthless and depressed. (69 years, male)."

The lack of social interaction and difficulty in maintaining meaningful connections is a major factor in feelings of neglect among older people, making them more prone to poor mental and physical health. Consequently, social isolation stands out as a critical issue that impacts the overall well-being of elderly residents in the community. When it comes to recognising their situation, several older individuals in Egor Local Government Area admitted to being unaware of how social isolation affects their social well-being. As one person remarked,

"I don't really know much about social isolation, but I feel lonely sometimes when my children are not around. (72 years, female)."

This demonstrates a limited understanding of the effects isolation can have on emotional and social health, which could discourage elderly people from seeking help or participating in community activities that offer support. One more participant added,

"I've heard of social isolation, but I'm not sure how it connects to my own life. (72 years, female)."

This highlights a divide between the general awareness of social isolation as a concept and the personal realisation of how it affects one's well-being. On the other hand, some elderly individuals have a more thorough understanding of their social isolation and its impact on their overall health. One participant mentioned,

"I feel disconnected from the world around me, and it really affects how I feel every day. (66 years, female)".

This shows that certain individuals are highly aware of their isolation, recognising it as a significant factor in their emotional and social well-being. Another participant mentioned,

"It's hard to stay positive when there is no one to talk to, and I feel this is affecting my health. (69 years, female)".

Such responses indicate that older individuals who are aware of their isolation may also recognise its detrimental effects, highlighting the need for enhanced support systems and awareness campaigns.

4.2.2 The Nature and Pattern of Social Isolation on the Physical Wellbeing of Older Persons Egor Local Government Area of Edo State

The data highlights the potential link between social isolation and physical well-being among older individuals in Egor Local Government Area. When asked about noticing stress due to a lack of social support, many respondents highlighted feelings of loneliness and a lack of emotional connection. One participant shared,

"I feel stressed because no one checks on me as often as they used to. My friends are either far away or have passed on, and I have no one around to talk to. This really affects my mood, and I feel weaker physically because of it. (73 years, male)".

This reflects the challenges faced by older individuals who experience isolation, leading to both emotional and physical stress. Regarding how older people seek medical care and attention when fatigued due to their condition, a significant number mentioned that they rely heavily on family or church members. A 72-year-old female participant explained,

"When I'm too tired to go to the clinic on my own, I usually ask my children or someone from the church to take me. Sometimes, I simply manage to rest and hope it gets better. But without help, I can't always get the care I need. (72 years, female)."

This response indicates the reliance on close-knit social networks for medical care, which is common among older individuals who may feel isolated or unable to navigate the healthcare system independently. The data further reveals that individuals with a higher level of education, particularly those with tertiary education, appear to have a better understanding of their health needs and how to seek support. A participant with tertiary education noted,

"I try to take care of myself by keeping up with health check-ups. I know the importance of regular visits to the doctor and make an effort to keep in touch with my doctor even when I'm feeling tired. The internet also helps me learn about health practices. (68 years, male)."

This highlights the role of education in enhancing awareness and access to healthcare, enabling individuals to manage their physical well-being more effectively despite social isolation. Lastly, respondents who identified as married or part of strong religious communities emphasised the emotional and physical support they received through these relationships. A married female participant stated,

"Being married gives me someone to talk to, especially when I'm feeling weak. We go to church together, and I have a good network of friends who help me when I'm feeling unwell. I'm never truly alone in my struggles, which helps me feel better physically. (70 years, female)."

This reinforces the notion that social support, particularly through marriage and religious affiliations, plays a crucial role in alleviating the physical effects of isolation and stress among older individuals.

4.2.3 The Impacts of Social Isolation on the Mental Wellbeing of Older Persons in Egor Local Government Area of Edo State

The impacts of social isolation on the mental well-being of older persons in Egor Local Government Area of Edo State are starkly evident in the data collected, which reveals various factors contributing to decreased social interaction. Among the respondents, a slightly higher proportion of females (57.14%) compared to males (42.86%) suggests that women may be more vulnerable to experiencing isolation, particularly if their social circles are reduced due to limited mobility or caregiving roles. As one female participant stated,

"I used to interact with my friends in church and at community events, but now, many of them have passed on, and I rarely see visitors at home anymore. (75 years, female)."

The data suggests that older women, in particular, may face greater barriers to maintaining social engagement, which could significantly impact their mental well-being. When analysing the relationship between marital status and social interaction, the majority of respondents are married

(66.67%), suggesting that being in a marital relationship may serve as a buffer against social isolation. However, those who are single (33.33%) appear more likely to experience a decrease in social interaction. A single male participant commented,

"Most of my children have moved away, and my wife passed several years ago; now, I find myself sitting alone most days, which feels lonely. (72 years, male)."

This reflects the profound sense of isolation experienced by older individuals who live alone or lack immediate family support, which could result in a significant decline in their mental health, particularly concerning conditions such as depression and hypertension. The data further reveals that individuals with higher education levels may experience less social isolation and, as a result, better mental health. With 33.33% of respondents holding tertiary education and 28.57% having completed secondary school, these individuals may be more engaged with their communities or have better access to social support networks. A participant with tertiary education shared,

"I try to stay busy with my church group and friends from the old university days; without these connections, I would feel lost. (65 years, female)."

This sense of connection can play a critical role in reducing the risk of cognitive decline, as staying mentally active through social interactions can help prevent conditions such as dementia and depression, which are often linked to isolation. Religious affiliation also appears to influence social interaction and mental health. Christianity is the predominant religion, with 71.43% of respondents identifying as Christians. One Christian participant explained,

"I attend church services every Sunday and meet with my prayer group regularly; it gives me peace of mind and a sense of purpose. (69 years, female)."

This involvement in religious activities serves not only as a source of spiritual fulfilment but also creates opportunities for social engagement, which could help mitigate the risks of cognitive decline and associated mental health issues such as hypertension. The data highlight that social support from

religious communities can be a vital safeguard against the mental health challenges that older people face in Egor.

4.2.4 The Interventions to Address the Impact of Social Isolation on the Wellness of Older Persons in Egor Local Government Area of Edo State

Based on the data provided, it appears that the majority of older persons in Egor Local Government Area rely on family and community ties as their primary support systems. One participant shared,

> *"I depend on my children and my wife. They make sure I am not left alone, and we spend time together. Sometimes we go to church, and that makes me feel less isolated. (75 years, male)."*

This highlights the importance of family and religious activities in combating social isolation. The fact that 66.67% of respondents are married supports the idea that many older persons benefit from these close-knit support structures, which play a crucial role in their emotional and social well-being. However, a significant portion of the older population (33.33%) is single, and they may experience higher levels of social isolation. A 68-year-old female respondent commented,

> *"I live alone since my husband passed away, and my children are far away. I mostly talk to my neighbors, but it doesn't feel like enough. I wish there were more activities for people like me to engage with. (68 years)".*

This illustrates the challenges faced by older single persons in maintaining social connections, suggesting that more structured community activities might help alleviate these feelings of isolation. Programs focused on fostering friendships and offering social outlets could be beneficial for individuals who lack family members nearby. The educational background of respondents, with a significant proportion having tertiary education (33.33%), suggests that some older persons may have the resources to engage in activities outside their immediate family circles. One participant with a tertiary education remarked,

> *"I have attended seminars on aging, and they were very helpful. It gave me a chance to meet other people and share experiences. It also encouraged me to be more involved in community events. (68 years, female)."*

This statement underscores the potential for educational programs and community engagement initiatives to enhance the social well-being of older persons. Such interventions could promote not only intellectual stimulation but also the development of a broader social network that helps reduce feelings of isolation. To address the impact of social isolation, social work interventions could include promoting intergenerational programs, offering transportation services for those unable to attend community activities, and creating safe spaces where older persons can engage in group discussions and hobbies. A participant shared,

"I noticed that anytime I am among people around my age, I feel relaxed. Also, I always look forward to this types of gatherings. (72 years, male)."

This points to a need for practical interventions such as transportation assistance and community outreach programs that facilitate greater mobility and access to social opportunities. Through such initiatives, social workers can help reduce isolation and improve the quality of life for older persons in the community.

4.3 Discussion of Finding

The findings from the first objective indicate that social isolation is a major issue among older adults in Egor Local Government Area, Edo State, as many participants reported feelings of neglect, emotional strain, and a lack of social relationships, all of which negatively impact their overall well-being. Some individuals recognised the emotional burden of isolation, with several acknowledging its detrimental effects on their mental and physical health, while others were unaware of how it contributed to their loneliness. These results align with earlier studies, such as Domènech-Abella et al. (2023), which emphasise the value of social connections in reducing loneliness, and Santini et al. (2020) which highlight the importance of social engagement in promoting well-being. This study found that the relationship between social isolation and loneliness is not always straightforward, as some older adults may not feel lonely despite their isolation.

The findings from the second objective point to the substantial impact of social isolation on the physical health of older adults, with respondents noting that emotional isolation leads to physical

fatigue and stress, particularly when lacking support from family or friends. This aligns with studies by Domènech-Abella et al. (2023) and Clair et al. (2021), which emphasise the importance of strong social connections in reducing loneliness and improving health outcomes. In contrast to findings by Cornwell & Waite (2009) and Coyle & Dugan (2012), which suggest a weaker association between isolation and physical health, the data from Egor shows a clear link between emotional stress and physical strain resulting from isolation. Moreover, the data reveals nuances similar to those in Santini et al. (2020) and Anttila et al. (2020), where some older adults do not feel lonely despite fewer social interactions. These findings highlight the importance of social work interventions to strengthen social ties and offer support to reduce isolation, as indicated by Ferreira et al., (2023).

The findings from the third objective show that social isolation has a notable impact on the mental well -being of older adults, especially women and those living alone, many of whom experience loneliness and emotional hardship. Respondents highlighted the loss of social ties due to death or distance, which contributes to feelings of isolation, particularly among single individuals or those without family support. This aligns with findings by Domènech-Abella et al. (2023) and Clair et al. (2021), which showed a strong connection between reduced social networks and increased loneliness. On the other hand, married individuals reported lower levels of isolation, reflecting the protective benefits of marriage, while those with higher levels of education reported better social engagement, consistent with Santini et al. (2020). Additionally, religious involvement emerged as a crucial factor in reducing isolation, as shown by a 69-year-old participant who found solace and purpose in church activities, echoing findings by Barrenetxea et al. (2022). These results highlight the need for strengthening social ties and providing support to address the mental health challenges linked to social isolation among older adults.

The findings from the fourth objective underscore the critical role of family and community support systems in addressing social isolation among older adults, with an emphasis on the benefits of close family ties and religious participation. However, single older adults experience more intense isolation, as seen in the experience of a 68-year-old female participant, which aligns with findings from studies like Domènech-Abella et al. (2023) and Clair et al. (2021), who noted that a strong social network

reduces loneliness. Additionally, educational initiatives and community involvement, as highlighted by a respondent with a tertiary education, can foster social connections and intellectual engagement, helping to mitigate isolation, similar to Santini et al. (2020). Social work interventions, such as providing transportation services and encouraging intergenerational activities, could help tackle mobility challenges and increase social participation, as suggested by Nicholson (2012), Berkman and Glass (2000), and Cacioppo et al. (2009).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

The issue of social isolation among older adults is a growing public health challenge worldwide. In wealthier nations, it has been linked to poor health outcomes, including cognitive deterioration and mental health problems like depression (Holt-Lunstad et al., 2015; Vanderweele et al., 2019). Meanwhile, in less developed regions, issues such as urbanisation, economic hardship, and diseases like HIV/AIDS worsen isolation (Mavesa et al., 2020). In areas of Sub-Saharan Africa, such as Nigeria, isolation among the elderly is heightened by migration, economic difficulties, and evolving cultural patterns, leading to mental health concerns and lower life satisfaction (Adewoyin et al., 2020; Odu et al., 2021).

With Nigeria's elderly population on the rise, ensuring their well-being has become increasingly important (He, 2022). Social isolation negatively impacts their physical, emotional, and social health, increasing morbidity and reducing life satisfaction (Cacioppo & Cacioppo, 2018; Jack et al., 2019). The weakening of family support structures and the absence of formal care systems worsen the situation, particularly in urban areas (Cotterell et al., 2018). Addressing these issues is crucial for enhancing the quality of life for Nigeria's elderly population (Girmay & Singh, 2019; Egharevba, 2023).

In Nigeria, older adults are at high risk of isolation due to factors such as poverty, age discrimination, health difficulties, and the absence of social security, all of which negatively affect their well-being. Life events such as losing a loved one or a decline in physical abilities further exacerbate isolation, especially where caregiving support is minimal (Ebimgbo et al., 2019; Okoye, 2012). The negative impacts of isolation on physical, emotional, and psychological health are more severe among low-income individuals, who are particularly vulnerable to feelings of loneliness and depression (Omorogiuwa, 2016; Nicholson, 2012). Despite the extensive research on isolation among older adults in Nigeria, studies specifically focusing on the Egor Local Government Area in Edo State remain scarce, which this research aims to address (Victor, 2000; Qualls, 2017).

The primary goals of this study were to explore the prevalence of social isolation among older adults in Egor Local Government Area, assess its impact on their social and physical well-being, examine its effects on mental health, and identify social work interventions to mitigate these issues. This study explored the impact of isolation on the health of older adults in Egor Local Government Area, Edo State, employing a qualitative phenomenological research design. Twenty-one participants aged 65 and over, who had experienced isolation, were selected through purposive sampling. In-depth interviews were conducted using a self-developed scale, with validation methods such as triangulation, peer review, and member checking. The analysis focused on identifying recurring patterns and themes using thematic content analysis. Ethical concerns, such as informed consent and participant withdrawal, were carefully addressed throughout the study.

5.2 Summary of Findings

The study conducted a systematic analysis of qualitative data from 21 participants to explore the prevalence and impact of social isolation on the social, physical, and mental well-being of older persons in Egor Local Government Area, Edo State.

Firstly, In the demographic characteristics of respondents, the study sample comprised 42.86% male and 57.14% female participants. A significant majority, 66.67%, were married, while 33.33% were widowed. Educational qualifications varied, with 33.33% having tertiary education, 28.57% possessing a Secondary School Certificate Examination (SSCE), 23.81% lacking formal education, and 14.29% having only primary education. In terms of religious affiliations, 71.43% identified as Christians, 19.05% as Muslims, and 9.52% practiced African Traditional Religion (ATR). This demographic distribution highlights the diversity of the study sample.

Secondly, in the prevalence of social isolation, participants reported that social isolation is a significant concern, leading to experiences of neglect, emotional distress, and a lack of social connections. Many acknowledged the adverse effects on their mental and physical health, although some remained unaware of the connection between isolation and their feelings of loneliness. The findings corroborate existing literature on the critical role of social networks in alleviating loneliness and promoting well-being. However, it is noteworthy that certain studies indicate that the correlation

between isolation and loneliness is not always straightforward, as some older adults may not feel lonely despite being socially isolated.

Thirdly, on the impact on physical well-being, social isolation was found to have a detrimental effect on the physical well-being of older adults, resulting in emotional stress and physical weakness. The finding highlights the importance of strong social networks in mitigating loneliness and enhancing health. The data uniquely presents a clear connection between emotional isolation and physical decline, although some older adults may not experience loneliness, contrasting with earlier studies by Santini et al. (2020) and Anttila et al. (2020). The research advocates for the implementation of social work interventions to strengthen social networks and combat isolation, in agreement with Ferreira et al. (2023) and Nicholson (2012).

Furthermore, on the impact on mental wellbeing, the study reveals that social isolation severely impacts the mental health of older individuals, particularly affecting women and those living alone. Loss of social connections, attributed to factors such as death or distance, exacerbates isolation, especially among single individuals. Conversely, married participants reported lower levels of isolation, underscoring the protective nature of marital relationships. Additionally, individuals with higher education levels exhibited better social engagement and a reduction in feelings of isolation. Participation in religious activities was also found to alleviate isolation, promoting mental well-being in older adults.

Finally, on the interventions to address social isolation, family support systems and community involvement were identified as essential for reducing social isolation, particularly through strong family ties and active religious participation. The experiences of a single older woman highlighted how isolation is acutely felt among individuals without familial support. Educational initiatives and community engagement are recommended to foster connections and provide intellectual stimulation, benefiting those with tertiary education. Finally, proposed social work interventions include enhancing mobility through transportation services and promoting intergenerational activities to improve social participation and address the impact of social isolation effectively.

5.3 Recommendations

Based on the findings of this study, the following recommendations were made:

i. Community-based support programs should be established at local centers for older individuals to participate in social, recreational, and educational activities, fostering belonging and emotional well-being.

ii. Family and Caregiver Training on social inclusion strategies should be carried for families and caregivers to help reduce social isolation in older adults, focusing on communication and emotional support.

iii. Initiatives to improve access to transportation should be implemented to enhance transportation access, enabling older persons to attend social, medical, and community events, addressing mobility challenges.

iv. Public awareness campaigns should be initiated to inform the public about the detrimental effects of social isolation on older adults and the significance of social connections, including signs of isolation.

5.4 Conclusion

In summary, this research highlights the significant effects of social isolation on the well-being of older adults in Egor Local Government Area, Edo State. The results show that social isolation has detrimental effects on various aspects of older people's lives, including their social, mental, and physical health, as well as their overall quality of life. Many participants reported feelings of loneliness, depression, and a lack of social support, all of which increase their vulnerability and reduce their well-being. This underscores the need to address social isolation as a critical issue within public health and social care, particularly for older individuals.

The study further emphasizes the importance of targeted interventions and support networks to help mitigate the impact of social isolation among older people. Community-based activities, such as social interaction programmes, peer support groups, and involvement from family caregivers, are essential in fostering a sense of community and

reducing isolation. Additionally, healthcare professionals and social workers play a key role in identifying individuals at risk and offering services that can improve both mental and physical health.

In conclusion, the findings call for both government and non-governmental organizations to raise awareness and take action to tackle the complex challenge of social isolation among older people. By implementing policies and initiatives that promote social inclusion and enhance the quality of life for older adults, it is possible to reduce the harmful effects of isolation and encourage healthier, more fulfilling lives for this vulnerable group in Egor Local Government Area.

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APPENDIX A

INTERVIEW GUIDE

SOCIAL ISOLATION AND THE WELLBEING OF THE OLDER PERSONS

Age: _____

Gender: _____

Religious affiliation: _____

Field of practice: _____

Years of experience: _____

Spiritual education: _____

Questions for interview:

What is the extent of prevalence of social isolation on the wellbeing of older persons?

1. When and how did you notice that you have been left how cared for?

2. How extent you have knowledge and ideas about your present condition?

What is the nature and pattern of social isolation on the physical wellbeing of older persons?

3. How do you notice any form of stress because of lack of social support?

4. How do you seek medical care and attention when you are tired due to your condition?

What are the impact of social isolation on the mental wellbeing of older persons?

5. How do you notice decrease in social interaction?

6. When and how do you notice an increased risk of cognitive decline in your mental health such as dementia, depression, and hypertension?

What are social work interventions to address the impact of social isolation on the wellness of older persons?

7. What are your support systems?

8. What could be done to improve the life of older persons who experience social isolation?

Conclusion

9. If there is anything that is not covered in the questions above that you would like to explain more?

Researcher:

Paul Idahosa

APPENDIX B

LETTER REQUESTING PERMISSION AND INFORMED CONSENT FORM FOR OLDER PERSONS

Dear Participant,

My name is Paul Idahosa, a student of the Centre of Excellence in Reproductive Health Innovation (CERHI) at the University of Benin, Nigeria. I am a researcher and would like to know what it is like for you as an elder to be in isolated family; I would really appreciate it if you would spend some time talking to me about disturbing experiences in your family life. If you decide that you are happy to talk to me, I will be recording our discussions using a phone to record. The reason I will be recording the interview is to ensure that when I write up the research, I have your responses presented accurately.

The interview will run for one hour and all we will discuss will be kept secret between us. This means that I will NOT put your name in the research study; I will give you a different name when writing your views, so that nobody will know the words belong to you.

You are not forced or obliged to participate in the interview. You can say no if you are not happy and uncomfortable and do not want to continue at any time during the interview. If you do not participate, it will not affect you in any way and you will not be punished or maltreated by anyone; and if you decide to participate there are no rewards.

Do you have any questions about the project at this stage? If you are willing to participate please sign the form below.

In view of the information provided to you above, if you are willing to participate in the research, please sign the consent form provided below.

Thanks so much for your time. I look forward to hearing your views.

Yours faithfully,

_____

Researcher

CONSENT FORM FOR OLDER PERSONS PARTICIPATION IN THE STUDY

I hereby consent to participate in the semi-structured interview on the social isolation and the wellbeing of the older persons. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I can withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential by the researcher.

Name of Participant:_____

Date: _____

Signature or right thumbprint of Elder: _____