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EMPTY NEST SYNDROME AND LIFE EXPERIENCES OF OLDER ADULTS WITH MULTIMORBIDITY IN IBADAN METROPOLIS, OYO STATE.

VICTORIA OLUWAYEMISI DARE AND JANE ROLI ADEBUSUYI

Lead City University, Ibadan, Nigeria

Darevictoria82@gmail.com

ABSTRACT

Empty Nest Syndrome (ENS) refers to the psychological distress, loneliness, and loss of purpose parents experience when their children leave home. With increasing urbanization and migration in Nigeria, older adults are increasingly living alone, often facing emotional and physical challenges. This study examined the prevalence and social implications of ENS among older adults with multimorbidity in Ibadan Metropolis, Oyo State. A descriptive cross-sectional design was adopted, combining quantitative and qualitative approaches. A total of 200 older adults aged 60 years and above living independently with chronic conditions participated. Data were collected using a structured questionnaire, validated and with reliability coefficient of 0.8 Cronbach Alpha. Data were analysed with descriptive and chi-square statistics at a 5% significance level. Findings revealed that 92% of respondents lived without their children, with most having been alone for over five years. About 44% reported depression, anxiety, or sadness, and over half experienced reduced social interaction and worsened physical health due to loneliness. Significant relationships were found between ENS prevalence, social disconnection, and coping mechanisms. Common coping strategies included watching television, engaging in religious activities, and maintaining social interaction through neighbours and friends. The study concludes that ENS substantially affects the emotional and physical wellbeing of older adults with multimorbidity. It recommends community-based eldercare programmes, family-centered social policies, and faith-based support initiatives to reduce isolation and enhance social inclusion for Nigeria's ageing population.

Keywords: Empty Nest Syndrome, Older Adults, Multimorbidity, Social Isolation, Coping Mechanisms, Emotional Wellbeing, Ibadan.

INTRODUCTION

Empty Nest Syndrome (ENS) refers to the feelings of sadness, loss, and emotional distress experienced by parents or guardians when their children leave home, typically for reasons like marriage, education, or employment. Although not a clinical diagnosis, ENS is recognized as a psychological phenomenon that affects emotional well-being. For older adults in Ibadan, Oyo State, a city rich in cultural and family cohesion, the departure of children from the home can have profound effects on their mental health and life satisfaction. According to Kim et al. (2021), ENS can lead to depressive symptoms, anxiety, and a decline in life satisfaction among older adults, particularly in Western societies where individualism and independence are more emphasized. The parting of children marks a shift from active parenting roles to a more passive role, often leaving parents feeling purposeless.

In Asian cultures, particularly in countries like China and India, family is more collective, and the parting of children may not lead to the same psychological effects as in Western cultures. However, studies by Chen et al. (2020) highlight that older adults in these societies also experience loneliness and emotional distress when their children leave home, though cultural norms of filial piety often provide some social support. In Sub-Saharan Africa, the family unit is typically extended, and caregiving responsibilities are often shared among relatives. The departure of children may not be as abrupt or emotionally challenging as in Western cultures due to the strong emphasis on kinship and community. However, the urbanization and migration trends across the continent have disrupted traditional family structures, leading to an increase in reports of ENS among older adults.

A study by Gubo et al. (2020) in Ghana showed that older adults in urban settings who rely heavily on their children for emotional and financial support experience ENS more acutely than their rural counterparts. As children migrate to urban areas or abroad for better opportunities, their parents

are left behind, often with reduced social networks and less support. The study also notes that while ENS is often underreported in African societies due to the stigma around emotional vulnerability, the emotional toll is significant.

Recent research in Nigeria, such as that by Akinola and Oladapo (2021), suggests that ENS is becoming more prevalent as more children leave home for educational and economic opportunities. They found that many older adults in Ibadan experience loneliness, depression, and a sense of abandonment after their children leave home. However, older adults with empty nest syndrome often a result of isolation after their children leave home are particularly vulnerable to multimorbidity or the presence of two or more chronic conditions. These health challenges frequently include hypertension, diabetes, arthritis, and mental health disorders such as depression and anxiety, which can compound and increase their risk of functional dependence as they age (Okafor, Uche, & Nnadi, 2022).

However, in Ibadan, like many urban centers in Nigeria, older adults are increasingly finding themselves living without their children due to migration for education, work, or other socio-economic reasons. This shift is leading to a rise in ENS, which has been linked to mental health challenges like depression, loneliness, and a diminished sense of purpose (Kim, et al., 2021). Hence, there is limited research focused on the specific life experiences of older adults in Nigeria who are dealing with ENS but not in association with older adults with multimorbidity, whether acute or chronic. Therefore, this gap in research necessitates a detailed examination of ENS and the life experiences of older adults with multimorbidity in Ibadan.

Objectives of the Study

The main objective of this study was to investigate Empty Nest syndrome and life experiences of older Adults aged 60 and above, living alone with multimorbidity in Ibadan metropolis, Oyo state, Nigeria.

The specific objectives were to:

- i. Examine the prevalence of Empty Nest Syndrome among older adults with multimorbidity living in Ibadan.
- ii. Examine the negative social consequences of ENS experienced by older adults with multimorbidity in Ibadan.
- iii. Identify the coping mechanisms used to deal with ENS by older adults in Ibadan.

Research Questions

The study addressed the following research questions:

- i. What is the prevalence of Empty Nest Syndrome among older adults with multimorbidities in Ibadan?
- ii. Could there be negative social consequences of ENS experienced by older adults with multimorbidities living in Ibadan? And if there is, what implication does it have for mental wellbeing of older adults experiencing ENS?
- iii. What are the coping mechanisms used to deal with ENS by older adults in Ibadan?

Hypotheses

- i. There is no significant relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidities and negative social consequences experienced by the older
- ii. There is no significant relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidities and the coping mechanisms explored by older adults in Ibadan.

LITERATURE REVIEW

Theoretical Framework

Activity Theory of Aging: Activity Theory of Aging, first proposed by Robert Havighurst in the 1960s, posits that successful aging is achieved when older adults maintain activities, social roles, and interactions that offer them a sense of purpose and belonging. According to this theory, life

satisfaction and psychological well-being in later life are closely associated with continued participation in meaningful activities (Havighurst, 1961). The theory asserts that when older adults disengage from productive or social roles, they experience decreased life satisfaction, whereas active engagement in social, physical, and cognitive activities promotes emotional stability and self-worth (Adams, Leibbrandt, & Moon, 2011).

In the context of Empty Nest Syndrome (ENS), activity theory explains that when parents lose their daily caregiving roles, they may experience a disruption in their sense of identity and purpose. Engaging in community involvement, religious gatherings, physical exercises, or volunteerism can provide alternative sources of fulfillment and social connection, thereby to mitigate loneliness and depression (Wang, Zhang, & Wu, 2022). However, the theory has also been critiqued for overemphasizing the positive effects of activity without considering individual limitations such as health conditions or financial constraints (Li & Chi, 2018).

Role Theory: The theory suggests that individuals derive a significant portion of their identity, purpose, and self-esteem from the social roles they occupy (Biddle, 1986). When these roles change or are lost, such as the transition from an active caregiver to a parent without daily child-rearing responsibilities, individuals must redefine themselves to maintain psychological balance (Ashforth, 2001). For many parents, the departure of children signifies a profound role loss, resulting in what Burr (1972) described as 'role exit', which occurs when an individual leaves a role that has been central to their self-concept. This process often produces feelings of emptiness, purposelessness, and identity confusion.

In the understanding ENS, Role Theory helps explain the psychological distress that parents may face as they adjust to the absence of the caregiving role. Research indicates that this period of transition may result in emotional instability, particularly among mothers who have heavily invested in their parental identities (Nomaguchi & Milkie, 2020). Role Theory posits that successful adjustment depends on how effectively individuals redefine their roles and find alternative sources of purpose (George, 2017). For example, parents may adopt new roles as community volunteers, mentors, or grandparents, helping to restore a sense of meaning and belonging. This process of role replacement allows individuals to regain emotional stability and reduce feelings of isolation. Furthermore, the theory highlights that adaptation is smoother when older adults find new roles that are congruent with their skills, interests, and self-concept (Ashforth, 2001). Role strain and conflict may occur if new roles are inconsistent with personal values or are imposed without choice (George, 2017). Therefore, encouraging older adults to select activities and roles that align with their personal goals can promote positive identity reconstruction.

Empirical Review

Research on ENS in Western countries often highlights the emotional, mental, and physical impacts experienced by older adults. For instance, Adams and Blieszner (2019) found that in Western contexts, ENS can lead to depression, increased stress, and a decline in overall well-being. This study emphasized the importance of social support systems, suggesting that friendships and community involvement are critical for individuals experiencing ENS. Rafie et al. (2017) analyzed ENS among older parents in Canada and found that while parents initially struggled with loneliness, they eventually adapted by engaging in hobbies and volunteering. The study recommended community engagement as a strategy for coping with ENS.

Research by Ngunyi and Mwangi (2019) in Kenya highlighted that ENS is less pronounced in certain African contexts because of the extended family system, where older adults are less likely to live alone even after their children move out. In many cases, children may stay close by or frequently visit, reducing feelings of loneliness compared to Western contexts. In South Africa, research by Mbatha et al. (2021) showed that while ENS is prevalent among South African parents, the impact varies significantly based on socioeconomic factors. Lower-income families are more likely to rely on adult children for financial and emotional support, which can intensify ENS when children leave to seek opportunities elsewhere. However, with increasing

urbanization, family structures in urban centers like Lagos and Ibadan are becoming more nuclear, which has led to a gradual increase in ENS cases as older adults are left without children nearby. According to Edewor (2020), these shifts have led to an increase in ENS among older adults in Nigerian urban centers as children relocate for educational and employment opportunities, leaving parents to cope with the emotional effects of ENS.

Older persons have been found to be the most complicated of all the patients and this makes them to be vulnerable to increase morbidity and death (Lukaszyk, Bien-Barkowska & Bien, 2021). The vulnerability of this group of population to non-communicable chronic diseases may be due to its prevalence among the older persons. Non-communicable diseases like obesity, cardiovascular diseases and hypertension are common among older persons aged 60 years and above (Cadmus, et al., 2017). Older people with multi-morbidity are always with complex care needs, always vulnerable with concomitant chronic diseases which makes them to be susceptible to lower QoL, poorer treatment outcomes and increment in health care cost (Almagro, Ponce, Komal, Villaverde, Castrillo, Grau, Simon & Sierra, 2020). As old age catches up with individuals, there is vulnerability to onset of multiple chronic diseases, while the frail among them are prone to ambulatory care needs and hospitalization (Almagro, et al., 2020; Buja, Claus, Perin, Rivera, Corti, Avossa, Schievano, Rigon, Toffanin, Baldo & Boccuzzo, 2018).

In a qualitative study conducted by Ibekwe and Kalu (2020), older adults in Ibadan described feelings of purposelessness and sadness after their children left. Participants reported that community and religious groups played a key role in helping them cope with these feelings. Eze and Eze (2021) examined the mental health impact of ENS among older adults in Lagos, where they found that the syndrome often results in depression, particularly among women. This finding aligns with a broader study conducted by Ojedokun (2018) on emotional well-being among Nigerian elderly populations, which highlighted how ENS contributes to psychological distress when social support is lacking. Adams and Blieszner (2019) found that the emotional void created by children's departure often manifests as a loss of purpose, particularly for parents who identify strongly with caregiving roles. In the United States, Weiss (2020) demonstrated that parents who are geographically distant from their children report significantly higher levels of loneliness compared to those with more frequent face-to-face contact.

In Western countries, many older adults engage in new activities and social interactions to cope with ENS. According to Rafie et al. (2017), volunteering, pursuing hobbies, and joining social clubs provided older adults in Canada with new sources of purpose and self-worth. Rafie et al., (2017) also noted the significant role of friendships and community support as stabilizing forces. In African societies, family roles and community structures shape the experience of ENS. Studies in Kenya by Ngunyi and Mwangi (2019) highlighted that older adult in communal settings experience less loneliness than those in nuclear or isolated living situations.

Coping mechanisms in Sub-Saharan Africa are often rooted in religious and community activities. Mbatha et al. (2021) found that in South Africa, participation in religious organizations helps older adults mitigate ENS symptoms by offering a structured social environment and a renewed sense of purpose. For Nigerian older adults, community and religious support are primary coping resources for ENS. Okoye (2019) highlighted that, culturally, religion plays a fundamental role in Nigerian society, with many older adults participating in church groups and community events to remain connected. However, Akinola and Adebayo (2022) found that while these activities help, urbanization and changing family roles have limited the reach of these support systems. Technology, such as mobile phones, is increasingly helping older adults to stay connected with their children, but many find that it cannot fully substitute for physical presence and companionship (Weiss, 2020).

METHODOLOGY

Descriptive cross-sectional design was adopted for this study to examine empty nest syndrome life experiences of older adults with multimorbidity in Ibadan Metropolis, Oyo State, Nigeria. This

involved the use of quantitative and qualitative methods. The study captured older adults aged 60 and above with multimorbidity who live independently without their children in Ibadan metropolis. A multi stage sampling technique was adopted to select 200 respondents proportionately among males and females determined based on the Cochran formula for populations with unknown parameters. Then, stratified random sampling method was used to ensure representation across various neighborhoods in Ibadan, considering different socio-economic backgrounds and gender.

A Structured Questionnaire developed by the researcher was used as the quantitative Instrument, involving four sections including, Sociodemographic Information, Prevalence of ENS Measurement, ENS Impact Measurement: and Coping Mechanisms Scale. The qualitative questions were extracted from the open ended-questions aspect of the questionnaire being that it was a verbal documentation of each participant. Supervisor as well as experts in medical field and social work department were consulted to review the instrument for face and content validity. To ensure reliability, the questionnaire used in pretesting was coded and analysed using Cronbach's Alpha correlation coefficient with a reliability coefficient of 0.8. Two trained research assistants were employed to administer the questionnaires in person at locations where older adults frequent, such as community centers, religious institutions, and public parks. A visit was made to the communities prior to the time of questionnaire administration by the investigator so as to seek the permission of the community heads as well as acquainted them with the purpose of the study prior to the commencement of the study.

Analysis was done using the Statistical package of SPSS Version 25. The data collected was subjected to descriptive (i.e., frequency, percentage, mean and standard deviation) and inferential (chi-square) statistical analyses at 5% level of significance. The information obtained was presented in tables and charts. A letter of permission was obtained from Head of Social work Department, Lead-City University, Ibadan to conduct the study. Informed consent was obtained from the respondents and they were provided with explanation on how to fill the questionnaire. The ethical consideration took note of the following, including confidentiality of data, beneficence to participants and voluntariness.

RESULTS

Socio-demographic Information of Respondents

The study involved 200 older persons with multimorbidity from Ibadan metropolis. Their ages ranges between 60 to 90years and 35.0% of them falling within the age group of 71-75 years. The majority of respondents males (54.5%) and 70.0% among them were married. Top on the list of educational level was tertiary education (44.0%). Majority (60.0%) of respondents are presently retirees and 77.55 of them had 5 or more children (Table 1). Majority (73.5%) of respondents were living without their spouses (Figure 1).

Table 1: Socio-demographic Information of Respondents (N=200)

Socio-demographic Information	Frequency (N)	Percentage (%)
Age		
60-65	27	13.5
66-70	60	30.0
71-75	70	35.0
76-80	38	19.0
≥81	5	2.5
Gender		
Male	109	
Female	91	45.5
Marital Status		
Married	140	70.0
Widowed	47	23.5
Divorced	9	4.5

Single	4	2.0
Level of Education		
No formal	2	1.0
Primary	24	12.0
Secondary	86	43.0
Tertiary	88	44.0
Employment Status		
Employed/ Still working (full-time/ part-time)	16	8.0
Retired	120	60.0
Unemployed	64	32.0
Number of Children		
1-2	5	2.5
3-4	40	20.0
≥5	155	77.5

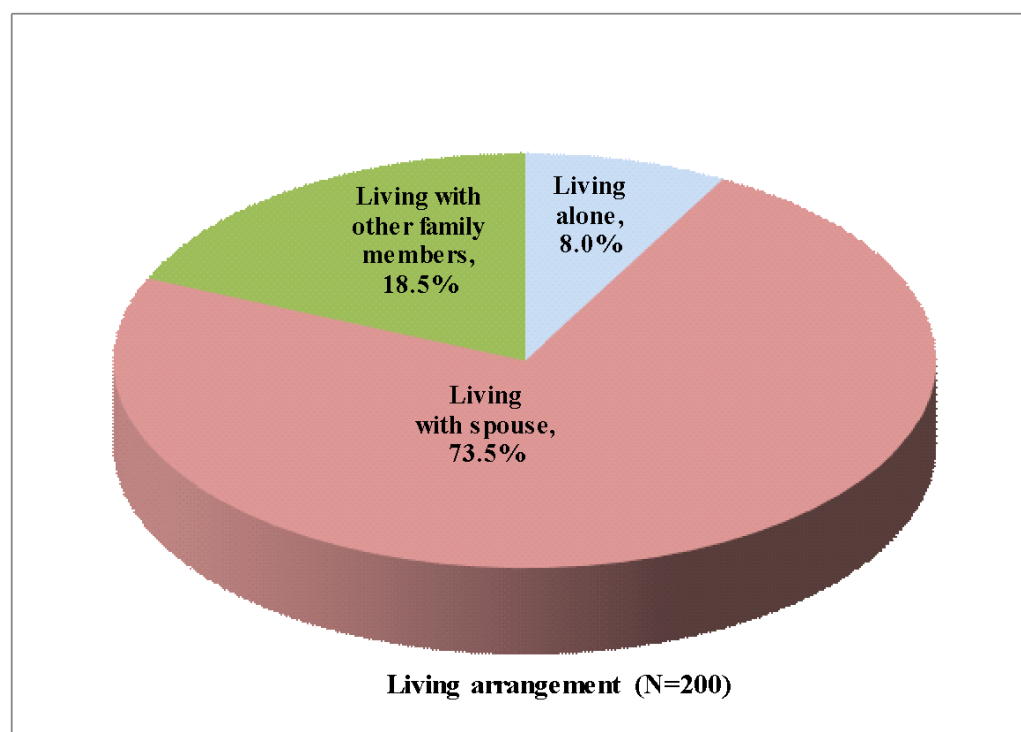


Figure 1: Respondents' living arrangement

Research Question One: What is the prevalence of Empty Nest Syndrome among older adults with multimorbidity in Ibadan?

Respondents' current experience of Empty Nest Syndrome

Most of the respondents 184(92.0%) are currently living without their children of which most (69.6%) have been living alone for five years or more. More than one-third (41.3%) reported frequent loneliness (often or always) and 34.2% miss their children very much, and only 0.5% do not miss them at all. Close to half (49.5%) of respondents had positive description of their emotional state (very positive + positive) while 38.6% have adjusted relatively well, (negative + very negative). Although 44% reported experiencing depression, anxiety, or sadness, and less than one-quarter (16%) believe their health has worsened emotionally or physically (Table 2).

Table 2: Respondents' current experience of Empty Nest Syndrome

Variable	N	%
Currently living without children		
Yes	184	92.0
No	16	8.0
Total	200	100.0
Frequency living without children (n=184)		
Less than 1 year	7	3.8
1-2 years	19	10.3
3-4 years	30	16.3
5 years and more	128	69.6
Frequency of feel lonely since children moved out (n=184)		
Never	3	1.6
Rarely	59	32.1
Sometimes	46	25.0
Often	56	30.4
Always	20	10.9
Missed children's daily presence (n=184)		
Not at all	1	.5
Slightly	54	29.3
Moderately	55	29.9
Very much	63	34.2
Extremely	11	6.0
Description of emotional state since children left home (n=184)		
Very positive	50	27.2
Positive	41	22.3
Neutral	22	12.0
Negative	46	25.0
Very negative	25	13.6
Ever diagnosed with or experienced symptoms of depression, anxiety or sadness since children left home (n=184)		
Yes	80	43.5
No	99	53.8
Not sure	5	2.7
Having thought of worsened health emotionally or physically since living alone (n=184)		
Yes	29	15.8
No	124	67.4
Not sure	31	16.8

Qualitative Report

To buttress the quantitative result in table 4.2, open ended questions under prevalence of ENS was thematically grouped into the three and was addressed under the following sub-heading based on the participants' responses:

Life changes since children moved out of the house

• Increased independence and routine adjustments

Many respondents reported experiencing increased independence, engaging more in personal hobbies and social life. They mentioned having more time to go out, cook, attend church, or interact with others. Others noted changes in sleep patterns either sleeping earlier or developing irregular schedules. Some of their quotes are:

"I cook myself, go out more, and watch television at will."

"I go out to visit friends and return anytime I like."

• Emotional and Social Shifts

Several participants expressed emotional changes such as missing their children, enjoying quietness, or becoming closer to their spouses. A few stated that they now feel more stressed or lonely, with some turning their focus to grandchildren or house help for companionship. Some of their quotes are:

"I now sleep alone and talk less."

"I feel lonely but my grandchildren and house help keep me company."

- **Positive Outlook and Personal Growth**

Some older adults saw the departure of children as a positive transition, referring to it as "a new phase of life" or an opportunity for personal reflection and spiritual engagement (e.g., through prayer or mentoring youths). Part of their quotes are:

"I pray and focus more on myself now."

"It's a new phase of life and I accept it."

- **Gratitude and contentment**

A smaller portion of respondents felt happy, grateful to God, or cheerful, suggesting resilience and positive adaptation in a few cases. Shared quotes are:

"Though they are not around, I thank God for life."

"I'm happy they're doing well, even if far away."

Effects of absence of children on relationships

- **Practical dependency challenges**

Respondents lamented the lack of help with errands, cooking, hospital visits, and festive preparations. The absence of children translated into functional struggles in everyday life. Some of their quotes are:

"There's no one to help me go to the hospital or do chores."

"Festive periods are now boring; I miss them helping with decorations."

- **Emotional Gaps in Community and Family Interactions**

Some participants reported increased loneliness during celebrations or when remembering deceased children. The void was especially noticeable during health crises or financial hardship. Shared quotes are:

"I miss discussing news and sports with my son."

"I cry alone when I remember them."

Research Question Two: What are the negative social consequences experienced by the older adults with multimorbidity?

Social disconnection and health impact

Above half (55.4%) of respondents reported reduction in their social interaction since their children left home and about 37.5% reported feeling excluded from community activities (sometimes, often and always). Majority (68.0%) reported that their physical health had worsened due to loneliness or lack of care (yes and sometimes responses) and 31.6% (very much and moderately) reported a loss of purpose or usefulness since their children left home (Table 3),

Table 3: Social disconnection and health impact

Variable	N	%
Have you experienced reduced social interactions since your children moved out?		
Yes	102	55.4
No	82	44.6
Total	184	100.0
Do you feel excluded or isolated from community activities or events?		
Never	59	29.5
Rarely	66	33.0
Sometimes	59	29.5
Often	15	7.5
Always	1	.5
Total	200	100.0
Has your physical health worsened due to loneliness or lack of care?		
Yes	79	39.5
No	64	32.0

Sometimes	57	28.5
Total	200	100.0
Do you feel a sense of loss of purpose or usefulness since your children left home?		
Not at all	74	40.2
Slightly	51	27.7
Moderately	45	24.5
Very much	13	7.1
Extremely	1	.5
Total	184	100.0

Qualitative Report

To buttress the quantitative result in table 4.3, open ended questions under negative social consequences experienced by the older adults with multimorbidity was thematically grouped into the three and was addressed under the following sub-heading based on the participants' responses:

Missed social activities since children left

- **Loss of Direct Family Interactions**

Majority of participants stated that they missed chatting, watching movies, and eating together. Many longed for their children's company during weekends, family meals, and religious events. Some of their quotes are:

"We used to eat and laugh together during breakfast."

"I miss going to church with them and our evening gists."

- **Disruption in shared routine**

Many among the older adults expressed a void in communal activities such as football discussions, errands, and household chores, highlighting the importance of shared routines in intergenerational bonding. Their expression in quotes included:

"They helped sweep the compound and fix things."

"Watching football alone is no longer fun."

Effect of absence of children on social engagement

- **Reduced social participation**

Many respondents reported a decline in attending social functions or mingling with others due to aging, reduced strength, or emotional withdrawal. Some of their quotes are:

"I don't go out anymore, I stay indoors and sleep."

"Since they left, I've stopped going for meetings."

- **Altered relationship dynamics**

While a few of the participants became more sociable to compensate for their children's absence, others became reserved, expressing fear of vulnerability or lack of trust in others. Such expressions were quoted here:

"I now relate more with neighbours, just to talk."

"I avoid people because I fear being mocked."

Loneliness or isolation's effect on health

- **Deteriorating physical and mental health**

Many participants recounted that loneliness contributed to poor diet, fatigue, irregular sleep, high blood pressure, and negative thinking. Respondents reported feeling discouraged, weak, and even fearing death. Some their quotes are:

"I don't eat well again, I just lose appetite."

"Loneliness makes my blood pressure rise."

- **Struggle with Adaptation**

Others revealed efforts to maintain emotional stability by occupying themselves with newspapers, prayers, or community engagement though not always successfully.

Some their quotes are:

"I try reading newspapers and watching TV to cope."

"Sometimes I speak to myself to feel less alone."

Research Question Three What are the coping mechanisms used to deal with ENS by older adults in Ibadan.

Respondents' coping mechanism employed for ENS

Coping strategies employed by respondents to tackle empty nest syndrome were expressed in table 4.19. More than half (43.5%) of respondents reported that in their own way of coping with feeling of loneliness or sadness brought by ENS, they engage watch TV/ Listen to radio and followed by talking with family or friends. Among these were (54.5%) who often or always (22.5%) engaged in activities that made felt happy or fulfilled. Less than half (45.5%) of respondents summited themselves to speaking to a religious leader, counselor or professional for help and 90.0% (moderately - 17.5%, very much - 53.5% or extremely - 9.0%) of respondents supposed that their coping mechanisms were effective in managing their emotions. Majority (63.0%) of respondents admitted that they like to receive more help or support from others to manage their feelings

Table 4: Respondents' coping mechanism employed for ENS (N=200)

Variable	N	%
How do you cope when you feel lonely or sad?		
Talk to family/ friends	60	30.0
Attend religious activities	36	18.0
Watch TV/ Listen to radio	87	43.5
Do house chores or hobbies	12	6.0
Newspaper	5	2.5
How often do you engage in activities that make you feel happy or fulfilled?		
Never	5	2.5
Rarely	8	4.0
Sometimes	33	16.5
Often	109	54.5
Always	45	22.5
Have you ever spoken to a religious leader, counselor or professional for help?		
Yes	91	45.5
No	109	54.5
Do you think your coping mechanisms are effective in managing your emotions		
Not at all	7	3.5
Slightly	33	16.5
Moderately	35	17.5
Very much	107	53.5
Extremely	18	9.0
Would you like to receive more help or support from others to manage your feelings?		
Yes	126	63.0
No	15	7.5
Maybe	59	29.5

Qualitative Report

To buttress the quantitative result in table 4.4, open ended questions under coping mechanisms used to deal with ENS by older adults was thematically grouped into the three and was addressed under the following sub-heading based on the participants' responses:

Personal coping strategies

- **Social and Recreational Engagements**

Many participants reported chatting with neighbors, visiting friends, or attending landlord meetings as a means to ward off loneliness. Among their quotes are:

"I chat with my neighbours to stay sane."

"Radio and TV are my best friends now."

- **Media and spiritual practices**

Majority of participants said their coping strategies included: listening to radio, watching TV, praying, and even storytelling helped maintain emotional stability and mental alertness. Part of the quotes are:

"I pray daily and read my Bible."

"I do small trading to pass time."

Successful coping experiences

- **Health improvement through relaxation**

Some older adults experienced reduced blood pressure and stress through specific activities like indoor games, dancing, and media engagement. Part of their expressions are quoted as:

"I feel better after listening to music or dancing indoors."

"Playing with my grandchildren when they visit lifts my mood."

- **Emotional comfort through socializing**

Social activities were particularly effective in combating depression and creating emotional relief from personal burdens as many of the participants mentioned. Among such quoted expressions are:

"Talking to others helps me sleep well at night."

"Church activities reduced my overthinking."

Advice to others facing ENS

- **Active social engagement**

The majority of participants' advice to be coping with ENS centered on socialising, attending community functions, and joining associations to combat isolation. Some the quotes are:

"Don't stay idle. Go out and make friends."

"Join associations or community meetings it helps a lot."

- **Positive mindset and family connection**

Participants emphasised maintaining contact with children, seeking help, trusting God, and staying mentally and physically active. Some of the quotes are:

"Always talk to God and trust He'll help you."

"Never think you're alone. Your children still love you."

Hypotheses

Ho1: There is no significant relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidity and negative social consequences experienced by the older.

From the chi-square result, it was shown that respondents currently living without their children were significantly more likely to experience loneliness since their children left home compared to those whose children are still present (often/always 76(100.0%) and sometimes 46(100.0%) ($p = 0.000$). In the same vein, respondents who sometimes (32.1%) and often (8.2%) felt excluded or isolated from community activities or events were more among those whom their children not living with them currently ($p = 0.000$),

Based on the result shown in Table 5, the null hypothesis, which stated that there is no significant relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidity and negative social consequences experienced by the older is therefore rejected ($p < 0.05$).

Table 5: Relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidity and negative social consequences experienced by the older in Ibadan.

	Currently living without children			Chi-square (X ²)	df	p-value
	Yes 184(92.0)	No 16(8.0)	Total 200(100.0)			
Experienced reduced social interactions since your children moved out						
Yes	102(55.4)	0(0.0)	102(51.0)	$f = -$	1	$p = 0.000^*$
No	82(44.6)	16(100.0)	98(49.0)			
Felt excluded or isolated from community activities or events						
Never	52(28.3)	7(43.8)	59(29.5)	$f = 26.528$	1	$p = 0.000^*$
Rarely	57(31.0)	9(56.3)	66(33.0)			
Sometimes	59(32.1)	0(0.0)	59(29.5)			
Often	15(8.2)	0(0.0)	15(7.5)			

f = Fisher exact test;

Significant at 0.05

Ho3: There is no significant relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidity and the coping mechanisms explore by older adults

The chi-square result revealed that there was a significant relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidity and the coping mechanisms explore by older adults. This was reflected in the majority () of respondents who were living without their children adopted coping mechanism such as watching TV/ listening to radio (41.3%), talk to family/friends (32.6%) or attend religious activities (17.9%) as means of overcoming loneliness or weariness in social interaction ($p=0,016$). This was also reflected in large percentage (78.9%) of respondents with living without their children and still admitted that their coping mechanisms are effective in managing their emotions (very much - 50.0%, moderately - 19.0% and extremely - 9.8%) ($p=0,006$).

Based on the result shown in Table 4.10, the null hypothesis, which stated that there is no significant relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidity and the coping mechanisms explore by older adults is therefore rejected ($p<0.05$).

Table 6: Relationship between prevalence of Empty Nest Syndrome among older adults with multimorbidity and the coping mechanisms explore by older adults in Ibadan.

Coping mechanisms explore by older adults	Currently living without children			Chi-square (X ²)	df	p-value
	Yes 184(92.0)	No 16(8.0)	Total 200(100.0)			
Mean of coping with loneliness or sadness						
Talk to family/ friends	60(32.6)	0(0.0)	60(30.0)	$f = -$	1	$p = 0.016^*$
Attend religious activities	33(17.9)	3(18.8)	36(18.0)			
Watch TV/ Listen to radio	76(41.3)	11(68.8)	87(43.5)			
Do house chores or hobbies	10(5.4)	2(12.5)	12(6.0)			
Newspaper	5(2.7)	0(0.0)	5(2.5)			
Coping mechanisms are effective in managing your emotions						

Not at all	6(3.3)	1(6.3)	7(3.5)	$f = -$	1	$p = 0.006^*$
Slightly	33(17.9)	0(0.0)	33(16.5)			
Moderately	35(19.0)	0(0.0)	35(17.5)			
Very much	92(50.0)	15(93.8)	107(53.5)			
Extremely	18(9.8)	0(0.0)	18(9.0)			

f = Fisher exact test; Significant at 0.05

DISCUSSION OF FINDINGS

This study investigated the impact of Empty Nest Syndrome (ENS) on older adults with multimorbidity in Ibadan Metropolis. The results showed that a majority of the respondents (Table 1) were within the 66–75 years age group, married, and had relatively high levels of education. Most were retired or unemployed, suggesting limited income-generating opportunities in old age. The prevalence of respondents with five or more children (77.5%) yet living alone underscores a major shift in the traditional extended family support structure, a concern echoed by Olowu (2011) who argued that urbanization and modernization have weakened familial bonds in Africa.

Analysis in Table 2 revealed that 92% of respondents currently live without their children, and nearly 70% have done so for over five years. This extended period without their children increases their vulnerability to psychological and physical decline. About 41.3% reported frequent loneliness, and 44% had experienced some form of depression, anxiety, or sadness. These findings are consistent with Umberson et al., (2003) who noted that parental well-being declines significantly after children's departure from the home.

Tables 3 further elaborated the emotional experiences of these older adults. Respondents described loneliness, anxiety, sadness, depression, and even financial relief. This reflects a mixed reality while some adapt positively, many feel abandoned or emotionally distressed. Tian and Solomon (2008) found similar outcomes in Western contexts, noting increased mental distress among elderly individuals facing ENS. The absence of children is not only emotional but practical. Most respondents felt their children's absence most during illness, hospital visits, and when household chores became overwhelming. This underscores the caregiving role adult children play in elderly households. Chou and Chi (2004) emphasized that without this support, older adults face accelerated health decline, especially those with existing multimorbidities⁴.

Tables 4 provided deeper insight into the activities missed with children and the external support available. Respondents missed shared meals, chores, religious outings, and games. Although some received help from extended family, religious institutions, and the community, support was often limited to prayers and occasional visits (Table 4). Only a few received material or emotional support. This shows that informal support networks are insufficient to mitigate ENS-related stress. Adekeye and Akinade (2012) also noted that without formal structures, older adults face increased neglect in urban African contexts. Despite these challenges, some respondents developed self-care strategies such as prayer, light exercise, watching TV, and minor trading. Interestingly, Table 4 revealed that 10.3% of respondents saw peace of mind as a benefit of living without children, suggesting some have achieved emotional detachment or acceptance. Nonetheless, Finally, the hypothesis testing tables (Tables 5 & 6) showed statistically significant relationships between the absence of children and key well-being indicators loneliness, emotional distress, physical health decline, financial instability, and social disengagement. These relationships validate the hypothesis that ENS negatively impacts the holistic well-being of older adults, particularly those living with multiple chronic conditions. Collectively, these findings underscore the urgent need for an integrated eldercare system in Nigeria one that addresses emotional, social, health, and financial needs, especially for those navigating the complexities of Empty Nest Syndrome.

Conclusion

This study confirms that Empty Nest Syndrome is a significant determinant of emotional, physical, social, and financial well-being among older adults with multimorbidity in Ibadan Metropolis. The

shift in traditional family structures, combined with poor governmental response to aging needs, has left many elderly individuals vulnerable. Although some older adults adapt positively, a large portion experience emotional distress, health decline, isolation, and poverty. The findings strongly advocate for an urgent need to strengthen elder care systems in Nigeria, focusing on community-based support, healthcare accessibility, and social inclusion.

Recommendations

1. Government and NGOs should create neighborhood-based centers offering health checks, counseling, companionship, and daily assistance.
2. Introduce monthly stipends, palliative care, or conditional cash transfers for aged citizens, especially those with chronic conditions.
3. Mobilize primary health workers to monitor elderly individuals living alone and ensure medication compliance and routine care.
4. Develop family-focused policies that encourage intergenerational cohabitation or regular familial engagement, even when children live apart.
5. Faith-based organizations should adopt structured elder-support programs such as visitation groups, feeding schemes, or housing repair projects.

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