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# MENTAL HEALTH AMONG SENIOR CITIZENS: EXAMINING THE PREDICTIVE ROLE OF SOCIAL ISOLATION AND LONELINESS

Chisom E. OGBONNAYA<sup>1</sup>, Olabode D. IBINI<sup>2</sup>, Nwadiogo C. ARINZE<sup>3</sup>,

&

Emmanuel E. UYE<sup>4\*</sup>

<sup>1, 2 &3</sup> Department of Psychology, Alex Ekwueme Federal University, Ndifu Alike, Ebonyi State, Nigeria

<sup>4</sup>Department of Psychology, University of Ibadan, Nigeria

\*Corresponding author: Emmanuel Uye, Email: [emmanuel.e.uye@gmail.com](mailto:emmanuel.e.uye@gmail.com)

## ABSTRACT

*Mental health has remained a recurring issue for the senior citizens globally. While studies have linked social isolation and loneliness to the mental health of senior citizens in many developed countries, studies in Nigeria are sketchy. Therefore, this study examines the predictive ability of social isolation and loneliness on mental health among senior citizens in Ebonyi State, Southeastern Nigeria. Cross-sectional survey design was adopted while purposive sampling technique was used to select three communities in the study area. Data were collected from 342 senior citizens using validated scales and analyzed using hierarchical multiple regression to test an hypothesis which was accepted at  $p < .01$  level of significance. The results demonstrated that loneliness positively predicted mental health among study participants ( $\beta = .21$ ,  $p < .01$ ,  $R^2 = .04$ ). In addition, the result revealed that social isolation positively but marginally predicted mental health among study participants ( $\beta = .12$ ,  $p < .05$ ,  $R^2 = .01$ ). The novelty of this study is that it is the first time social isolation and loneliness are investigated among semi-and rural senior citizens in Ebonyi State. The study recommends implementing routine mental health assessment on loneliness and building programmes that would reduce social isolation to improve mental health among senior citizens in the study population.*

**Keywords:** Social Isolation, Loneliness, Mental Health, Senior Citizens, Ebonyi State.

## INTRODUCTION

Mental health refers to individuals' emotional, psychological and social well-being which is affected by stress, genetics, lifestyle, and environment (Cullen et al., 2020). It has also been conceived as an important construct that forms part of overall well-being that is essential to an individual's ability to function in everyday life (Balogun et al., 2024; Makanjuola et al., 2020). One often neglected group of individuals whose mental health needs frequent evaluation is the senior citizens, described as individuals aged 60 years and above. Globally, the population of senior citizens in 2020 was 1 billion and is projected to be 1.4 million by 2030 (WHO, 2025). In Nigeria, it is estimated that the number of senior citizens is about 9.4 million (Statista, 2025). Senior citizens are affected by several health challenges such as higher mortality rates, mental health concerns, and declining cognitive abilities (Domènec-Abella et al., 2024; Ibini et al., 2025; Roberts et al., 2025; Vanderweele et al., 2019).

Some factors have been implicated as affecting senior citizens' mental health to include psychological and socio-demographical factors. In this study, two related constructs: Social isolation and loneliness were investigated. Social isolation is described as the objective lack of social contact or participation in social networks and activities by individuals (Hawley & Cacioppo, 2010). Although frequently linked to loneliness, social isolation is a distinct construct that relates to the structural aspects of social life rather than subjective feelings (Cornwell & Waite, 2009). In high-income countries, considerable attention has been paid to the possible associations between social isolation and mental health outcomes among senior citizens.

Studies have been conducted on the effects of social isolation on mental health among different populations and samples. For example, Victor et al. (2021) who examined social isolation across 20 countries found that senior citizens with limited social participation reported significantly higher rates of depression and anxiety which affects their mental health. In addition, Gichuhi et al. (2019) revealed that social isolation significantly correlated with poor mental health among senior citizens in Kenya. Further study by Akinyemi et al. (2015) confirmed that social isolation was a significant predictor of depression among senior citizens in Nigeria. However, Ogunniyi et al. (2019) found senior citizens with strong social ties had lower prevalence of anxiety and depressive symptoms, with improved mental health.

Similarly, Nwokedi et al. (2019) found social isolation to indirectly predict mental health among senior citizens in Southeastern, Nigeria which was corroborated by Courtin and Knapp (2017) where socially isolated individuals were found to be more likely to experience poor mental health outcomes compared to their non-isolated counterparts. Finally, the COVID-19 pandemic shed light on the mental health risks of isolation. For example, Krendl and Perry (2021) found that senior citizens who experienced pandemic-related isolation reported higher levels of depression and anxiety. Similarly, Santini et al. (2020) noted that social isolation predicts depressive symptoms and that depression itself leads to increased isolation, suggesting a bidirectional relationship.

The second factor considered in this study as a predictor of mental health is loneliness which is described as an unpleasant experience that has measurable physiological and psychological consequences, including higher blood pressure and increased depressive symptoms over time which affect mental health (Cacioppo & Hawkley, 2006). Cornwell and Waite (2009) has further differentiated between objective disconnectedness and perceived loneliness demonstrating that both independently contribute to poor mental health outcomes. It has been estimated that Surkalim et al. (2022) estimated between 28–31% of senior citizens to have experienced loneliness (and /or social isolation).

Studies have produced consistent results on the roles of loneliness and mental health. For instance, Freak-Poli et al. (2022) established that loneliness correlates with cognitive decline and dementia which constitutes their mental health. On their parts, Oyekanmi and Oyeneyin (2019) found loneliness as a significant predictor of depression among senior citizens in Lagos State, Nigeria. That the absence of meaningful social interactions led to feelings of worthlessness, anxiety, and sadness, further confirming the detrimental effects of social isolation on mental health among senior citizens. Moreover, Ilesanmi et al. (2018) found loneliness and low social engagement as two predictors of depression and anxiety (mental health) among senior citizens in rural communities in Nigeria. Extant study by Cacioppo et al. (2006) found loneliness to lead to a cycle of withdrawal where individuals isolate themselves more due to feelings of emotional distress, which exacerbates their mental health problems.

Furthermore, some studies have examined combined effects of social isolation and loneliness on mental health among senior citizens. For example, Cacioppo et al. (2010) found loneliness and objective isolation as predictors of poor mental health among senior citizens in the United States. Furthermore, Victor et al. (2003) found social isolation and loneliness as mental well-being among senior citizens in the United Kingdom. This finding confirms that a robust association exists between social connectedness and psychological well-being among senior citizens.

This demonstrates the importance of considering both social isolation and loneliness to understand the mental health challenges among senior citizens. The effects of social isolation and loneliness on mental health among senior citizens have been less investigated especially in Nigeria leaving gaps in knowledge to fill. Therefore, this study examines the predictive ability of social isolation and loneliness on mental health among senior citizens in selected rural and semi-urban communities in Ebonyi State, Southeastern Nigeria. The study sought to answer the question: Would social isolation and loneliness predict mental health among senior citizens in Ebonyi State, Nigeria?

The study would provide fresh insight on the roles of social isolation and loneliness on mental health among senior citizens in Ebonyi State, Nigeria. In addition, policy-makers, Non-Governmental Organizations, and other stakeholders interested in the welfare of senior citizens would find the results of this study relevant in designing and implementing programmes for the benefits of senior citizens in the study population and beyond.

## **Hypothesis**

The hypothesis tested was: Social isolation and loneliness will jointly and independently predict mental health among senior citizens in Ebonyi State, Nigeria.

## **METHOD**

### **Design**

The study was a cross-sectional survey design using a validated questionnaire for data collection. The independent variables were social isolation and loneliness while mental health was the dependent variable. The study was conducted in the urban and rural communities in Ebonyi State, Nigeria.

### **Sampling Technique**

Purposive sampling technique was used to select senior citizens while convenience sampling technique was used to select participants for questionnaire distribution.

### **Participants**

A total of 342 senior citizens aged 60 years and above residing in both urban and rural communities in Ebonyi State, Nigeria, participated in the study of which 197(58%) were males while 145(42%) were females. All the participants were married at one time or the other. The

educational background of the participants varied from 13(4%) who were primary school certificate holders, 133(39%) were holders of secondary school certificates, 196(57%) were Higher Diplomas/Degree holders. The majority 288(84%) were Christians, 20(6%) were Muslims, while 34(10%) did not indicate their religious faiths.

## **Instruments**

**The Revised UCLA Loneliness Scale** (R-UCLA, Russell, 1996) was used to assess participants' levels of subjective feelings of loneliness and social isolation. It is a 20-item scale presented on a 4-point Likert's report format ranging from Never (1) to Often (4), with higher scores indicating greater levels of loneliness. The original authors reported Cronbach's  $\alpha$  = ranging between .89 and .94. The scale has been validated among Nigerian samples and found to be valid thereby supporting cultural sensitivity and adaptability (Igbokwe et al., 2020). The current study reported Cronbach'  $\alpha$  =.88.

**The Lubben Social Network Scale (LSNS-R**, Lubben, 2006) was used to evaluate participants' social networks and to identify individuals at risk of social isolation, especially among older adults. Over time, the scale has been revised, giving rise to the LSNS-R (2002) and the shorter LSNS-6, both of which retain robust psychometric qualities. The LSNS evaluates the size, closeness, and frequency of social ties with both family and friends, focusing on the degree of support and engagement available to an individual. The 6-item revised scale is rated on a 6-point Likert-type response format ranging from 0 ("none") to 5 ("nine or more"), with higher scores indicating stronger social connections. The LSNS-R (2002) Cronbach's  $\alpha$  ranging between 0.80 and 0.92 and has been validated among Nigerian samples. In the present study, Cronbach's  $\alpha$  =.83 was reported.

**The General Health Questionnaire (GHQ-12)** was used to assess the mental health status of the study participants. It is a 12-item scale rated on 4-point Likert's format ranging from 1 to 5. The scale has well-established psychometric properties with Cronbach's  $\alpha$  ranging between 0.82 and 0.93 and test-retest reliability coefficients between 0.70 and 0.90. The scale has been validated using different populations and samples in Nigeria (Audu et al., 2021). The scale has been widely validated across different cultural settings, including Nigeria, thus making it a reliable and valid tool for assessing the mental health status among senior citizens in the study population.

## **Procedure**

A formal letter of introduction was collected from the Department of Psychology, Alex Ekwueme Federal University Ndufu-Alike-Ikwo, Ebonyi State, Nigeria to identify the researchers. Potential participants were met individually where the purpose of the study was briefly explained to them and asked for their consent to participate in the study. They were informed of the voluntary nature of the study and that their responses would be treated confidentially. Only those who gave their consent were interviewed. The interviews were conducted in both English and the local languages, depending on the preference of the participants to ensure clarity and comprehension. Each interview session lasted for about 20-30 minutes and was conducted in a quiet and private environment to encourage honest responses. A total of 342 questionnaire-interview was conducted for the period of 12 days and used in the study.

## Data Analysis

IBM SPSS version 23 was used for the analysis. Descriptive and inferential statistics were computed on the data collected. Hypothesis 1 was tested using hierarchical multiple regression analysis. The hypothesis was accepted at  $p < .01$  level of significance.

## RESULTS

**Table 1: Zero-order Correlation of Study Variables** Means, Standard Deviations, and Zero-order Correlation of Study Variables

S/N	Variable	Mean	SD	1	2	3
1	Mental Health	28.23	10.77	-		
2	Loneliness	43.34	8.23	.23*	-	
3	Social Isolation	34.37	7.61	.21*	.49*	-

**Note** N = 342, \*Significant at .01

Table 1 shows the zero-order correlation of the study variables. The result revealed that loneliness ( $r = 0.23, p = .01$ ) and social isolation ( $r = 0.21, p = 0.01$ ) positively correlated with mental health among senior citizens. This suggests that adults with loneliness traits and social isolation are better in managing their mental health compared to those with weaker traits.

### Testing the hypothesis

Social isolation and loneliness would predict mental health among senior citizens in Ebonyi State, Nigeria. The hypothesis was tested using hierarchical multiple regression and the result is presented in Table 2.

**Table 2: Hierarchical Multiple Regression Predicting Mental Health by Loneliness and Social Isolation Among Senior Citizens.**

Predictors	B	SE	$\beta$	T	$R^2$ change
Step 1					.04
Loneliness	.14	.04	.21*	3.80	
Step 2					.01
Social isolation	.08	.04	.12*	1.72	

*Note:* \* $p < .01$ ; Total  $\Delta R^2 = .05$

Table 2 presents hierarchical multiple regression predicting mental health by loneliness and social isolation among senior citizens. The results demonstrated that loneliness positively predicted mental health among study participants ( $\beta = .21, p < .01, R^2 = .04$ ) which explained 4% of the variance in mental health among study participants. In addition, social isolation positively predicted mental health ( $\beta = .12, p < .05, R^2 = .01$ ) which marginally accounted for 1% of variance in mental health among study participants. Therefore, the hypothesis was accepted.

## DISCUSSION

The hypothesis that social isolation and loneliness would predict mental health among senior citizens in Ebonyi State was supported. Both social isolation and loneliness interacted to predict mental health among study participants. The result corroborated those obtained in previous studies on social isolation as a predictor of mental health among different populations and samples including social citizens (Nwokedi et al., 2019; Courtin & Knapp, 2017; Krendl & Perry, 2021; Santini et al., 2020). For example, the result supported Victor et al's (2021) finding that social participation significantly causes higher rates of depression and anxiety which affects mental health of senior citizens. In addition, the result of the present study let credence to that of Gichuhi et al. (2019) who revealed that social isolation significantly correlated with poor mental health among senior citizens in Kenya.

As for the result of loneliness, it aligns with Oyekanmi and Oyeneyin (2019) who found loneliness as a significant predictor of depression among senior citizens in Lagos State, Nigeria. That the absence of meaningful social interactions would lead to feelings of worthlessness, anxiety, and sadness, further confirming the detrimental effects of loneliness isolation on mental health among senior citizens. Moreover, Ilesanmi et al's (2018) result corroborated this finding where loneliness and low social engagement were two predictors of depression and anxiety (mental health) among senior citizens in rural communities in Nigeria.

Taken together, these findings indicate that loneliness is an important predictor of mental health among the sample of senior citizens, and that social connectedness (as measured by the social-networks variable) predicts mental health outcomes, albeit with a smaller effect size. The relatively small proportion of variance explained by the model ( $\approx 5\%$ ) is typical in psychosocial field research where mental health is affected by many interrelated biological, social, and economic factors. The pattern of results is consistent with theoretical and empirical work showing that emotional isolation (loneliness) undermines psychological well-being and that social ties can act as a protective resource (Cacioppo et al., 2010; Victor et al., 2003). These findings confirmed that social isolation and loneliness contributed to mental well-being among senior citizens.

### Implications of study

The findings have several practical implications. To begin with, loneliness is a measurable and modifiable risk factor for poor mental health among senior citizens; therefore, mental-health screening in primary-care and community settings should be included as a routine assessment of loneliness for this group of population. In addition, although social isolation showed a smaller effect size than subjective loneliness, they remain relevant, therefore, programmes that build both the quantity and quality of connections (for example, neighbour-to-neighbour activities,

intergenerational programmes, and organized group activities in churches and community centers) would help to reduce isolation.

### **Limitations of the study**

Some limitations affect the strength and generalizability of the study findings. First, the cross-sectional design prohibits establishing causal and effect, therefore, longitudinal and case study would enhance generalization of study findings. In addition, the study relied on self-report instruments which could have introduced response biases (social desirability, recall error), therefore, further study would benefit including focus group discussion and key informant interviews to triangulate data from self-reported questionnaires. Furthermore, the study samples and population was from Ebonyi State which hinders generalization of study findings, further study should include more states and increase sample size to enhance generalization of the study findings. Finally, only two independent variables were investigated, further study should include social support, personality traits and learned helplessness.

### **Conclusion**

The present study provides evidence that subjective loneliness and the structure of social networks are meaningfully associated with mental-health status among senior citizens in Ebonyi State. These findings support the inclusion of loneliness screening and community-based social-support interventions in public-health planning for the ageing population.

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