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ASSESSING THE IMPACT OF SOCIAL ISOLATION ON MENTAL HEALTH AMONG ELDERLY INDIVIDUALS: A CASE STUDY OF CHIUDZIRA COMMUNITY, LILONGWE DISTRICT, MALAWI

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ABSTRACT

Social isolation has emerged as a major public health concern affecting older adults worldwide. In many developing countries, including Malawi, elderly individuals are increasingly exposed to social isolation due to changing family structures, migration of younger family members, poverty, widowhood, chronic illness, and limited community support. This study assessed the impact of social isolation on mental health among elderly individuals in Chiudzira Community, Traditional Authority Tsabango, Lilongwe District, Malawi. The study employed a mixed-methods research design integrating quantitative and qualitative approaches. Data was collected from elderly individuals aged 60 years and above through structured questionnaires and in-depth interviews. Quantitative data were analyzed using descriptive statistics, while qualitative data were analyzed thematically. The findings revealed a strong relationship between social isolation and poor mental health outcomes, including depression, anxiety, loneliness, emotional distress, and reduced life satisfaction. Elderly individuals who were widowed, living alone, economically disadvantaged, or experiencing chronic illness were more vulnerable to social isolation. Cultural factors such as witchcraft accusations, stigma, neglect, and weakening traditional family support systems further intensified isolation. The study also found that family support, religious participation, community engagement, and social networks served as protective factors that mitigated the negative effects of isolation on mental health. The study concludes that social isolation significantly undermines the psychological well-being of elderly individuals in Chiudzira Community. Strengthening family relationships, community support systems, social inclusion

programmes, and mental health services is essential for promoting healthy ageing and improving the quality of life of older adults in Malawi.

INTRODUCTION

The global population is ageing rapidly, resulting in increasing attention to the health and social welfare of older adults. According to the World Health Organization, the number of people aged 60 years and above is expected to continue rising substantially over the coming decades. Although increased life expectancy is a positive achievement, it also presents significant social and health challenges, particularly in relation to mental health and social support among elderly populations. Social isolation refers to the objective absence or limited frequency of social contacts, relationships, and meaningful interactions with others. Loneliness, on the other hand, refers to the subjective feeling of being alone or disconnected from others. While the two concepts are related, an individual may experience loneliness even when surrounded by people, and some socially isolated individuals may not necessarily feel lonely. Nevertheless, both social isolation and loneliness have been consistently associated with poor mental health outcomes among older adults. Elderly individuals often experience social isolation as a result of retirement, bereavement, chronic illness, declining mobility, disability, and migration of younger family members. Reduced participation in social activities and diminished support networks increase vulnerability to depression, anxiety, cognitive decline, emotional distress, and reduced quality of life. Studies conducted in both developed and developing countries have shown that socially isolated older adults have higher rates of psychological disorders and mortality than those with strong social connections.

In Malawi, traditional extended family systems historically provided emotional, social, and material support for older persons. However, rapid urbanization, economic hardship, changing cultural values, and migration of younger adults to urban centers have weakened these support systems. Many elderly individuals in rural and peri-urban communities are left living alone with limited assistance. In addition, some older adults experience stigma, neglect, and cultural discrimination, including accusations of witchcraft, which further contribute to social isolation.

Despite the growing importance of this issue, empirical evidence on the impact of social isolation on mental health among elderly individuals in community settings in Malawi remains limited. Most available studies focus broadly on ageing and health rather than examining the specific relationship between social isolation and mental health. This study

therefore sought to investigate the impact of social isolation on mental health among elderly individuals in Chiudzira Community, Lilongwe District, with the aim of generating evidence that can inform policy, social work practice, and community-based interventions.

KEYWORDS: Social isolation, mental health, elderly individuals, loneliness, community support, Chiudzira, Lilongwe, Malawi.

OBJECTIVES OF THE STUDY

General Objectives

i. To assess the impact of social isolation on mental health among elderly individuals in Chiudzira Community, TA Tsabango, Lilongwe District

Specific Objectives

1. To examine the relationship between social isolation and mental health outcomes among elderly individuals.
2. To identify socio-demographic and cultural factors that contribute to social isolation among elderly individuals.
3. To explore the role of family support, community support, and social networks in mitigating the effects of social isolation on mental health.

LITERATURE REVIEW

Social Isolation and Mental Health

Social isolation has been widely recognized as a major determinant of mental health among older adults. Holt-Lunstad et al. (2015) found that social isolation significantly increases the risk of depression, anxiety, and premature mortality. Elderly individuals with limited social interaction often experience reduced emotional support, lower self-esteem, and diminished life satisfaction.

Cacioppo and Cacioppo (2018) demonstrated that prolonged loneliness affects cognitive functioning and increases vulnerability to dementia and other neurocognitive disorders. Their findings suggest that social interaction is essential for maintaining cognitive and emotional health in later life.

Nicholson (2012) observed that socially isolated elderly individuals frequently experience feelings of loneliness, abandonment, and hopelessness, which contribute to emotional distress and poor psychological well-being. Similar findings have been reported in African contexts,

where weakening traditional support systems have left many older adults socially disconnected.

Socio-Demographic Factors

Several socio-demographic factors influence the likelihood of social isolation among elderly individuals. Widowhood is consistently associated with higher levels of loneliness because the loss of a spouse removes an important source of emotional support. Living alone, advanced age, low income, and limited education have also been identified as significant predictors of isolation.

Gender differences have been observed in many studies. Elderly women are often more vulnerable to isolation due to widowhood and economic dependency, while elderly men may experience reduced social networks after retirement.

Cultural Factors

Cultural beliefs and practices can either strengthen or weaken social support for older adults. In some African communities, elderly individuals accused of witchcraft may be excluded from social activities and family interactions. Such stigma contributes to emotional distress and psychological suffering.

Social Support Theory

This study was guided by Social Support Theory, which posits that supportive relationships from family, friends, and the community protect individuals from psychological distress. Emotional, instrumental, and informational support help individuals cope with stressful life events and reduce the negative effects of social isolation.

RESEARCH METHODOLOGY

Research Design

The study employed a mixed-methods research design combining quantitative and qualitative approaches. The quantitative component enabled measurement of the extent of social isolation and its association with mental health outcomes, while the qualitative component provided deeper understanding of participants' experiences and perceptions.

Study Area

The research was conducted in Chiudzira Community, TA Tsabango, Lilongwe District, Malawi. The area is characterized by socio-economic challenges, limited formal support services, and a growing elderly population.

Target Population

The target population consisted of elderly individuals aged 60 years and above residing in Chiudzira Community.

Sampling Techniques

Simple random sampling was used to select participants for the quantitative survey, while purposive sampling was used to select participants for qualitative interviews, particularly those who were widowed, living alone, or experiencing chronic illness.

Sample Size

A sample of 40 elderly individuals was selected for the study. The sample size was considered adequate for generating meaningful quantitative and qualitative findings within the community setting.

Data Collection Methods

Data was collected through structured questionnaires and in-depth interviews. Questionnaires gathered information on social relationships, living arrangements, family contact, participation in community activities, and mental health experiences. Interviews explored personal experiences of isolation, emotional challenges, coping strategies, and sources of support.

Ethical Considerations

Ethical principles including informed consent, confidentiality, anonymity, voluntary participation, and respect for participants were observed throughout the study.

Data Analysis and interpretations

Quantitative data were analyzed using descriptive statistics such as frequencies and percentages. Qualitative data were transcribed, coded, and analyzed thematically.

Response Rate

A total of 40 questionnaires were distributed to elderly individuals in the study area. All 40 questionnaires were completed and returned, representing a response rate of 100 percent.

Table 4.1 Response Rate.

Questionnaires	Frequency	Percentage (%)
Distributed	40	100
Returned	40	100
Not Returned	0	0
Total	40	100

The results indicate that the study successfully captured the views and experiences of all selected participants. Therefore, data collected were considered adequate for analysis and interpretation total of 40 questionnaires were distributed to elderly individuals in the study area. All 40 questionnaires were completed and returned, representing a response rate of 100 percent.

Demographic Characteristics.

Table 4.2 Gender Distribution.

Gender	Frequency	Percentage (%)
Male	16	40
Female	24	60
Total	40	100

The findings show that female respondents constituted most participants at 60 %, while males accounted for 40%. Th may be higher number of female participants be attributed to the fact that women generally have a longer life expectancy than men.

Table 4.4.1 Level of Education.

Education	Frequency	Percentage
No formal education	20	50
Primary education	10	25
Secondary education	8	20
Tertially education	2	5

Level of Social Isolation

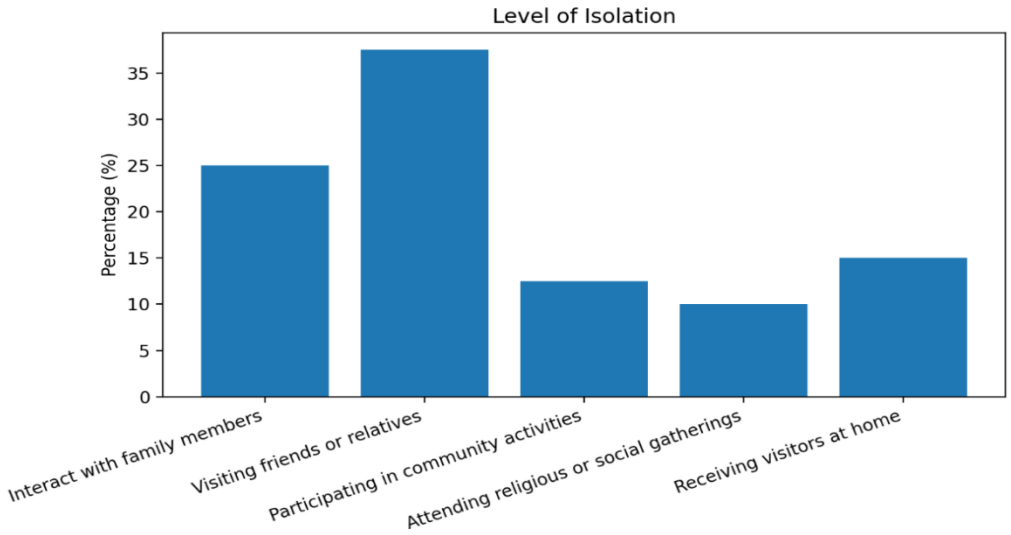
A considerable proportion of participants reported infrequent contact with family members and neighbors. Some elderly individuals lived alone and had limited participation in social or community activities.

Mental Health Outcomes

Participants experiencing social isolation commonly report sadness, loneliness, worry, loss of interest in daily activities, poor sleep, emotional distress, and feelings of abandonment. Several participants described persistent loneliness following the death of a spouse or migration of their children.

4.4.5 Relationship Between Isolation and Mental Health

The first objective of the study sought to examine the relationship between social isolation and mental health outcomes among elderly individuals.



Graph 1.0 Level of Social Isolation.

The findings indicated that elderly individuals with limited social interaction were more likely to report depressive symptoms and anxiety than those with regular family and community contact. Emotional support from relatives and neighbors appeared to reduce psychological distress.

Object 1: To examine the relationship between social isolation and mental health outcomes

Theme 1: Many respondents explained that" *they spend long periods alone because their children have migrated to urban areas in search of employment*". Others indicated that, "*old age and declining health limit their ability to visit friends and participate in community activities*". Consequently, their social interactions have reduced significantly.

Cultural Influences

Qualitative interviews revealed that stigma, neglect, and cultural accusations such as witchcraft contributed to withdrawal from social activities and increased isolation among some elderly individuals.

4.5 Social-Demographic and Cultural Factors Contributing to Social Isolation

The second objective sought to identify social-demographic and cultural factors that contribute to social isolation among elderly individuals

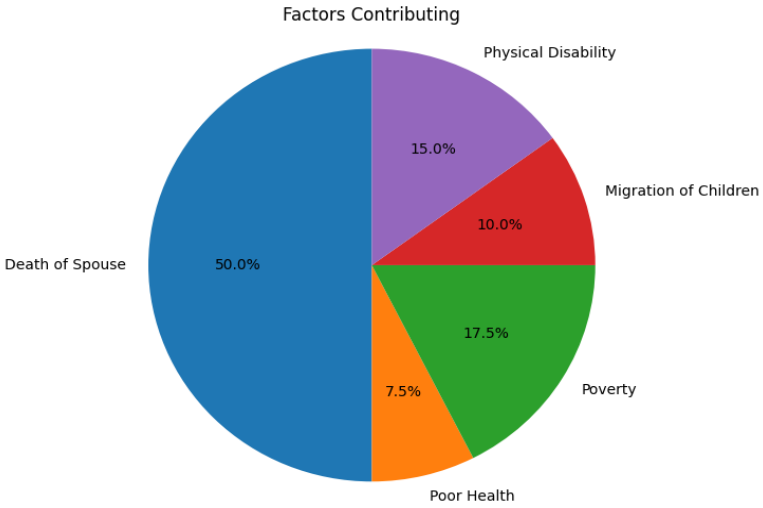


Figure 1.1 Contributing Factors to Social isolation.

The results show that the death of a spouse was the leading contributor to social isolation, reported by 50% of respondents. Poor health followed closely at 8 %, while migration of children was reported by 10 %, and those who have physical disability indicated 15 %.

The findings suggest that widowhood significantly reduces social support systems for elderly individuals. When a spouse dies, older adults often lose their closest companion, emotional supporter, and caregiver. This loss increases feelings of loneliness and isolation.

Objective 2: To identify social demographic and cultural factors that contribute to social isolation among elderly.

Theme 2: Migration of children emerged as another important factor. Many respondents explained that" *their adult children had relocated to cities or other districts for employment opportunities".* As a result, elderly parents were left alone with limited social and emotional support.

Role of Family and Community Support in Reducing Social Isolation

The third objective is to explore the role of family, community support, and social networks in reducing the effects of social isolation.

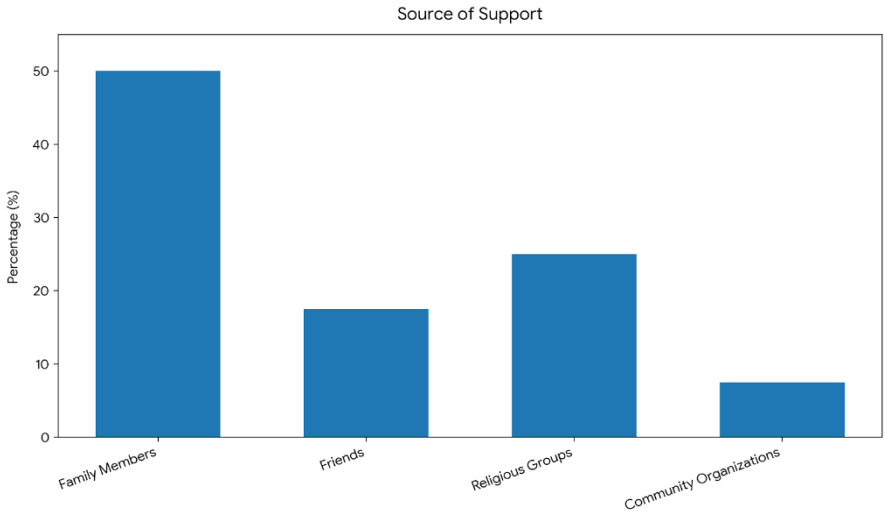


Figure 1.2 Sources of Support.

The findings reveal that family members were the primary source of support for most elderly individuals. Religious groups also played a significant role in providing emotional and social support.

Object 3: To explore the roles of family, community support and social networks in mitigating the effects of social isolation mental health among elderly individuals

Theme 3:

Respondents reported that," *regular visits from family members helped reduce feelings of loneliness and improved their emotional well-being*." Elderly individuals who received frequent support from relatives appeared more optimistic and satisfied with life than those who lacked family contact.

Religious institutions were also identified as important sources of social interaction. Participation in church activities enabled elderly individuals to interact with peers, receive emotional encouragement, and strengthen their sense of belonging.

DISCUSSION OF FINDINGS

The study confirms that social isolation is strongly associated with poor mental health among elderly individuals. The findings are consistent with previous research showing that lack of social relationships increases vulnerability to depression, anxiety, loneliness, and emotional distress.

Widowhood emerged as a major contributor to isolation, supporting earlier studies that identified the loss of a spouse as a critical life event affecting emotional well-being. Living alone further increased the risk of loneliness because opportunities for daily interaction were limited.

Economic hardship also influenced isolation. Elderly individuals with limited financial resources often lacked transport, communication facilities, and opportunities for participation in community activities. This finding aligns with literature linking poverty to social exclusion.

Cultural factors were particularly important in the Malawian context. Participants who experienced stigma or witchcraft accusations reported avoidance by neighbors and relatives, resulting in emotional suffering and reduced social participation.

The protective role of family support was evident throughout the study. Elderly individuals receiving regular visits, emotional encouragement, and practical assistance from family members reported better psychological well-being. Community and religious activities also promoted a sense of belonging and reduced loneliness.

These findings support Social Support Theory, which emphasizes that supportive relationships buffer individuals against psychological distress and promote emotional resilience.

FINDINGS

The study established the following major findings:

Social isolation was significantly associated with depression, anxiety, loneliness, emotional distress, and reduced life satisfaction among elderly individuals.

Widowhood, living alone, low income, chronic illness, and limited education were major predictors of social isolation.

Cultural factors such as stigma, neglect, and witchcraft accusations intensified isolation and emotional suffering.

Family support reduced feelings of loneliness and improved psychological well-being.

Participation in community groups, religious activities, and social networks promoted emotional health and social connectedness.

Weakening traditional family support systems increased vulnerability to isolation among elderly individuals.

RECOMMENDATIONS

Based on the findings, the study recommends the following:

Strengthening Family Support

Families should be encouraged to maintain regular contact with elderly relatives, provide emotional support, and involve them in family activities and decision-making.

Community-Based Support Programs

Local leaders, social workers, and community organizations should establish elderly support groups, home visitation programs, recreational activities, and counselling services.

Promotion of Social Inclusion

Religious institutions and community organizations should actively include elderly individuals in social, cultural, and spiritual activities to reduce loneliness and social exclusion.

Government Intervention

Government agencies responsible for social welfare should strengthen social protection programs, provide support for vulnerable elderly people living alone, and integrate elderly mental health into primary healthcare services.

Public Awareness

Community awareness campaigns should address stigma, neglect, and harmful cultural beliefs affecting older adults and promote respect and inclusion of elderly people.

Mental Health Services

Accessible mental health screening, counselling, and referral services should be made available for elderly individuals experiencing depression, anxiety, or emotional distress.

CONCLUSION

This study assessed the impact of social isolation on mental health among elderly individuals in Chiudzira Community, Lilongwe District. The findings demonstrate that social isolation is a serious social and public health problem that significantly affects the psychological well-being of older adults. Elderly individuals who are widowed, living alone, economically disadvantaged, or socially excluded are particularly vulnerable to depression, anxiety, loneliness, and emotional distress. The study further shows that family support, community participation, religious involvement, and social networks play a crucial role in protecting elderly individuals from the harmful effects of isolation. Strengthening these support systems is essential for promoting healthy ageing and improving quality of life. Addressing social isolation among elderly populations requires coordinated efforts from families, communities,

social workers, healthcare providers, non-governmental organizations, and policymakers. Interventions that promote social inclusion, emotional support, and community engagement can significantly improve mental health outcomes among older adults in Malawi.

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