

**Mental Health and Loneliness Among The Aged In Wamba Local Government Area,
Nasarawa State, Nigeria**

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ABSTRACT

Mental health and loneliness have emerged as critical public health concern among the aging population, particularly individuals aged 70 years and above. As people advance in age, they often face a complex interplay of biological, psychological, and social changes that can predispose them to mental health challenges. This study examined mental health and loneliness among the aged (70 years and above) in Wamba Local Government Area, Nasarawa State, Nigeria. The objectives of the study were to determine the prevalence of loneliness among individuals aged 70 years and above and examine how loneliness affects the emotions of elderly individuals. The study adopted social isolation theory and attachment theory in explaining mental health and loneliness among the aged (70 years and above). The study adopted phenomenological research design. Key informant interview (KII) with 20 key informants was employed to gather data through purposive sampling technique. Findings revealed that Loneliness significantly affects the emotional wellbeing of the elderly, contributing to increased anxiety, depression, and hopelessness. It often leads to withdrawal from social interactions with family, neighbours, and community members, altering previous patterns of engagement. Also, these emotional and behavioural changes reinforce a cycle of degradation in mental health and social engagement, demonstrating the bidirectional relationship between loneliness and psychological wellbeing. Therefore the study recommended the need to develop community-based educational programs to increase awareness among the elderly and their families about the emotional dimensions of loneliness, encouraging open discussion of feelings and experiences. Family and community members should be encouraged maintaining regular contact with elders, emphasizing proactive outreach to reduce social isolation during vulnerable periods.

Key Words: Loneliness, Mental health, Aging, Aged, Wellbeing

1. INTRODUCTION

Loneliness among the elderly is a growing public health concern, especially as the global population ages. It has been recognized as a significant factor influencing mental health and wellbeing in older adults, particularly those aged 70 years and above. As people age, they often experience multiple life changes such as retirement, the loss of a spouse, and diminishing social circles, all of which contribute to feelings of isolation. The phenomenon of loneliness in older adults has garnered significant attention in recent years, particularly in light of the rapidly aging global population. The United Nations estimates that by 2050, one in six people in the world will be over the age of 60, with the majority living in low- and middle-income countries, with the 70+ demographic representing a significant portion of this group, likely numbering between 400 and 500 million (United Nations, 2019). As life expectancy increases, so too does the prevalence of age-related health issues and social isolation, leading to greater vulnerability to loneliness. According to the National Institute on Aging (2016), loneliness is defined as the subjective feeling of being alone, regardless of the actual amount of social contact one has. It is different from social isolation, which is the objective lack of social contact. While social isolation is a risk factor for loneliness, it is not a direct cause, as some individuals with few social contacts do not feel lonely, while others with extensive social networks do (Cohen-Mansfield, 2018).

Loneliness in older adults has been linked to a range of negative mental health outcomes. Research has consistently shown that individuals experiencing loneliness are more likely to suffer from depression and anxiety (Perissinotto, Stijacic Cenzer & Covinsky, 2022). The effects of loneliness on mental health are thought to stem from both physiological and psychological mechanisms. The stress of isolation can lead to elevated levels of cortisol, which in turn can affect cognitive function and emotional regulation (Cacioppo & Cacioppo, 2024). Furthermore, loneliness may exacerbate pre-existing conditions, leading to a vicious cycle where poor mental health increases feelings of loneliness, and vice versa. The effects of loneliness are not only confined to psychological health but also extend to physical health, with studies by Hawkey and Cacioppo (2020) indicating that chronically lonely individuals tend to experience poorer overall health, including higher rates of chronic illness and disability.

Countries like the United States, the United Kingdom, Canada, and Japan have identified loneliness as a widespread problem among the elderly, with research linking it to various mental health challenges (Victor et al., 2015). In the United States, about one-third of older adults experience loneliness, with significant negative impacts on mental health (Perissinotto et al., 2022). In the United Kingdom, loneliness exacerbates depression and anxiety, leading to poorer physical health (Warburton, Sauter & Smith, 2017). In Japan, cultural norms of self-reliance and limited institutional support make loneliness a major mental health concern (Igarashi, Sato & Imai, 2020). Cacioppo, Hawkey and Thisted (2021) maintained that as the elderly population grows, addressing loneliness and its mental health effects is essential, with social integration and support systems playing key roles in improving outcomes for older adults.

In African countries, the challenges of aging are compounded by various socio-economic and cultural factors, including limited access to healthcare, inadequate social support systems, and the changing family dynamics. In many African societies, the traditional family structure, which once provided a strong support network for older adults, is weakening due to urbanization, migration, and shifting cultural norms (Amnesty International, 2020). This has led to an increase in social isolation and loneliness among older people, which, in turn, has detrimental effects on their mental health, including depression, anxiety, and cognitive decline (Botes, 2017).

Countries such as South Africa, Kenya, Ghana, and Zimbabwe have been particularly affected by these trends. In South Africa, Mlambo, Maunganidze and Moyo (2021) highlighted that the elderly often experience significant isolation due to both physical distance from family members and the stigmatization of aging, which affects their psychological well-being. In Kenya, the rapid pace of urbanization has made it more difficult for the elderly to access the traditional support systems they once relied on, while in Ghana and Zimbabwe, social and economic hardships exacerbate the vulnerability of older adults to mental health issues (Nyarko & Opoku, 2020; Mupedziswa, 2020). The mental health impact of loneliness in the aged population is far-reaching, with implications for overall well-being and longevity.

Loneliness among the elderly in Nigeria, particularly those aged 70 years and above has become a significant concern, due to its profound impact on mental health. World Bank (2020) estimated 2.31 million persons aged 70 and above in Nigeria. The process of aging is often accompanied by various physical, social, and emotional challenges, leading to increased vulnerability to isolation and loneliness. As older individuals experience retirement, the death of loved ones, and a reduction in social interactions, they may face heightened feelings of loneliness (Mba, 2024). This sense of isolation can contribute to mental health issues such as depression, anxiety, and cognitive decline, which are prevalent among the elderly (Pinquart & Sorensen, 2021). In Wamba LGA, where traditional values still hold significant influence, the concept of aging and elderly care is deeply rooted in communal living and family solidarity (Mohammed & Ibrahim, 2022). However, modernization and rural-urban migration have created a gap in these traditional support structures, leaving many elderly residents vulnerable to social isolation. The situation is further compounded by limited infrastructure, inadequate healthcare facilities, and the absence of structured social programs specifically designed for the elderly population in the area (Yakubu, Suleiman & Garba, 2023). This study focused on examining loneliness and its impact on mental health among elderly individuals aged 70 years and above in Wamba Local Government Area, Nasarawa State, Nigeria. It explored the prevalence of loneliness, the emotional responses of elderly individuals aged 70 years and above to prolonged periods of loneliness, and the level of anxiety experienced by elderly individuals aged 70 years and above as a result of loneliness.

2. STATEMENT OF THE PROBLEM

Mental health challenges among the elderly have become a growing concern, particularly in low-resource settings such as Wamba Local Government Area, Nasarawa State, Nigeria. Loneliness, a significant risk factor for poor mental health, has been associated with increased psychological distress, cognitive decline, and overall reduced well-being among individuals aged 70 years and above (Hawkley & Cacioppo, 2020). Despite global awareness of the mental health implications of loneliness, there is paucity of empirical studies documenting its prevalence among the elderly in rural Nigerian communities, with particular reference to Wamba L.G.A. Many elderly individuals in Wamba LGA experience social isolation due to factors such as migration of younger family members, the loss of spouses and friends, and limited social engagement opportunities. However, there is insufficient data to establish the extent of loneliness among this age group in Wamba LGA, making it difficult to develop effective interventions, which prompted the need for this study.

The emotional responses of elderly individuals to prolonged loneliness remain largely unexplored. Research has shown that loneliness can lead to feelings of sadness, despair, and emotional distress, which can escalate into more severe mental health issues such as depression (Victor & Bowling, 2022). However, little attention has been given to how the elderly in rural communities like Wamba LGA cope with or express their emotional distress due to prolonged loneliness. Understanding their emotional responses is crucial in designing psychological and social interventions tailored to their specific needs. Additionally,

existing studies on elderly mental health in Nigeria often focus on urban settings, neglecting the unique socio-cultural and economic realities of aged individuals in rural communities. This gap in research limits the development of localized policies aimed at improving mental health outcomes for the elderly in Wamba LGA, prompting the essence of this study.

Furthermore, the level of anxiety experienced by elderly individuals as a result of loneliness in Wamba LGA remains unclear. Anxiety disorders among older adults have been linked to increased risks of cardiovascular diseases, sleep disturbances, and reduced quality of life (Beutel, Klein, Brähler, Reiner, Jünger, Michal & Tibubos, 2017). While studies have highlighted the connection between loneliness and anxiety in elderly populations globally, little is known about how loneliness-induced anxiety manifests among the aged in rural Nigerian settings. This study seeks to fill the research gap by investigating mental health and loneliness among the aged (70 years and above) in Wamba Local Government Area, Nasarawa State, Nigeria. By doing so, the study contributes to a deeper understanding of elderly mental health in rural communities and informs policies and programmes aimed at enhancing social support systems for aged individuals in Wamba LGA.

Research Questions

- i. What is the prevalence of loneliness among individuals (aged 70 years and above) in Wamba Local Government Area, Nasarawa State?
- ii. How does loneliness affect the emotions of elderly individuals (aged 70 years and above) in Wamba Local Government Area, Nasarawa State?

3. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Loneliness

Loneliness is the personal experience of feeling isolated or lacking meaningful social connections, regardless of the amount of social interaction. It differs from solitude, as loneliness arises from a sense of inadequacy in social relationships. Killgore, Cloonan, Taylor and Dailey (2020) maintained that loneliness is a profound emotional experience that can significantly affect an individual's well-being. It is the feeling of being isolated, disconnected, or lacking meaningful social relationships, even in the presence of others. While loneliness is a common human experience, prolonged or chronic loneliness can have serious psychological, physical, and social consequences. According to Hawkey & Cacioppo (2020), loneliness occurs when there is a perceived gap between one's desired and actual social connections, leading to feelings of isolation and dissatisfaction. Peplau & Perlman (2019) described loneliness as a subjective feeling triggered by a perceived difference between the desired and actual levels of social engagement.

Mental health among the aged

Mental health among the aged is a significant yet often overlooked area of healthcare, with aging populations facing unique challenges that can affect their psychological wellbeing. As people grow older, they experience a variety of changes, such as loss of independence, physical decline, and the death of loved ones, all of which can contribute to mental health issues. Blazer (2023) defined mental health in older adults as the presence or absence of mental disorders that significantly affect an individual's ability to function in daily life. He emphasizes that depression is the most common mental health issue among the elderly and that mental health problems in later life are often exacerbated by physical illness, isolation, and loss of social roles. World Health Organization (2020) provides a broader definition, describing mental health in older adults as a state of well-being where the individual is able to cope with the normal stresses of life, work productively, and contribute to the community. The WHO stresses that mental health is integral to overall health, and disorders like depression, anxiety, and dementia can significantly impact quality of life in aging populations. Similarly, Cacioppo et al. (2021) defined mental health in older

adults as the state of social, psychological, and physical well-being, emphasizing the significant impact of social isolation. They argued that loneliness and lack of social support contribute to mental health problems in aging individuals, leading to depression and cognitive decline. They suggest that social connectivity is crucial for maintaining mental health in older age.

The Prevalence of Loneliness among Individuals Aged 70 years and Above

Loneliness is an emotional state characterized by a perceived lack of meaningful social connections, which can have detrimental effects on an individual's mental and physical health. As individuals age, especially those over 70 years, the prevalence of loneliness tends to increase due to various factors such as the loss of loved ones, physical decline, and social isolation (Cacioppo & Cacioppo, 2024). Nigeria, like many developing countries, is experiencing a demographic shift towards an aging population. According to the United Nations (2019), the proportion of individuals aged 60 years and above in Nigeria is increasing, with projections suggesting that by 2050, this age group will represent a significant portion of the population. As the population ages, the experiences of older adults, including loneliness, become more prominent. The rapid urbanization and migration of younger generations to cities have also led to the breakdown of traditional family structures, leaving older adults more vulnerable to social isolation and loneliness (Nwogugu, 2018).

Loneliness in older adults can be defined as the subjective experience of being socially disconnected or feeling a lack of companionship (Hawkey & Cacioppo, 2020). This emotional state is distinct from social isolation, which refers to the objective absence of social contacts. Loneliness can manifest in various ways, including feelings of emptiness, sadness, or hopelessness, which may be exacerbated by physical health problems and limited mobility, common among individuals aged 70 years and above (Chou & Chi, 2015). While data on loneliness among older adults in Nigeria is limited, some studies suggest that loneliness is a growing concern. A study by Adebayo (2019) found that 40% of older adults in urban Nigeria reported feeling lonely, with higher rates of loneliness among those aged 70 years and above. Similarly, research by Nwogugu (2018) indicated that loneliness was prevalent among older adults in rural Nigeria, particularly due to the absence of family members and a lack of social support systems. As Nigeria continues to age, ensuring that older adults are not left to suffer in isolation should be a priority for both public health and social welfare policies.

Loneliness and emotions of elderly individuals (aged 70 years and above)

Loneliness among elderly individuals is a growing concern in Nigeria, particularly among those aged 70 years and above. Loneliness is often described as a subjective feeling of social isolation, which can have severe emotional consequences (Victor & Bowling, 2022). The elderly population in Nigeria is increasing, yet social structures that traditionally provided support, such as extended family networks, are weakening due to urbanization and modernization (Abanyam, 2013). These shifts have left many elderly individuals vulnerable to loneliness, leading to a range of emotional responses. Anxiety is another common emotional response to prolonged loneliness among the elderly. Loneliness can trigger feelings of insecurity and fear, particularly for those who lack social support (Hawkey & Cacioppo, 2020). In Nigeria, elderly individuals who live alone or depend on caregivers may feel uncertain about their future, which contributes to heightened anxiety levels (Ajayi & Ojo, 2017). This persistent state of anxiety can further diminish their quality of life and overall health status. Prolonged loneliness is also associated with increased emotional distress and feelings of worthlessness. Many elderly Nigerians experience neglect from their families and communities, leading to a diminished sense of self-worth (Akinyemi, Owoaje & Cadmus, 2018).

Social Isolation Theory

Social isolation theory provides a critical lens through which to understand loneliness and mental health challenges among individuals aged 70 years and above. Proposed by Weiss (1973), the theory posits that social isolation characterized by a lack of meaningful social relationships can result in emotional and social loneliness. Emotional loneliness stems from the absence of close, intimate relationships, while social loneliness arises from the lack of a broader network of supportive social connections. Both forms of loneliness significantly impact the mental health of the elderly, who are more vulnerable due to life transitions such as retirement, widowhood, and physical decline. For individuals aged 70 and above, loneliness is a significant predictor of mental health disorders, including depression, anxiety, and cognitive decline. Research by Cacioppo and Cacioppo (2018) has shown that prolonged isolation often exacerbates feelings of worthlessness and hopelessness, leading to poor psychological outcomes. Social isolation theory helps elucidate these patterns by emphasizing the importance of both quantity and quality of relationships. The elderly often experience reduced social engagement due to mobility constraints or the loss of peers, increasing their risk of isolation and associated mental health issues.

Furthermore, the physiological consequences of loneliness are notable. According to Hawkey and Cacioppo (2020), chronic loneliness among the aged has been linked to increased levels of cortisol and inflammation, both of which contribute to mental and physical health decline. Social isolation theory highlighted the role of supportive networks in mitigating these adverse outcomes by providing emotional validation and practical support. While social isolation theory has been instrumental in highlighting the adverse effects of loneliness, it has faced criticism for its deterministic approach. Critics argue that the theory often overlooks individual agency and resilience, assuming that all isolated individuals will experience negative mental health outcomes. For instance, some elderly individuals find solace in solitary activities or develop adaptive coping mechanisms, which the theory does not adequately address. Moreover, cultural differences in the perception of social connections and loneliness challenge the universality of the theory's framework (Cornwell & Waite, 2009).

Attachment Theory

Attachment theory, proposed by Bowlby in 1969, emphasizes the importance of early relationships in shaping emotional and psychological well-being throughout life. According to Bowlby, attachment bonds formed during childhood influence individuals' ability to maintain relationships and manage emotions in adulthood and old age. For the elderly, the loss of significant relationships, whether through death, physical separation, or estrangement, can trigger feelings of loneliness and exacerbate mental health challenges. These experiences are often linked to insecure attachment styles, which hinder emotional resilience and adaptive coping strategies in later years (Bowlby, 1980). Loneliness, defined as the subjective perception of inadequate social connections, is particularly prevalent among individuals aged 70 years and above. This stage of life is often marked by physical decline, retirement, and the death of peers or spouses, all of which can limit opportunities for meaningful interaction. Attachment theory explains how loneliness in older adults can stem from the disruption of attachment bonds. Securely attached individuals are more likely to seek and maintain supportive relationships, whereas those with insecure attachment patterns such as avoidant or anxious styles may struggle to form new connections, further compounding loneliness (Cacioppo & Hawkey, 2009).

The mental health implications of loneliness among the elderly are profound. Loneliness has been linked to increased risks of depression, anxiety, cognitive decline, and even physical health issues such as cardiovascular diseases (Holt-Lunstad, Smith, Baker,

Harris & Stephenson, 2015). Attachment theory suggests that securely attached individuals may possess greater emotional regulation skills and access to supportive relationships, mitigating the negative effects of loneliness. Conversely, insecurely attached individuals may experience heightened sensitivity to perceived rejection, intensifying feelings of isolation and mental distress (Mikulincer & Shaver, 2007).

Despite its contributions, attachment theory has faced criticism when applied to the study of loneliness and mental health among the elderly. Critics argue that the theory overly emphasizes early-life experiences and may not sufficiently account for the dynamic and context-dependent nature of relationships in old age (Fraley & Shaver, 2000). Additionally, the theory does not adequately address the role of broader social and cultural factors, such as societal attitudes toward aging and the availability of community support systems, which significantly influence the elderly's experience of loneliness.

4. METHODS

This study adopted a phenomenological research design to explore the lived experiences of individual (aged 70 years and above) in relation to mental health and loneliness. Phenomenology is suitable for this study as it enables an in-depth understanding of participants' subjective perceptions, meanings, and interpretations of their experiences. The study was carried out in Wamba Local Government Area of Nasarawa State. Wamba Local Government Area (LGA) is located in Nasarawa State, Nigeria, and is one of the 13 LGAs that make up the state. Wamba LGA lies in the northern part of Nasarawa State, situated within the North-Central geopolitical zone of Nigeria. It shares boundaries with Akwanga LGA to the south, Nassarawa-Eggon LGA to the southwest, and Plateau State to the east. The terrain is largely characterized by undulating hills and valleys, with a mix of savannah and forest vegetation. The area experiences a tropical climate, with distinct wet and dry seasons that support both agriculture and livestock rearing.

The study population consists of all individuals aged 70 years and above residing in Wamba Local Government Area of Nasarawa State, Nigeria. This area includes diverse ethnic groups such as the Eggon, Hausa, Fulani, and others, whose cultural practices may affect elderly experiences of mental health and loneliness. The target population includes elderly residents in both urban and rural settings, living in family compounds, independent homes, or care facilities within the area. The sample size for this qualitative study was determined using the principle of theoretical saturation, where data collection continues until no new themes, patterns, or insights emerge from additional participants. Given the specific focus on aged individuals (70 years and above) in Wamba Local Government Area, the sampling strategy employed purposive sampling techniques. The initial sample size estimation considered the heterogeneity within this age group, including variations in socioeconomic status, educational background, living arrangements, and health conditions. The sampling technique for this qualitative study employed a purposive sampling approach, specifically utilizing criterion sampling as the primary strategy. This non-probability sampling method is most appropriate, given the need to select participants who meet specific predetermined criteria essential to the research objectives. The primary criterion was age (70 years and above), while secondary criteria was residence within Wamba Local Government Area for a minimum period, cognitive capacity to participate meaningfully in interviews, and willingness to discuss personal experiences related to mental health and loneliness.

Within the purposive sampling framework, the study incorporated maximum variation sampling to ensure diverse representation across different demographic characteristics that may influence experiences of mental health and loneliness. This involved deliberately selecting participants with varying socioeconomic backgrounds, educational levels, marital status, living arrangements (living alone, with family, or in care facilities), and

health conditions. The variation also extended to geographical representation across different wards (the 10 wards include: Arum, Mangar, Gitta, Nakere, Konvah, Wayo, Wamba East, Kwara, and Jimiya) and communities (Wamba town, Manga and other areas populated by various ethnic groups like the Rindre, Ninzo, Mada, Eggon, Nungu, Toro, Katana, and others) within Wamba Local Government Area to capture potential differences in social support systems and community structures that may impact mental health outcomes.

The sampling process began with snowball sampling techniques to identify initial participants, particularly given that elderly individuals may be less accessible through conventional recruitment methods. Community leaders, healthcare workers at local clinics, religious organizations, and social groups served as key informants and identified potential participants who meet the study criteria. This approach is culturally appropriate for the Nigerian context where community networks and relationships are essential for accessing vulnerable populations such as the elderly. Twenty (20) key informants participated in interview. The primary method of data collection was in-depth semi-structured interviews, which are particularly well-suited for exploring the complex and sensitive experiences of mental health and loneliness among elderly participants. These interviews were conducted face-to-face in participants' preferred locations, typically their homes or community centres, to ensure comfort and facilitate open dialogue. The interview guide was open-ended questions designed to explore participants' lived experiences of loneliness, their understanding of mental health, coping mechanisms, social support systems, and perceptions of available mental health services within Wamba Local Government Area. The semi-structured format allowed for flexibility to probe deeper into emerging themes while maintaining consistency across interviews.

The data analysis for this study employed thematic analysis as the primary analytical approach, following Braun and Clarke's six-phase framework to systematically identify, analyse, and interpret patterns of meaning within the collected data. The analysis process began with data familiarization, where all audio recordings from interviews would be transcribed verbatim in the original language of data collection, then translated into English while preserving cultural nuances and contextual meanings. The research team immersed themselves in the data through repeated reading of transcripts, listening to audio recordings, and reviewing field notes to develop a comprehensive understanding of the dataset and begin identifying preliminary patterns related to mental health experiences and loneliness among elderly participants. Computer-assisted qualitative data analysis software NVivo was utilized to organize, code, and managed the large volume of qualitative data systematically. The consent process emphasized that participation was entirely voluntary, that participants could withdraw at any time without penalty, and that their decision to participate or withdraw did not affect their access to any services or support they were receiving in their communities. Confidentiality and anonymity protections were paramount given the sensitive nature of mental health discussions and the close-knit nature of communities in Wamba Local Government Area.

5. FINDINGS

The prevalence of loneliness among individuals (aged 70 years and above) in Wamba Local Government Area, Nasarawa State

The interviewees were asked to describe what loneliness personally means to them and to share a recent experience when they felt especially lonely. Some of the interviewees said:

Loneliness to me is like being in a crowded room but feeling invisible. Last Tuesday, I sat in the hospital waiting room for three hours for my appointment, surrounded by people, but no one spoke to me. I watched families chatting together and felt this deep ache in my chest. It is not just

being alone, it is feeling disconnected from the world around you (Female: Aged 74 years; Gitta ward)

Another Female interviewee aged 71 years from Wamba east ward stated that:

Loneliness is silence that screams. Since my husband passed two years ago, the house echoes with memories but no conversation. Just yesterday evening, I prepared dinner for two out of habit, and then realized I was setting a place for a ghost. That is when loneliness hits hardest - in those automatic moments of expecting someone who is no longer there.

Another interviewee narrated that:

Loneliness feels like time is going very slowly and there's nothing important to do. The hours seem longer when there's no one to be with. Last weekend, I watched the clock from 2 PM to 6 PM, just waiting for something to happen. No one called, no one came by, and I had nothing to do. That's when loneliness feels heavy, like a weight on your chest (Male: Aged 81 years; Nakere ward)

The interviewees were asked how often they wish they had more people around or more meaningful connections with others. One of the interviewee aged 73 years from Gitta ward stated that:

Honestly, almost all the time. I wake up hoping the day will be better, that someone might call or stop by. By the afternoon, the quiet feels too much, and I keep checking my phone for messages that do not come. I think about 6 or 7 times a day, I really wish I had someone to talk to (Male: Aged 76 years; Arum ward)

Another interviewee stated that:

Sometimes I talk to the TV or pretend to talk to someone in my mind. Every 2 to 3 hours, I think, "I wish someone was here to share this with." I feel it the most when I am eating meals... just do not feel right without someone to talk to. (Female: Aged 79 years; Wamba West Ward)

Another interviewee said:

Every day, my daughter, every single day, when I wake up, the first thing I think is, "Who will I talk to today?" When I eat, I wish someone was sitting with me. Even at night, I wake up and wish my late wife was there to talk to. From morning till night, I am always wishing I had someone with me (Male: Aged 80 years; Wamba West Ward)

A 78 years man from Gitta ward stated that:

Ah, my daughter, if I am being honest, it is almost every hour... When I wake up and make tea, I wish someone was there to share it with. When I listen to the radio, I wish someone was there to discuss the news with me. When I see children playing outside, I wish my grandchildren were here to play in my compound. The worst time is in the evening when I am about to sleep that is when the loneliness is strongest.

The interviewees were asked to talk about the people they interact with often who they are, how frequently they see them, and how fulfilling those relationships are for them. One of the female interviewee aged 86 years said:

The people I see often are mostly my close neighbours. For example, Mama K who lives next door, I see her about three times a week when we fetch water from the borehole. There's also Mallam A, two houses away; we sometimes sit under the big tree in the evening, maybe twice a week. My son comes from Keffi once a month, but he is always in a rush. These relationships are fine, but not very close. We mostly talk about the weather or prices of things, not about our real thoughts or problems. I wish the connections were more meaningful.

Another 70 years man from Nakere ward stated that:

I see my neighbour Mama F almost every day we usually greet each other when we are both outside. There is also a young man who sells bread; he comes twice a week, and we have short chats. My daughter calls me once a week, but she lives in Abuja and only visits during holidays. I meet the market women once a week when I go to the market. These relationships are not deep, we just exchange greetings, but no one truly understands how I feel inside. I am thankful for them, but I still long for deeper connections.

Another 82 years old man (retired teacher) from Jimiya ward said:

I often see the Imam at our mosque five times a day during prayers but we mostly talk about religious topics. Teacher Musa, my old colleague, visits about once every two weeks, and we talk about teaching and the past. My nephew visits once a month to check on me. These relationships are somewhat fulfilling, especially with Teacher Musa because we share old memories, but I still miss having deep daily conversations like I used to have with my students.

A 78 years man who is a retired civil servant from Wamba west ward narrated that:

I talk with my neighbour Mr. J. almost every day we sit outside in the evenings and talk about current events. A former colleague visits once a week and we remember our time at work. My grandchildren come around during school holidays, about four times a year. I also exchange a few words with the young men who fix motorcycles near my house when I walk by. These relationships are somewhat satisfying. I enjoy the talks with Mr. J., but the others are mostly casual conversations. I miss the serious discussions I used to have with my colleagues.

The interviewees were asked to describe their relationship with family members, how often they visit or check on them, and how this affects their feelings.

Another interviewee from Konvah ward said:

*I have four children, two daughters and two sons. We have a good relationship, but we're not very close. One daughter lives in Lagos; she calls twice a month and visits once a year. My other daughter resides in Kaduna; she visits me about three times a year and calls more often. One of my sons lives in Port Harcourt; he's busy with his business and calls once a month. The others live in Makurdi and visits twice a year. When they come, they bring gifts and we enjoy our time together, but they always leave after a few days. I feel proud of their achievements, but it also makes me sad that they live so far away. Sometimes it feels like I raised them only for the cities to take them from me **(Female: Aged 79 years; Wamba West Ward)***

Another 78 years man from Jimiya ward narrated that:

My relationship with my family is good, though not as close as I would prefer. I have six children living in different parts of Nigeria. They call me every week, they have arranged a schedule so that someone contacts me every few days. They take turns visiting, so I usually see one of them about twice a month. Sometimes, they all come together with their children during holidays. I appreciate their efforts and how they work together to take care of me, but it often feels like I am just a responsibility they are managing. When they visit, they focus more on organizing my care than simply spending time with me. It makes me feel cared for, but also like I am no longer someone whose company they enjoy.

The interviewees were asked what methods they use to deal with loneliness and which of these methods are most effective for them. Some of the interviewees said:

*I visit the market more often than needed just to be near people and hear conversations. I make sure to attend all church activities, even when I'm tired. The most helpful thing for me is going to church because it makes me feel part of a community. Praying and singing together helps me feel less alone. Even if we do not speak much personally, being with other believers brings me comfort **(Female: Aged 71 years; Arum ward)**.*

The prevalence of loneliness among the elderly studied is high. Loneliness is often described as feelings of sadness, grief, and emotional detachment resulting from the loss of meaningful social roles, companionships, or community ties. Participants' descriptions indicate that loneliness is a deeply subjective experience, influenced by traditional family support systems, which are weakening due to modernization and rural-urban migration. These changes lead to feelings of isolation despite the presence of social contacts, emphasizing the emotional aspects of loneliness.

Loneliness and the emotions of elderly individuals (aged 70 years and above) in Wamba Local Government Area, Nasarawa State

The key informants were asked: When you feel lonely, what exact emotions do you experience? Can you describe what goes on in your thoughts and how your body reacts during those times? Some of the interviewee said:

*My daughter, it begins with a weight in my chest. I first feel a deep emptiness, like the wind passing through a vacant hut during harmattan. My thoughts drift to my late wife, Mama K.. Then fear creeps in, the fear of dying alone, just like old Mallam I. down the road. Sometimes my hands tremble, and I feel cold even when the sun is shining **(Male: Aged 73 years; Nakere ward)***

Another interviewee stated that:

*My mind travels back to when this compound was full of children's laughter. Now, all my children are in Abuja, Lagos, even America. I think about death, about being forgotten. Sometimes I feel angry, yes angry at God, angry at my children who only call when they need something... **(Female: Aged 79 years; Wamba West Ward)***

Another 70 years man from Nakere ward stated that:

Evenings are the worst. When the sun is going down and families are gathering for dinner, that is when the loneliness bites hardest. I sit outside and hear neighbours talking, children playing, and I feel like a ghost watching life happen without me.

Another interviewee said that:

I question everything, my child. Did I offend our ancestors? Is God punishing me? In Eggon culture, elders should be surrounded by family. When I am alone, I feel like I have failed as a mother, as a wife, as an elder. (Female: Aged 74 years; Gitta ward)

The interviewees were asked in what ways, times of loneliness influence their general mood and view of life. They were also asked to give concrete examples of how their feelings shift during such periods. Some of the interviewee said:

Before now, I would usually wake up singing praise songs. Now, getting out of bed is a battle. Last week, I did not bathe for three days because, what is the point? Nobody will see me anyway. I used to be the life of women's meetings, now I attend only when forced (Female: Aged 79 years; Wamba west ward)

Another interviewee stated that:

What future does an old woman have? I used to dream about grandchildren visiting, about teaching them our traditions. Now I just pray for a peaceful death. I have stopped buying clothes, stopped caring for my garden properly (Female: Aged 81 years; Konvah ward)

A 79 years old man from Mangar ward said that:

My neighbour B. said I have become like a shadow of myself. I used to tell stories that made children laugh. Now even my own grandchildren run from me because I am always complaining and look scary to them. I have become the bitter old man I used to pity.

Another 76 years old woman from Wamba West Ward said that:

Dry season used to mean preparation for farming, excitement. Now it just means more dust, more heat, more discomfort. Rainy season means being trapped indoors alone. No season brings joy anymore; they all remind me of better times.

The interviewees were asked how loneliness influences their behaviour toward family, neighbours, or members of the community when they meet.

Similarly, a 78 years man narrated how he handled visits from relatives, he said that:

I become desperate for their attention, then angry when they leave. I embarrass myself, clinging to them, begging them to stay longer. Then I feel ashamed and push them away next time to protect my dignity.

Another 73 years old woman was asked her participation in traditional ceremonies, she said that:

I attend because tradition demands it, but I feel like an outsider watching my own culture. During burial ceremonies, I think I will be next' instead of supporting the grieving family. My loneliness makes everything about me, which is not our Eggon way.

The interviewees were asked to talk about the exact moments or situations when they feel the loneliest, and what usually causes those feelings. Some of the interviewees stated that:

Wallahi, I feel most lonely when the rains fail and I sit in my compound looking at my dried-up maize. My sons are far away in Abuja and Kaduna...

only their messages reach me, not their presence. The evenings are the hardest, there is no one to talk to about the farm or plan for the next season. When I fall sick and have to bear the pain alone, that is when the loneliness hurts the most (Male: Aged 73 years; Nakere ward)

Another 81 years woman from Konvah ward narrated that:

After Maghrib prayer, when darkness falls... before, children would gather around for stories. Now, only silence. When market day comes and my legs cannot carry me, I hear voices of neighbours going to buy, sell, but I remain here counting ceiling patterns. Ramadan is hardest, breaking fast alone when family should surround you. But I still prefer to stay in the village.

A 73 years old man from Wamba west ward said;

Sunday mornings after church, everyone rushes to their families; I walk slowly to empty house. When pension does not come for months and I cannot contribute to church offerings, shame makes me avoid people. Funeral ceremonies remind me how few of my age-mates are still alive.

When asked "how do you feel emotionally when you are consumed by loneliness?" Some of the interviewees said that:

My heart races like a drum in a storm. Anxieties pile up, what if thieves break in? What if I fall and no one discovers me for days? Sleep turns against me, filled with haunting dreams of deceased friends calling out. I lose all appetite, yet my stomach twists with nameless fears. At times, my chest tightens, and even breathing feels like a struggle (Female: Aged 81 years; Nakere ward)

A 71 years old man from Wamba East Ward said that:

Memory fears intensify, forgetting creates panic about dementia. Helplessness grows when simple tasks become difficult. Restlessness prevents sitting still, yet fatigue prevents meaningful activity. Mood swings from hope to despair within minutes. Fear of burdening others keeps problems bottled inside.

Another 77 years old woman from Arum ward narrated that:

Spiritual anxiety, questioning God's plan, feeling abandoned by ancestors. Paranoia develops about neighbours gossiping, plotting. Insomnia paired with daytime drowsiness disrupts emotional balance. Appetite loss, followed by compulsive eating when anxiety is at its peak. Physical pain amplifies during emotional low periods. Being a retired teacher, I however still read anything I see to keep me busy.

Loneliness significantly affects the emotional wellbeing of the elderly, contributing to increased anxiety, depression, and hopelessness. It often leads to withdrawal from social interactions with family, neighbours, and community members, altering previous patterns of engagement. Feelings of mistrust and reduced willingness to form new relationships are common, mediated by the negative emotions associated with loneliness like fear, sadness, and worthlessness. These emotional states can further perpetuate social withdrawal, creating a vicious cycle affecting overall mental health.

Specific situations that trigger loneliness include bereavement, declining health, and lack of social support, often intensified by cultural changes and economic hardship. During such episodes, elderly individuals frequently report heightened worry, fears about their future, and panic-like feelings. Religious and spiritual practices serve as important coping

mechanisms, providing comfort, purpose, and emotional support, although their effectiveness varies among individuals. Loneliness often leads to withdrawal, but some elderly actively reach out for social support, illustrating differing personal responses to loneliness. The circumstances triggering loneliness include bereavement, health challenges, and lack of social support, often exacerbated by socio-economic hardships and modernization pressures.

6. DISCUSSIONS

The prevalence of loneliness among individuals (aged 70 years and above)

Interviewees described loneliness as a profound sense of emotional and social disconnection, often linked to a lack of meaningful interaction and companionship. Many shared recent experiences of feeling isolated despite being physically surrounded by others, aligning with Perlman and Peplau (1981) conceptualization of loneliness as a perceived gap between desired and actual social relationships. This reflects the multidimensional nature of loneliness, encompassing emotional, social, and existential dimensions (Cacioppo & Hawkley, 2009). Regarding the frequency of wishing for more company, respondents reported daily or frequent desires for meaningful engagement, suggesting that loneliness is a persistent condition rather than episodic for many. This finding supports Hawkley and Cacioppo (2010) assertion that chronic loneliness adversely impacts mental health and wellbeing, emphasizing the need to understand its ongoing nature in individuals' lives.

The description of social networks revealed a limited circle of regular contacts, often comprising family members and a few friends, with varying levels of satisfaction. Some participants expressed frustration at superficial interactions, confirming Victor, Burholt, and Martin (2012) observation that quality of relationships, not just quantity, critically influences loneliness. The frequency of interaction did not always correlate with emotional fulfilment, highlighting the importance of meaningful connections. Family relationships were characterized by intermittent contact and ambivalent feelings. While some felt supported by family visits and check-ins, others experienced these interactions as insufficient or perfunctory, echoing findings by Cornwell and Waite (2009) on the complex role of family in mitigating or exacerbating loneliness. The emotional impact of family engagement, or lack thereof, was significant, affecting participants' sense of belonging and emotional security. Coping strategies varied widely, including engaging in hobbies, using technology to connect, and seeking social support. Participants identified distraction and social outreach as effective, consistent with the adaptive coping mechanisms as documented by Rokach (2018). However, some noted limited success with certain strategies, highlighting the individualized nature of loneliness and the need for personalized interventions.

Loneliness and emotions of elderly individuals (aged 70 years and above)

The analysis of interviewee's responses to experiences of loneliness reveals a complex interplay of emotional, cognitive, and social dimensions. First, specific emotions reported during loneliness include sadness, anxiety, emptiness, and a pervasive sense of isolation. These feelings are accompanied by physical sensations such as tightness in the chest, fatigue, and restlessness, indicating the embodied nature of loneliness (Cacioppo & Patrick, 2008). Cognitively, participants described ruminative thoughts, self-doubt, and a heightened awareness of social disconnection, consistent with Hawkley and Cacioppo (2020) framework of loneliness as a multidimensional experience affecting mind and body. Loneliness contributes to depressive symptoms and reduced life satisfaction. These mood changes underscore loneliness as a significant psychological stressor influencing overall well-being, which align with findings by Mushtaq et al. (2014).

Social interactions also appeared profoundly impacted by loneliness. Participants reported altered behaviour when engaging with family, neighbours, or community members, often exhibiting withdrawal, reduced warmth, or guardedness. This behavioural change may be explained by the social pain theory, which posits that loneliness activates neural mechanisms akin to physical pain, leading to self-protective withdrawal to avoid further social harm, which aligns with (Eisenberger, 2012). Such social distancing potentially perpetuates loneliness by weakening social bonds. Finally, loneliness influenced trust and the willingness to form new relationships. Many interviewees described increased scepticism, fear of rejection, and emotional vulnerability, which inhibited openness toward others. These findings are consistent with the trust erosion model in loneliness, which suggests prolonged social isolation diminishes trust and increases social anxiety, thereby hindering relationship formation (Rotenberg, 2010).

Interviewees identified specific triggers for loneliness, often linked to moments of social isolation, lack of meaningful interaction, or significant life transitions such as bereavement or health decline. This aligned with Hawkley and Cacioppo (2020) assertion that loneliness often intensifies during periods of social disconnection or change. Emotionally, participants reported heightened worry, fearfulness, and sometimes panic-like sensations when loneliness set in, reflecting the psychological distress that accompanies social isolation (Cacioppo et al., 2015). These emotional states suggest that loneliness not only affects mood but can escalate into anxiety symptoms, corroborating findings by Heinrich and Gullone (2006) on the association between loneliness and anxiety disorders. Religious and spiritual practices emerged as important coping mechanisms for many respondents. Prayer, meditation, and participation in communal worship provided emotional comfort and a sense of connectedness, mitigating feelings of loneliness and anxiety. This finding supports Koenig (2012) work on the protective role of spirituality in mental health, highlighting its capacity to foster resilience in the face of psychosocial stressors. Regarding social relationships, loneliness had a complex impact. Some participants reported withdrawal from family and community, exacerbating their isolation, while others sought increased contact to alleviate loneliness. This dual response reflects the dynamic nature of loneliness described by Victor and Yang (2012), where individuals may oscillate between social avoidance and seeking support depending on personal and contextual factors.

7. CONCLUSIONS

The study concludes that elderly individuals experience high level of loneliness at deeply personal and complex emotional state, characterized by sadness, grief, and feelings of social disconnection. These feelings often stem from cultural shifts such as the erosion of traditional family support systems, loss of loved ones, and declining health. Participants' descriptions underscore the subjective nature of loneliness, emphasizing that despite having social contacts; many still feel emotionally isolated, highlighting the importance of meaningful social bonds.

8. RECOMMENDATIONS

- i. There is need to develop community-based educational programs to increase awareness among the elderly and their families about the emotional dimensions of loneliness, encouraging open discussion of feelings and experiences.
- ii. Government and other stakeholders should promote social activities, clubs, and events tailored for the elderly, aimed at strengthening social bonds and reducing feelings of emotional withdrawal.

- iii. Family and community members should be encouraged to maintain regular contacts with elders, emphasizing proactive outreach to reduce social isolation during vulnerable periods. Regular physical visitations and discussions with the elderly family members should be encouraged, as well as health check-ups. This will help their physical, social and emotional health improve, and give them a sense of belonging and care.

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