“THE EFFECTS OF SOCIAL ISOLATION AND LONELINESS ON THE PSYCHOLOGICAL AND PHYSICAL WELL-BEING OF OLDER PEOPLE. A CASE STUDY OF MIDIA SUB-COUNTY (DRUNYO VILLAGE), KOBOKO MUNICIPALITY, UGANDA”

BY

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DATE: March 2026

DECLARATION

I, LOMUDE GODFREY JOSEPH, declare that this research is my original work and has never been submitted to any other University or institution for any academic award.



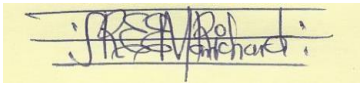
Signature

13th March-2026

Date

APPROVAL

This research has been submitted for examination with my approval as the University supervisor.



6th-April-2016

Mr. ODOKONYERO RICHARD GODDY **Date**

DEDICATION

I dedicate this Research to my family and friends who have always been there for me in every step I took in this field work exercise, may God reward you accordingly for all that you people have labored to do, words of wisdom, care and other financial attachments. Without you I could not have made it up to this far and may the Almighty God bless you abundantly.

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I would like to Honor the Almighty God for giving me the health and strength that was necessary to complete this research. But also, thanks to my supervisor **Mr. Odokonyero Richard Goddy** for his guidance and constructive comments from the beginning of the research to the completion of the research.

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ACRONYMS AND ABBREVIATIONS

GDS: Geriatric Depression Scale

KII:	Key Informant Interview
FGD:	Focus Group Discussion
MSPSS:	Multidimensional Scale of Perceived Social Support
SPSS:	Statistical Package for the Social Sciences
UCLA:	University of California, Los Angeles
WHO:	World Health Organization

ABSTRACT

This research outlined a study that investigated the effects of social isolation and loneliness on the psychological and physical well-being of older adults in Midia SubCounty, Koboko Municipality, Uganda.

Globally, an aging population coupled with changing social structures has brought the issues of social isolation and loneliness to the forefront, affecting the health and quality of life of older individuals. In many African contexts, traditional community support systems for the elderly are eroding, making this a critical area of inquiry.

This study aimed to; (1) assess the prevalence and nature of social isolation and loneliness among older adults, (2) determine their effects on psychological well-being (e.g., depression, anxiety, cognitive function), and (3) examine their effects on physical well-being (e.g., chronic diseases, immune function, mortality risk). Employing a mixed-methods approach, the study collected quantitative data through structured questionnaires administered to a representative sample of older adults in Midia SubCounty, utilizing validated scales such as the UCLA Loneliness Scale and the Geriatric Depression Scale.

Qualitative data were gathered through Key Informant Interviews with community leaders, healthcare providers, family members, and Focus Group Discussions with older adults themselves, to provide in-depth insights into life experiences and contextual factors.

Data was analyzed using descriptive and inferential statistics (e.g., regression analysis) for quantitative data, and thematic analysis for qualitative data. Ethical considerations, including informed consent, confidentiality, and privacy, were strictly adhered to.

The findings provided empirical evidence specific to Midia Sub-County, informing local policy development, community-based interventions, and support programs aimed at enhancing the well-being of older adults and fostering more inclusive and supportive communities.

CHAPTER ONE:

INTRODUCTION

1.0 Introduction

This chapter introduced the research study on the effects of social isolation and loneliness on the psychological and physical well-being of older adults in Midia SubCounty, Koboko Municipality, Uganda. It outlined the background to the study, problem statement, research objectives, questions, scope, and significance, as well as operational definitions of key terms. The increasing global aging population presents both opportunities and challenges, among which the well-being of older adults is paramount. Issues such as social isolation and loneliness, often overlooked, are gaining recognition as significant public health concerns with far-reaching implications for both mental and physical health.

1.1 Background to the Study

The global population is aging at an unprecedented rate. According to the World Health Organization (WHO), the number of people aged 60 years and older is projected to double by 2050, reaching 2.1 billion (WHO, 2020). This demographic shift has profound implications for societies worldwide, including developing countries like Uganda. While increased longevity is a testament to advancements in healthcare and living standards, it also brings to the fore challenges related to ensuring a high quality of life for older adults.

Social isolation and loneliness are distinct but often intertwined concepts that pose significant threats to the well-being of older individuals. Social isolation refers to an objective lack of social contact or connections, often measured by the size and diversity of one's social network (Cacioppo & Cacioppo, 2018). Loneliness, on the other hand, is a subjective, distressing feeling of lacking companionship or understanding, a discrepancy between desired and actual social relationships (Peplau & Perlman, 1982).

An individual can be socially isolated without feeling lonely, and vice versa. However, both have been consistently linked to negative health outcomes.

In sub-Saharan Africa, the context of aging is rapidly evolving. While traditionally, strong family and community bonds provided inherent support for older adults, rapid urbanization, migration of younger generations, socio-economic changes, and the impact of diseases like HIV/AIDS have weakened these traditional safety nets (HelpAge International, 2017). Older adults in Uganda, a country with a relatively young population but a growing number of older persons, face unique challenges. These include poverty, limited access to healthcare, and a diminishing role in community decision-making, all of which can exacerbate feelings of isolation and loneliness. Data on the specific prevalence and impact of social isolation and loneliness in local Ugandan contexts, particularly in peri-urban and rural settings, remains scarce.

Koboko Municipality, located in the West Nile region of Uganda, is a rapidly growing urban center that retains significant rural characteristics in its surrounding subcounties. Midia Sub-County, as a case study area, is likely to exhibit a blend of traditional community structures alongside emerging modern challenges.
Understanding the dynamics of social isolation and loneliness among older adults in this specific setting is crucial for developing targeted and culturally appropriate interventions. Without specific local data, interventions might be misdirected or ineffective, failing to address the true needs of the aging population in Midia SubCounty. This study seeks to bridge this knowledge gap by providing empirical evidence on how these challenges manifest and their impact on the well-being of older adults in this distinct Ugandan context.

1.2 Problem Statement

The global rise in the older adult population is accompanied by a growing recognition of social isolation and loneliness as critical public health issues. Extensive research in developed nations consistently links these experiences to severe adverse effects on both psychological and physical health, including increased rates of depression, cognitive decline, heart disease, and premature mortality. While traditionally strong

family and community networks were a cornerstone of support for older adults in Uganda, these traditional safety nets are increasingly strained due to rapid socioeconomic changes, urbanization, rural-urban migration of younger generations, and the lingering effects of epidemics and conflict.

Anecdotal observations and general trends suggest that older adults in Ugandan communities, including those in Midia Sub-County, may be experiencing heightened levels of social isolation and loneliness. This could stem from factors such as the loss of spouses and peers, limited mobility, chronic illness, reduced social roles, and the weakening of intergenerational bonds as younger family members seek economic opportunities elsewhere. However, there is a significant dearth of empirical data specifically examining the prevalence, specific drivers, and the precise impact of social isolation and loneliness on the psychological and physical well-being of older adults in this particular local context – Midia Sub-County, Koboko Municipality.

Without localized research, it is difficult to ascertain the extent of the problem, identify the most vulnerable subgroups, or design effective and culturally sensitive interventions. The lack of specific data on Midia Sub-County means that policy decisions, health programs, and community support initiatives might be based on generalized assumptions rather than evidence-based understanding of the unique challenges faced by older adults in this community. This gap in knowledge leaves older adults potentially suffering in silence, with their psychological distress and physical health deterioration remaining unaddressed, ultimately impacting their quality of life and placing a hidden burden on the healthcare system and families. This study, therefore, aims to fill this critical knowledge gap by providing comprehensive insights into the lived experiences and health outcomes associated with social isolation and loneliness among older adults in Midia Sub-County.

1.3 General Objective

To evaluate the effects of social isolation and loneliness on the psychological and physical well-being of older adults in Midia Sub-County, Koboko Municipality, Uganda.

1.4 Specific Objectives

To evaluate the effectiveness of local initiatives, such as senior clubs, support groups, and recreational activities, in reducing feelings of loneliness and enhancing social connectedness among older adults in Koboko Municipality.

To explore how older adults in Koboko Municipality to maintain social interactions and combat isolation utilize digital tools and platforms, including mobile applications, social Midia, and virtual communication.

To analyze the impact of programs that foster interactions between older adults and younger generations, such as mentorship schemes and collaborative community projects, on reducing loneliness and promoting social inclusion in Koboko Municipality.

1.5 Research Questions

What barriers do older adults face in accessing recreational activities aimed at reducing loneliness?

What challenges do older adults encounter when using digital tools to combat isolation?

How do interactions with younger generations affect the emotional well-being of older adults in these programs?

1.6 Scope of the Study

1.6.1 Geographical Scope

This study was geographically confined to Midia Sub-County, located within Koboko Municipality, Koboko District, Northern Region, and Uganda. This specific sub-county has been selected as a representative case study area to provide in-depth insights into the local context.

1.6.2 Content Scope

The study was specifically on two key independent variables: social isolation (objective lack of social connections) and loneliness (subjective feeling of lacking companionship).

The dependent variables under investigation are the psychological well-being (encompassing aspects such as depression, anxiety, and cognitive function) and physical well-being (including chronic disease burden, self-reported health, and functional status) of older adults. The study also explored contributing factors and potential interventions. It delved into the effects of other psychosocial stressors directly linked to social isolation or loneliness.

1.6.3 Time Scope

The study was conducted over a period of 3 months, commencing from the approval of this research. Data collection was for 6 weeks, followed by data analysis, report writing, and dissemination. The study captured current experiences and perceptions of older adults.

1.7 Significance of the Study

This research holds significant importance for various stakeholders:

For Policy Makers and Local Government: The findings will provide empirical evidence specific to Midia Sub-County, enabling local government and policymakers at Koboko Municipality and district levels to formulate evidence-based policies and programs that address the specific needs of older adults, particularly regarding social support and community engagement.

For Healthcare Providers and Social Workers: The study will highlight the direct linkages between social isolation/loneliness and health outcomes, equipping healthcare professionals and social workers with a better understanding of these oftenunderdiagnosed issues.

For Community Organizations and NGOs: The research will identify key contributing factors and suggest potential interventions, providing a roadmap for local communitybased organizations and NGOs working with older persons to design and implement effective support programs, social engagement activities, and advocacy initiatives.

For Older Adults and Their Families: By shedding light on the challenges, the study can raise awareness among older adults themselves and their families about the importance of social connections for healthy aging, potentially encouraging proactive steps to maintain social engagement and seek support.

For Academia and Future Research: This study will contribute to the limited existing literature on social isolation and loneliness among older adults in sub-Saharan Africa, particularly in Uganda.

For Resource Allocation: The findings can advocate for better resource allocation towards geriatric care and social support services for older adults at both local and national levels.

1.8 Operational Definition of Key Terms

Older Adults/People: For the purpose of this study, older adults or people are defined as individuals aged 60 years and above, consistent with the United Nations definition of an older person and commonly used in ontological research in Uganda.

Social Isolation: Refers to the objective absence or infrequency of social contact with others. It will be measured by indicators such as the number of social ties (family, friends, and community groups), frequency of interactions, and participation in social activities.

Loneliness: Refers to a subjective, unpleasant feeling associated with a perceived deficit in one's social relationships. It is the distressing feeling of being alone or separated from others, even when surrounded by people. This will be primarily measured using a validated loneliness scale.

Psychological Well-being: Encompasses an individual's mental and emotional health. In this study, it will be operationalized by assessing symptoms of depression, anxiety, and self-reported cognitive function (e.g., memory, concentration).

Physical Well-being: Refers to the overall health and functioning of the body. It will be operationalized by self-reported chronic health conditions (e.g., hypertension,

diabetes, arthritis), perceived immune function (e.g., frequency of illness), and functional status (e.g., ability to perform daily activities).

Midia Sub-County (Drunyo Village): The specific geographical area within Koboko Municipality, Koboko District, Uganda, serving as the case study location for this research.

Koboko Municipality: A local government unit in Koboko District, Northern Region, Uganda, encompassing Midia Sub-County.

CHAPTER TWO:

LITERATURE REVIEW

2.0 Introduction

This chapter provided a comprehensive review of existing literature relevant to the effects of social isolation and loneliness on the psychological and physical well-being of

older adults. It begins with a theoretical review, followed by the proposed conceptual framework. Subsequently, it presented an empirical review, drawing from global, regional, and national studies, categorizing the evidence by key themes. The chapter concluded by identifying research gaps that this study aims to address.

2.1 Theoretical Review

Understanding the theoretical foundations of social isolation and loneliness in older adults was crucial for developing a strong research framework. Several sociological and psychological theories offered lenses through which to examine these phenomena and their impacts.

2.1.1 Social Disengagement Theory

Proposed by Cumming and Henry (1961), Social Disengagement Theory posits that as people age, they gradually withdraw from society, and society, in turn, withdraws from them. This mutual withdrawal is viewed as a natural, inevitable, and mutually beneficial process, preparing both the individual and society for the older person's eventual death. From this perspective, a reduction in social interaction and activity is seen as a normal part of aging.

2.1.2 Activity Theory

Activity Theory, largely seen as a counterpoint to Disengagement Theory, suggests that successful aging occurs when older adults remain active and maintain social interactions. Developed by Havighurst (1961), it argues that a higher level of activity and social engagement is associated with greater life satisfaction and better psychological well-being in old age. The theory emphasizes the importance of continuing roles, activities, and social relationships to maintain a positive self-concept and adapt to age-related changes.

2.1.3 Social Cognitive Theory

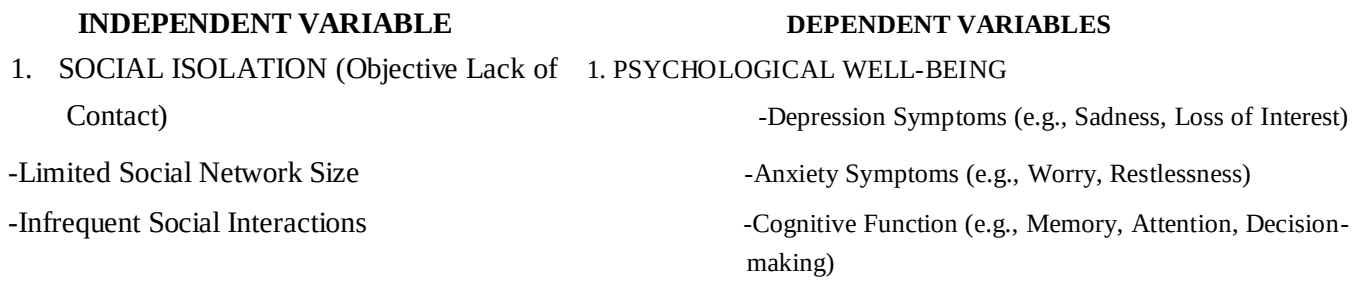
Developed by Albert Bandura (1986), Social Cognitive Theory emphasizes the role of observational learning, social experience, and self-efficacy in shaping behavior and

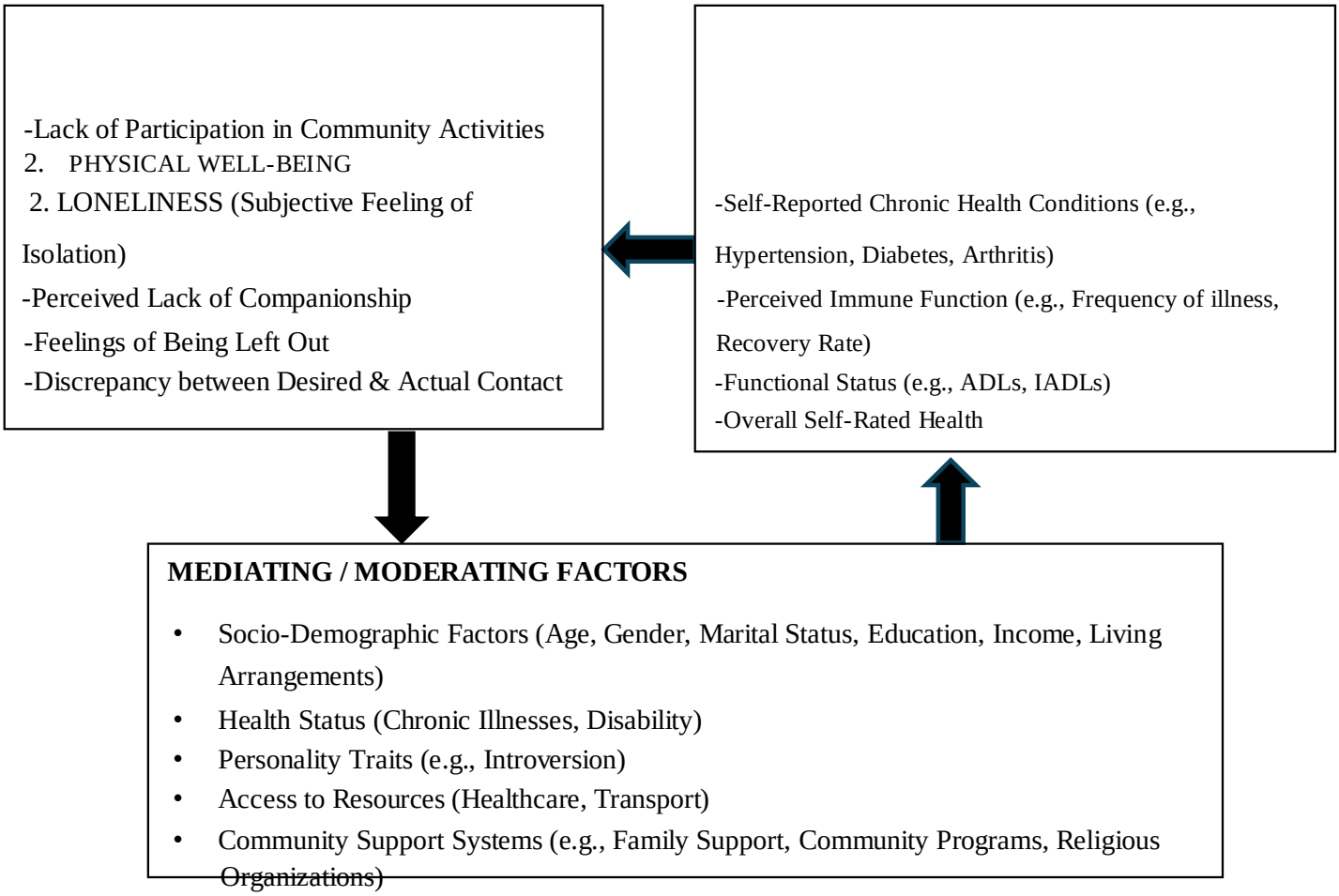
well-being. It suggests that individual' beliefs in their capabilities to execute specific tasks (self-efficacy) influence their motivation, behavior, and emotional states. In the context of older adults, perceived self-efficacy regarding social interactions can significantly affect their willingness and ability

2.2 Conceptual Framework

The conceptual framework for this study was adapted from an integration of the discussed theories and existing empirical evidence. It illustrates the hypothesized relationships between social isolation and loneliness (independent variables), Mediating/moderating factors, and the psychological and physical well-being of older adults (dependent variables).

Figure 2.1: Conceptual Framework showing the relationship between Social Isolation, Loneliness, and Well-being and how each influences the other.





2.3 Empirical Review

2.3.1 Global Perspectives on Social Isolation and Loneliness in Older Adults

Globally, the prevalence of social isolation and loneliness varies, but it is consistently identified as a widespread issue affecting significant proportions of older adults. A systematic review by Victor and Bowling (2012) highlighted that between 5% and 16% of older people in developed countries experience social isolation, while loneliness rates can range from 10% to over 40%, depending on the definition and measurement tools used. In the United Kingdom, the Campaign to End Loneliness (2020) reported that over 2 million people over 75 live alone, and more than a million older people say they often or always feel lonely. In the United States, studies have shown that approximately onethird of older adults live alone, and a significant proportion report feeling lonely (National Academies of Sciences, Engineering, and Medicine, 2020).

2.4 Research Gaps

Despite the growing global evidence, several research gaps persist, particularly concerning the context of Midia Sub-County, Koboko Municipality, Uganda.

Context-Specific Data: While global literature highlights the issues, there is a significant lack of empirical data on the prevalence and specific manifestations of social isolation and loneliness among older adults in peri-urban/rural Ugandan settings like Midia SubCounty. Generalized findings from developed countries may not fully capture the unique cultural, socio-economic, and family dynamics prevalent in this context.

Local Contributing Factors: The specific local factors contributing to social isolation and loneliness in Midia Sub-County are not well-documented. Understanding these localized drivers (e.g., impact of cross-border trade, specific migration patterns, influence of local community structures vs. declining traditional support) is essential for effective intervention.

Community-Led Solutions: While global interventions exist, there is limited research on which types of interventions are most feasible, acceptable, and effective within the socio-cultural context of Ugandan communities, specifically Midia Sub-County.

Mixed-Methods Approach for Depth: Most existing studies are predominantly quantitative or qualitative. A mixed-methods approach will provide both the breadth of prevalence data and the depth of lived experiences and contextual nuances, which is currently lacking for this specific region.

This reseach study directly addresses these gaps by providing localized, empiricallydriven insights using a mixed-methods approach, which is critical for informing relevant and impactful interventions in Midia Sub-County and potentially similar contexts across Uganda.

CHAPTER THREE:

RESEARCH METHODOLOGY

3.0 Introduction

This chapter detailed the methodology that were employed to achieve the objectives of this research study. It outlined the research design, study population, sample size determination, sampling procedures, data collection methods and instruments, validity and reliability measures, data processing and analysis techniques, ethical considerations, and anticipated limitations of the study.

3.1 Research Design

This study adopted a mixed-methods research design, specifically an explanatory progressive design (QUAN-QUAL). This approach involved collecting and analyzing quantitative data first, followed by qualitative data. The qualitative data was then used to help explain or elaborate on the findings from the quantitative phase (Creswell & Plano Clark, 2018).

This mixed-methods approach was chosen to provide a comprehensive understanding of the complex phenomenon. The quantitative data offered generalizability and statistical associations, while the qualitative data provided rich contextual understanding and indepth perspectives unique to Midia Sub-County.

3.2 Study Population

The target population for this study comprised of older adults (aged 60 years and above) residing in Midia Sub-County, Koboko Municipality, Uganda. This included older men and women from various households and socio-economic backgrounds within the sub-county. Additionally, key informants included local leaders (e.g., LCI chairpersons, sub-county chiefs), healthcare workers (e.g., at health centers within or serving Midia Sub-County), and representatives of organizations working with older persons.

3.3 Sample Size and Sampling Procedures

3.3.1 Sample Size Determination

For the Quantitative Phase (Older Adults)

The study employed a census method, which involves collecting data from all members of the target population. The total number of older adults in Midia Sub- County was estimated at 260, and all were targeted for inclusion in the study. However, due to challenges such as non-response, unavailability of some participants, and logistical constraints, only 50 respondents were successfully reached and participated in the study. Therefore, while a census approach was intended, the final sample consisted of 50 respondents.

For the Qualitative Phase:

Key Informant Interviews (KIIs): Approximately 5-8 key informants were purposively selected to ensure diverse perspectives (e.g., Sub-County Chief, LCI chairpersons from different villages within Midia, a senior health worker, and representatives from NGOs working with older people). The number was determined by theoretical saturation, meaning interviews continued until no new significant information emerges.

Focus Group Discussions (FGDs): 3-4 FGDs were conducted with each group comprising 6-10 older adults from different villages within Midia Sub-County. Similarity within groups (e.g., by gender or age cohort if relevant to discussion dynamics) was considered to facilitate open discussion, while heterogeneity across groups ensured diverse perspectives.

3.3.2 Sampling Procedures

For the Quantitative Phase (Older Adults):

Multi-stage sampling will be employed.

Stage 1 (Stratification): Midia Sub-County was stratified into its constituent villages or administrative zones. This ensured representation from all areas within the sub-county.

Stage 2 (Proportional Quota Sampling): From each stratum (village/zone), a proportionate number of older adults were randomly selected based on the estimated population size of older adults in that village.

Stage 3 (Systematic Random Sampling): Within each selected village/zone, a systematic random sampling approach was used to select households. A starting point was randomly selected, and then every k-th household was chosen. All older adults (aged 60+) within selected households who met the inclusion criteria were invited to participate. One older adult was randomly selected in households with more than one older adult (e.g., by lottery method) to avoid clustering effects.

In conclusion Criteria for Older Adults selection:

Aged 60 years and above.

Resident of Midia Sub-County for at least 6 months.

Mentally alert and able to provide informed consent.

Willing to participate in the study.

Exclusion Criteria for Older Adults:

Individuals with severe cognitive impairment or advanced dementia that prevents them from providing coherent responses (as determined by a brief cognitive screen or caregiver report).

Individuals who were severely ill or bedridden.

For the Qualitative Phase:

Purposive Sampling:

Key Informants: Individuals were purposively selected based on their knowledge, experience, and position regarding older adults and community issues in Midia SubCounty. This includes local council leaders, community development officers, health center in-charges, and leaders of older persons' associations.

FGD Participants: Older adults were purposively selected to ensure representation of different genders, age ranges within the "older adult" category (e.g., 60-75, 75+), and socio-economic backgrounds, while ensuring they also meet the inclusion criteria for the quantitative phase. Recruitment will involve working with local council leaders to identify potential participants and invite them to FGD sessions.

3.4 Data Collection Methods

A mixed-methods approach was used, combining quantitative and qualitative data collection methods.

3.4.1 Questionnaires

Structured questionnaires were administered face-to-face by trained research assistants to the selected older adults. This method was preferred due to potential literacy challenges among older adults and allows for clarification of questions. Questionnaires gathered socio-demographic information, data on social isolation, loneliness, psychological well-being (depression, anxiety, cognitive function), and physical well-being (chronic diseases, functional status). Questionnaires were translated into relevant local languages (e.g., Lugbara, Kakwa, Arabic) and backtranslated to ensure accuracy and clarity. Research assistants visited selected households, explain the study, obtain informed consent, and then administer the questionnaire. The interview setting ensured privacy and comfort for the participant.

3.4.2 Key Informant Interviews (KIIs)

Method; Semi-structured interviews were conducted with key informants. This method allowed flexibility and explored emergent themes while ensuring coverage of core topics. Content; KIIs focused on understanding the broader community context of older adults, perceptions of social isolation and loneliness in the area, existing support systems, challenges faced by older adults, and potential community-level interventions. Procedure; Interviews were conducted at a convenient time and location for the informant (e.g., their office, community center). Interviews were audiorecorded with consent and detailed notes taken.

3.4.3 Focus Group Discussions (FGDs)

Semi-structured group discussions were facilitated by trained moderators with groups of older adults. FGDs were effective for exploring shared experiences, perceptions, and social norms. FGDs delved into the lived experiences of social interaction and isolation, subjective feelings of loneliness, coping mechanisms, perceived impact on daily life and health, community support, and ideas for strengthening social networks. FGDs were held at accessible community venues. A moderator guided the discussion using a predetermined guide, and a note-taker recorded key points and observations. Discussions were audio-recorded with consent.

3.4.4 Observation

Non-participant observation was conducted by research assistants and the principal investigator during household visits and community interactions. Observations focused on the general living conditions of older adults, their interaction with family members and community, accessibility of social spaces, and visible signs of social engagement or isolation in the community. Observations were systematically recorded in field notes immediately after household visits or community engagements. This complemented the self-reported data by providing contextual indications.

3.5 Data Collection Instruments

Validated and culturally appropriate instruments were used where possible.
Translations and pilot testing ensured their suitability for the Ugandan context.

3.5.1 Socio-Demographic Questionnaire

To collect basic demographic information about the participants. Content was Age, gender, marital status, living arrangements (alone, with spouse, with children, etc.), educational attainment, occupation history, income source, and duration of residence in Midia Sub-County.

3.5.2 UCLA Loneliness Scale (Version 3)

To measure subjective feelings of loneliness and social isolation. A 20-item scale that assesses perceptions of social isolation and lacking social connection. Responses are typically on a 4-point Liker scale (1=Never, 2= Rarely, 3=Sometimes, 4=Often). Higher scores indicate greater loneliness. It has been widely used and validated in diverse populations. Adaptation; the scale will be translated into relevant local languages (Lugbara, Kakwa) and culturally adapted through pilot testing to ensure comprehension.

3.5.4 Perceived Social Support Scale (MSPSS)

To assess an individual's perception of support from family, friends, and significant others. A 12-item scale that measures perceived adequacy of social support. Responses are on a 7-point Liker scale (1=Very Strongly Disagree to 7=Very Strongly Agree). It helped differentiate between the presence of social ties and the perceived quality of support. Adaptation; Will be translated and culturally reviewed for relevance of 'friends' and 'significant others' in the local social structure.

3.5.5 Physical Health Checklist

To gather self-reported information on physical health conditions and functional status. A checklist of common chronic diseases (e.g., hypertension, diabetes, arthritis, vision/hearing impairment), self-rated general health (e.g., excellent, good, fair, poor), and functional status using a modified Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) scale (e.g., ability to bathe, dress, prepare meals, manage money). This will also include questions on self-reported frequency of illness or perceived immune strength.

3.5.6 Key Informants Interview (KII) Guide

To guide semi-structured interviews with key informants. The content is open-ended questions covering perceptions of the well-being of older adults in Midia Sub-County, common challenges faced by older adults (including social issues), existing community support structures, gaps in services, and suggestions for interventions.

3.5.7 Focus Group Discussion (FGD) Guide

To guide semi-structured discussions with groups of older adults. Its contents were open-ended questions to facilitate discussion on daily routines, social interactions (family, neighbors, community), feelings of connection or loneliness, changes in social life over time, impact of these changes on their mood and health, coping strategies, and ideas for strengthening social bonds within the community.

3.6 Validity and Reliability of Instruments

Validity; The research instruments will be reviewed by a panel of experts to ensure that the questions adequately cover all aspects of the research objectives and are culturally appropriate for Midia Sub-County.

Reliability; The reliability of the scales (UCLA Loneliness Scale, GDS-15, MSPSS) will be assessed using Cronbach's Alpha coefficient during the pilot study. A coefficient of 0.70 or higher will be considered acceptable (Taber, 2018). A small subset of participants from the pilot study may be re-interviewed after a short interval (e.g., 2 weeks) to check for consistency in responses, especially for stable characteristics. For qualitative data, multiple researchers (e.g., principal investigator and research assistants) will independently code a portion of the qualitative transcripts. Their coding will be compared to ensure consistency in interpretation. Training of research assistants will also emphasize standardized administration of questionnaires to minimize interviewer bias.

3.7 Data Processing and Analysis

3.7.1 Quantitative Data Analysis

Quantitative data from questionnaires will be entered into a statistical software package, such as SPSS (Statistical Package for the Social Sciences) or Stata. Double data entry will be employed for a subset of the questionnaires to minimize entry errors. Data will be thoroughly cleaned to check for completeness, consistency, outliers, and missing values. Missing data will be handled appropriately (e.g., list wise deletion, mean imputation) depending on the extent and pattern. Frequencies, percentages, means,

standard deviations, and ranges will be used to describe the socio-demographic characteristics of the sample and to determine the prevalence of social isolation, loneliness, and various psychological and physical health outcomes.

3.7.2 Qualitative Data Analysis

The research team will read through all transcripts to gain a holistic understanding of the data and identify initial themes. A thematic analysis approach will be used (Braun & Clarke, 2006). Data will be systematically coded, identifying key words, phrases, and sentences that relate to the research questions. Initial codes will be developed inductively from the data. Themes will be reviewed against the entire dataset to ensure they accurately reflect the data. The qualitative findings will be used to provide indepth explanations, contextualize, and elaborate on the quantitative results. Triangulation of qualitative and quantitative findings will be performed to strengthen the overall conclusions.

3.8 Ethical Considerations

Ethical conduct was paramount throughout the research process. Ethical approval was obtained from the university's research ethics committee prior to commencement of data collection. A research clearance approval letter was sought from the Koboko District Local Government and the Sub-County Chief of Midia (Drunyo Village). Informed Consent; All participants were provided with clear, comprehensive information about the study's purpose, procedures, potential risks and benefits, and their rights, and consent was indicated by a thumbprint, witnessed by an impartial third party. Confidentiality and Anonymity; All data collected was treated with strict confidentiality. Participants' names and identifying information were not recorded on questionnaires or linked to their responses.

3.9 Limitations of the Study

The cross-sectional nature of the quantitative phase limited the ability to establish causality. While associations were identified, it was possible to definitively prove that social isolation or loneliness directly cause changes in well-being over time. Reliance

on self-reported data was subjected to recall bias, social desirability bias, or individual differences in perception. While Midia Sub-County is chosen as a case study, findings were directly generalizable to all older adults across Uganda, as contexts can vary significantly. Despite efforts at cultural adaptation, some concepts slightly different interpretations in local languages and cultural contexts, which could subtly influence responses. Limited time and financial resources restricted the depth and breadth of the study, for instance, the number of FGDs or the duration of qualitative data collection.

3.10 Dissemination Plan

The findings of this research were disseminated to various stakeholders through the following channels: Academic Report/Thesis; A comprehensive written report was submitted to the relevant academic department and university. Peer-Reviewed Publication; Efforts was made to publish key findings in relevant academic journals Community Feedback Workshop; A workshop was organized in Midia Sub-County to present the findings to older adults, community leaders, local government officials, and healthcare providers. This will foster dialogue and collaboratively discuss potential local interventions. Policy Brief; A concise policy brief will be developed, summarizing key findings and actionable recommendations for local government and relevant ministries

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION (SAMPLE DATA)

4.1 Introduction

This chapter presents, analyzes, and discusses sample data on the effects of loneliness and isolation on the psychological, mental, and social life of older adults in Midia Sub-County, Koboko District. The data is presented using tables and percentages for clarity.

For this sample study, 50 older adults (aged 60 years and above) were considered as respondents.

4.2 Demographic Characteristics of Respondents

Table 4.1: Gender Distribution of Respondents

Gender	**Frequency**	**Percentage (%)**
Male	21	42
Female	29	58
Total	**50**	**100**

Interpretation:

The table shows that 58% of respondents were female while 42% were male. This indicates that more women participated in the study, which may reflect the higher number of elderly women in the community.

Table 4.2: Age Distribution of Respondents

Age Group (Years)	**Frequency**	**Percentage (%)**
60–69	25	50
70–79	18	36
80 and above	7	14
Total	**50**	**100**

Interpretation:

Most respondents (50%) were aged between 60–69 years, while 36% were aged between 70-79 years and 14% were aged from 80 years and above.

4.3 Psychological Effects of Loneliness and Isolation

Table 4.3: Psychological Effects Experienced by Older Adults

Psychological Effect	**Frequency**	**Percentage (%)**
Feeling sad or depressed	12	24
Feeling lonely most of the time	16	32
Low self-esteem	14	28
No psychological effect	8	16
Total	**50**	**100**

Interpretation:

The findings show that 24% of older adults experienced sadness or depression, while 32% reported feeling lonely most of the time, 28% 0f the older adults live under low self-esteem and only 16% of the sample live with no psychological effects. This indicates that loneliness and isolation have strong negative psychological effects on older adults in Midia Sub- County.

Discussion:

These findings agree with previous studies which show that loneliness is strongly associated with depression and emotional distress among older adults, especially in rural areas with limited social support compared to the urban settings which have quite a number of social supports.

4.4 Mental Health Effects of Loneliness and Isolation

Table 4.4: Mental Effects of Loneliness and Isolation

Mental Effect	**Frequency**	**Percentage (%)**
Memory problems	20	40
Frequent stress or worry	13	26

Difficulty concentrating	10	20
No mental effect	7	14
Total	**50**	**100**

Interpretation:

The table indicates that 40% of respondents experienced memory problems while 26% reported frequent stress or worry. On the other hand, 20% of respondents have difficulty in concentrating and 14% are with no mental effects. This suggests that loneliness and isolation negatively affect the mental health of older adults.

Discussion:

Limited social interaction reduces mental stimulation, which may contribute to memory loss and stress among older adults. These findings are consistent with literature linking isolation to cognitive decline.

4.5 Social Effects of Loneliness and Isolation

Table 4.5: Social Effects on Older Adults

Social Effect	**Frequency**	**Percentage (%)**
Reduced participation in community activities	26	52
Lack of social support	12	24
Feeling neglected by family	8	16
No social effect	4	8
Total	**50**	**100**

Interpretation:

The majority (52%) of respondents reported reduced participation in community activities, while 24% lacked social support. This shows that loneliness and isolation significantly affect the social life of older adults.

Discussion:

Older adults who are isolated tend to withdraw from community and social activities, which further deepens their loneliness and reduces their sense of belonging.

4.6 Coping Mechanisms Used by Older Adults

Table 4.6: Coping Strategies

Coping Mechanism	**Frequency**	**Percentage (%)**
Attending religious activities	20	40
Talking to neighbors/friends	10	20
Staying alone	8	16
Engaging in farming/chores	12	24
Total	**50**	**100**

Interpretation:

The findings show that 40% of older adults cope by attending religious activities, 20% talk to neighbors or friends and 24% engage in farming to cope with loneliness. However, 16% of the respondents prefer staying alone rather than attending religious activities, talking to neighbors and engaging in farming, which may worsen loneliness.

4.7 Summary of Findings

The sample data indicates that:

- Loneliness and isolation cause psychological distress such as sadness and depression.
- There are notable mental health effects, including memory problems and stress.
- Social life is negatively affected, with reduced community participation and social support.

- Older adults use various coping mechanisms, mainly religious involvement and social interaction.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Study

The study examined the effects of loneliness and isolation on the psychological, mental, and social life of older adults in Midia Sub- County, Koboko District. The study was guided by four objectives: to examine the psychological effects of loneliness and isolation, to assess the mental health effects, to determine the social effects, and to identify coping mechanisms used by older adults.

A descriptive research design was adopted, and sample data from 40 older adults aged 60 years and above was used for the study. Data was collected using questionnaires and interview guides and analyzed using descriptive statistics such as frequencies and percentages. The findings were presented in tables and discussed in relation to existing literature.

The study findings revealed that loneliness and isolation are common among older adults in Midia Sub- County and have significant negative effects on their overall wellbeing.

5.2 Conclusions

Based on the sample findings, the study concludes that loneliness and isolation have serious psychological, mental, and social effects on older adults in Midia Sub- County, Koboko District.

Psychologically, the study concludes that loneliness and isolation lead to sadness, depression, emotional distress, and low self-esteem among older adults. Many respondents reported feeling lonely most of the time, which negatively affects their emotional wellbeing and life satisfaction.

Mentally, the study concludes that loneliness and isolation contribute to memory problems, stress, worry, and difficulty in concentration. Prolonged lack of social interaction reduces mental stimulation and may increase the risk of cognitive decline among older adults.

Socially, the study concludes that loneliness and isolation reduce social participation and weaken social support systems for older adults. Many older adults experience reduced involvement in community activities, feelings of neglect by family members, and lack of social interaction, which further deepens their sense of isolation.

The study also concludes that although older adults use various coping mechanisms such as attending religious activities and interacting with neighbors, some cope by staying alone, which may worsen the negative effects of loneliness and isolation.

Overall, the study concludes that loneliness and isolation are major challenges affecting the quality of life of older adults in Midia Sub- County and require attention from families, communities, and policymakers.

5.3 Recommendations

Based on the conclusions of the study, the following recommendations are made:

Strengthening Family Support:
Families should be encouraged to maintain regular contact with older adults, provide emotional support, and involve them in family decision-making to reduce feelings of loneliness.

Community-Based Programs:
Local leaders and community organizations should establish community support groups, social clubs, and recreational activities specifically for older adults to promote social interaction.

Improved Mental Health Services:
The district health office should strengthen mental health services at health centers and conduct regular mental health screening for older adults.

Religious and Cultural Involvement:
Religious institutions and cultural leaders should actively involve older adults in community and religious activities to enhance social inclusion.

Government and NGO Support:
Government agencies and non-governmental organizations should develop policies and programs that address loneliness and isolation among older adults, including social protection and elderly care services.

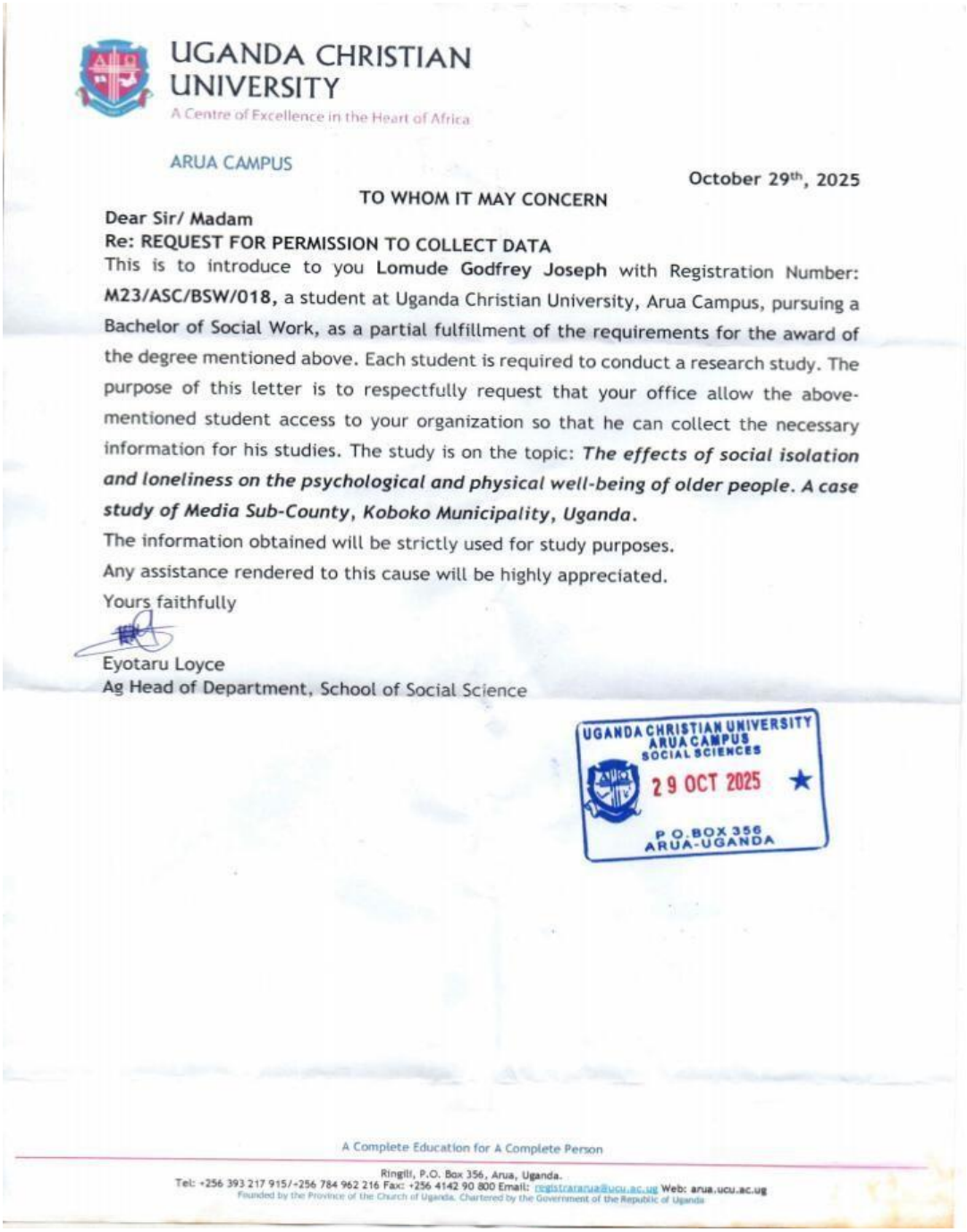
5.4 Areas for Further Research

Future studies should:

- Use a larger sample size and real field data to improve accuracy.
- Explore the long-term effects of loneliness and isolation on physical health among older adults.
- Examine the role of technology and social services in reducing loneliness among older adults in rural communities.

APPENDISES

Appendix i: INTRODUCTION LETTER



UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

ARUA CAMPUS

October 29th, 2025

TO WHOM IT MAY CONCERN

Dear Sir/ Madam

Re: REQUEST FOR PERMISSION TO COLLECT DATA

This is to introduce to you **Lomude Godfrey Joseph** with Registration Number: **M23/ASC/BSW/018,** a student at Uganda Christian University, Arua Campus, pursuing a Bachelor of Social Work, as a partial fulfillment of the requirements for the award of the degree mentioned above. Each student is required to conduct a research study. The purpose of this letter is to respectfully request that your office allow the above-mentioned student access to your organization so that he can collect the necessary information for his studies. The study is on the topic: ***The effects of social isolation and loneliness on the psychological and physical well-being of older people. A case study of Media Sub-County, Koboko Municipality, Uganda.***

The information obtained will be strictly used for study purposes.

Any assistance rendered to this cause will be highly appreciated.

Yours faithfully

Eyotaru Loyce
Ag Head of Department, School of Social Science

UGANDA CHRISTIAN UNIVERSITY
ARUA CAMPUS
SOCIAL SCIENCES
29 OCT 2025
P.O.BOX 356
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A Complete Education for A Complete Person

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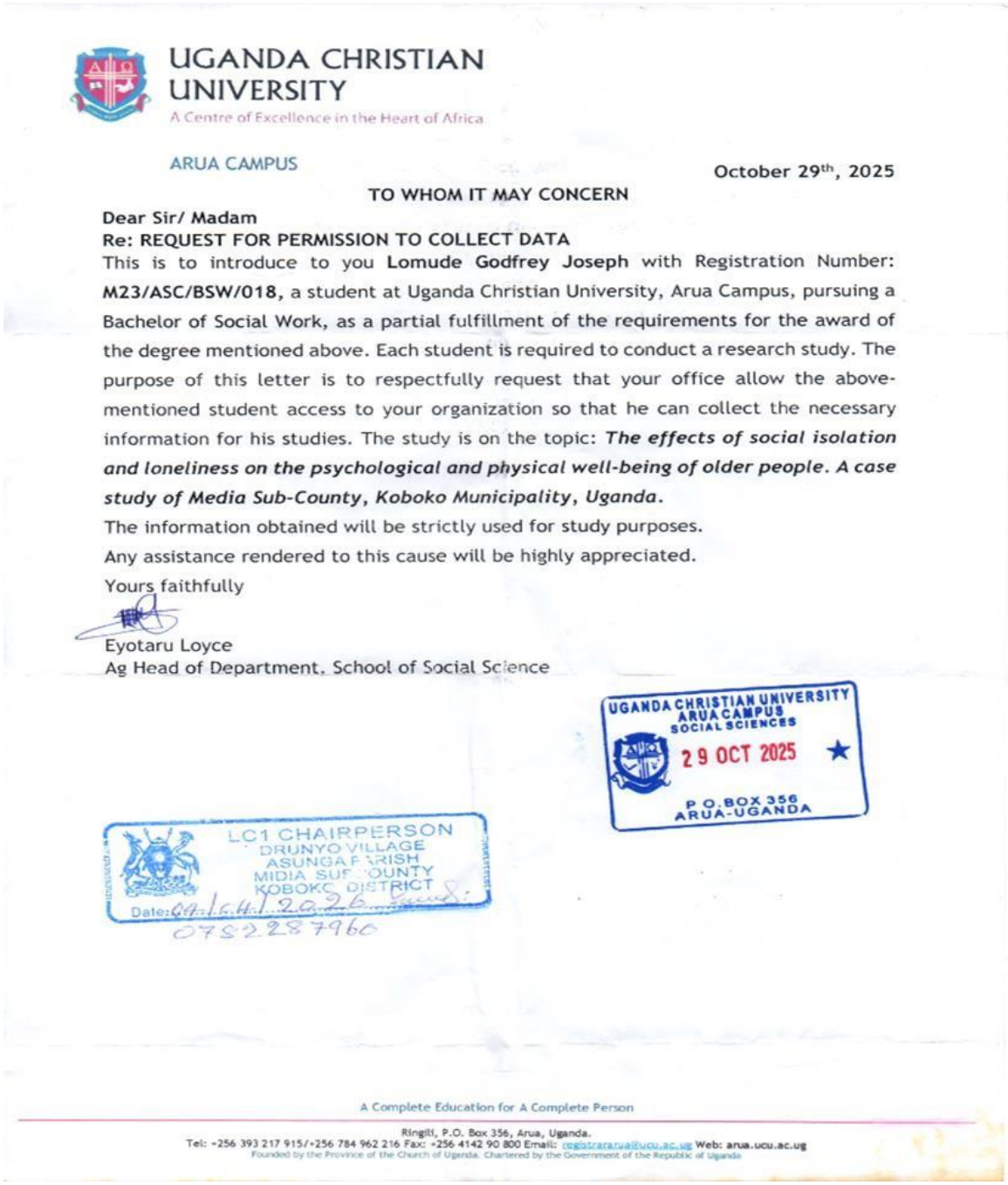
Tel: +256 393 217 915/+256 784 962 216 Fax: +256 4142 90 800 Email: registraraua@ucu.ac.ug Web: arua.ucu.ac.ug
Founded by the Province of the Church of Uganda. Chartered by the Government of the Republic of Uganda

Appendix ii: ACCEPTANCE



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P O BOX 356
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LC1 CHAIRPERSON
DRUNYO VILLAGE
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MIDIA SUB COUNTY
KOBOKO DISTRICT
Date: 04/11/2026
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Appendix iii: INTERVIEW GUIDE

Hello, thank you for considering participating in this research study. My name is Lomude Godfrey Joseph a student of Uganda Christian University, and I am conducting this study to understand the impact of loneliness on the mental health of older adults. Your participation is entirely voluntary, and all responses will be kept confidential. The

purpose of this study is to gather information that will help us better understand the experiences of older adults and identify potential ways to support their mental health.

Before we begin, I would like to inform you that your participation in this study is entirely voluntary, and you can withdraw at any time. The information you provide will be kept confidential and used solely for research purposes. Do you have any questions or concerns before we proceed?

Section 1: Demographic Information

1. Age: _____

2. Gender: _____

3. Marital status: _____

4. Living situation: _____

5. Level of education: _____

6. Income level: _____

Section 2: Loneliness

1. How often do you feel lonely? (Scale: 1-5, where 1 is "never" and 5 is "always")

2. How often do you feel isolated from others? (Scale: 1-5)

3. Do you have someone to talk to when you need it? (Yes/No)

4. How satisfied are you with your social relationships? (Scale: 1-5)

5. Do you feel like you're a part of a community? (Yes/No)

Section 3: Mental Health

1. How would you rate your overall mental health? (Scale: 1-5)

2. Have you experienced any mental health issues in the past year? (Yes/No)

3. Have you felt anxious or depressed in the past week? (Scale: 1-5)

4. Do you have trouble sleeping due to stress or anxiety? (Yes/No)

5. Have you noticed any changes in your appetite or eating habits? (Yes/No)

Section 4: Social Support

1. Who do you live with? (Check all that apply: spouse, children, grandchildren, other family members, friends, alone)
2. How often do you see or talk to friends and family? (Scale: 1-5)
3. Do you participate in any social activities or groups? (Yes/No)
4. How satisfied are you with the support you receive from others? (Scale: 1-5)

Section 5: Coping Mechanisms

1. How do you typically cope with feelings of loneliness? (Check all that apply: talking to friends/family, exercise, hobbies, meditation, etc.)
2. Have you sought professional help for mental health issues? (Yes/No)
3. Do you use technology (e.g., phone, computer) to stay connected with others? (Yes/No)

Section 6: Impact of Loneliness

1. How does loneliness affect your daily life? (Open-ended question)
2. Have you experienced any negative consequences due to loneliness (e.g., decreased physical health, cognitive decline)? (Yes/No)

Thank you for taking the time to participate in this study. Your responses will contribute significantly to our understanding of the effects of loneliness on the mental health of older adults. If you have any questions or concerns, please don't hesitate to reach out.

Appendix iv: KEY INFORMATIVE INTERVIEW (KII) GUIDE

1. What are your thoughts on the prevalence of social isolation and loneliness among older people in Midia Sub- County?
2. What do you think are the main causes of social isolation and loneliness among older people in this community?
3. What support systems are in place for older people in this community?
4. What challenges do you face in addressing social isolation and loneliness among older people?
5. What recommendations would you make to address social isolation and loneliness among older people?

Appendix v: FOCUS GROUP DISCUSSION (FGD) GUIDE

1. Can you share your experiences of social isolation and loneliness as an older person in this community?
2. What do you think are the main causes of social isolation and loneliness among older people in this community?
3. How do you cope with feelings of loneliness and isolation?
4. What support systems do you have in place (e.g., family, friends, community groups)?
5. What suggestions do you have for interventions to address social isolation and loneliness among older people?

Appendix vi: WORK PLAN

Duration: 3 months (approximately 12 weeks)

Activity	**Description**	**Duration**	**Time Frame**
Development	Drafting research, approval from supervisor/department	1 week	Week 1
Literature Review	Review of related studies and theoretical framework	1 week	Week 2
Research Design & Instrument Development	Designing questionnaires/interview guides	1 week	Week 3
Pre-testing of Instruments	Testing tools in a small sample within similar setting	1 week	Week 4
Data Collection	Conduct fieldwork in Midia Sub- County, interviewing older people, key informants	3 weeks	Weeks 5–7

Data Entry and Cleaning	Organize and code data for analysis	1 week	Week 8
Data Analysis	Quantitative (SPSS/Excel) and qualitative (thematic) analysis	2 weeks	Weeks 9–10
Report Writing	Drafting research report and conclusions	1 week	Week 11
Report Editing, Printing, and Submission	Final editing, binding, and submission to institution	1 week	Week 12

Appendix vii: BUDGET

Item	**Description**	**Estimated Cost (UGX)**
typing, printing, and photocopying	drafts and approval copies	80,000
Stationery (notebooks, pens, folders, etc.)	Fieldwork and data entry materials	70,000
Transport (to and within Midia Sub- County)	Field trips for interviews and focus groups	150,000
Meals and refreshments (for researcher & respondents)	During field visits	200,000
Research assistants (2 people × 3 days × 20,000)	For administering questionnaires/interviews	120,000

Pre-testing expenses	Pilot testing costs	60,000
Data entry (SPSS/Excel)	Computer access or hiring data clerk	40,000
Internet and communication	For online references and coordination	70,000
Printing and binding (copies)	Final report submission	80,000
Editing and proofreading	Professional or peer review	30,000
Contingency (unforeseen costs)	Approx. 10% of total	100,000
TOTAL ESTIMATED BUDGET		**1,000,000 UGX**

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