WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Relationship Between Loneliness and Depression among the Elderly Widows in Kajiado County, Kenya

Lucy Zippora Nashelu Kamau[1], Lucy Njiru Ph.D[2], Daniel M. Kitonga Ph.D[3]

Tangaza University

DOI : https://doi.org/10.5281/zenodo.13968505

ABSTRACT

Although many studies in Kenya have focused on the elderly windows and their physical health, limited studies have investigated their mental challenges. The purpose of this study was to investigate the relationship between loneliness and depression among the elderly in Kajiado County, Kenya. The study employed correlational research design. The target population was the elderly widows aged 60 years and above. The census method was utilized to obtain the sample size of 162 participants. Loneliness was measured using revised University of California, Los Angelo's loneliness scale while the Center for epidemiological studies depression scale was employed to measure depression. The data collected was analyzed using descriptive statistics and Person correlation analysis with SPSS version 23. Results obtained from correlational analysis showed positive correlation between loneliness and depression among the elderly windows in Kajiado West Sub- County ($p < 0.05$, $r = 262$). The study recommends to counsellors and psychologists to come up with programmes that help the elderly windows to cope with stress that brings loneliness and depression. There is need of counsellors and psychologists to sensitize the families on the need of helping the elderly people to seek counselling services in order to curb them from experiencing loneliness and depression.

Key Words: Loneliness, Depression, Elderly Windows, Kajiado County, Kenya

INTRODUCTION

Studies conducted worldwide have revealed that loneliness is more prevalent among the elderly people compared to all other ages. For instance, In United Kingdom, statistics show that about one-third of those 50 and older report being lonely in their life (Gerst-Emerson & Jayawardhana, 2015). According to a nationally representative study, 43% of elderly Americans reported feeling lonely (Faísca et al., 2019).Another study conducted by Wang et al. (2017) in Anhui province China revealed that about 78.1 percent of seniors reported feeling moderately to extremely lonely. Likewise, Aung et al. (2017) study among the elderly in some nursing homes in Malaysia revealed that majority (75%) of participants reported very high levels of loneliness while 25% recorded moderate loneliness.

Studies conducted with African population have similar findings concerning depression among the elderly. For instance, Hao et al. (2017) empirical study among older people in South Africa found that there is a relationship between being depressed and loss of interests in activities that were initially valued. Further, revealed that 51.9% of the elderly people were depressed and 43.8% had lost interests in things they loved to do. In a similar investigation, Mulat et al. (2021) conducted a study on the prevalence of depression and related factors among elderly persons in Womberma District, northwest Ethiopia, and they revealed that the prevalence of depression among seniors was 45 %.

Kevser et al. (2020) utilized a descriptive cross-sectional research design to examine the connections among senior people's feelings of loneliness, depression, and contributing variables. The sample size was composed of 501 senior citizens. Standardized tools including GDS, elderly loneliness scale, and a researcher-generated questionnaire were used to gather the data. According to the study, loneliness and depression among the elderly are positively correlated. Tanahu, et al. (2019) carried out a study to find out the interconnections between loneliness, social support, and depression with 116 elderly ladies as the sample. The study discovered that 67.7% of respondents—of whom 50% did not get any financial support and 53% were single—had depression. The study also discovered that elderly people who lack family support may experience loneliness, physical and mental health issues, and an increase in depressive symptoms. Moreover, the study showed a positive relationship between loneliness and depression among the participants.

In order to conduct a longitudinal study, Lee et al. (2021) used data from 7 waves of older people as participants and with 50 years and above. They participated in the English Longitudinal Study of Ageing (ELSA). It was conducted between 2004 and 2017, every two years. The University of California, Los Angeles Loneliness Scale's brief 1980 edition was used to quantify the exposure, which was loneliness at baseline (wave two) (R-UCLA). The Centre for Epidemiologic Studies Depression Scale's eight-item version was used to measure the primary outcome as severity of depression at 7 successive time periods (waves 3 to 8) (CES-D). Controlling for study socio-demographic variables such asocial isolation, social

support, polygenic risk scores, and health-related factors was executed before and after. Then, analyses were conducted using linear multilevel regressions. Using a binary CES-D version, the secondary outcome was the diagnosis of depression. Stata 14 was used to conduct the analyses. The connections between loneliness (wave two; continuous exposure) and the severity of later depression symptoms were investigated using linear multilevel regressions (waves three to eight; continuous outcome).According to the research, the mean loneliness score in the second wave's baseline was 4.12 (SD: 1.50). The study also discovered that individuals with higher loneliness levels had mean depressive symptom severity scores that rose perhaps over time. When the CES-D loneliness item was included, there was a moderately positive association between loneliness and depression (Pearson's correlation coefficient: 0.44, and 0.49 when the loneliness item was excluded. The study indicated that participants with low loneliness scores (score of 6) tended to be older on average, and a higher proportion of them were female, single, unemployed, and had lower levels of education and wealth. The study also discovered that those who scored highly on loneliness also had higher rates of physical ailments, pain, and mobility issues, as well as more severe depressive symptoms, lower levels of social support, smaller social network sizes, and less social interactions.

Hassan et al. (2017) employed a descriptive and correlational methodology to examine the potential link between senior people's feelings of loneliness and depression in Minia City, Egypt. The sample included 50 senior citizens who were at least sixty years old from Red Christine's geriatric club and a geriatric nursing home. According to the study's findings, loneliness and geriatric depression are positively correlated (r = 606, p 0.000). In order to assess the prevalence of loneliness and its connections to social connectedness and depression in senior people, Grover et al. (2018) undertook a study. The study sample included 488 senior patients, all of whom were older than 60. UCLA Loneliness Scale and Geriatric Depression Scale (GDS-30) were used to gather data. According to the study, 77.3 percent of the sample as a whole reported experiencing loneliness. There were no significant gender-related disparities seen in the respondents' prevalence of loneliness.

Furthermore, the study indicated that among respondents of both sexes, higher loneliness levels were significantly positively correlated with the degree of depression. The study also discovered that factors such as present single life, advanced age, prolonged illness, a history of mental illness in the family, concurrent physical illness, and abstinence from substance usage were linked to higher scores of loneliness. A cross-sectional study was conducted by Igbokwe et al. (2020) to determine the prevalence of loneliness and its correlation with depression and anxiety symptoms among retirees in North Central Nigeria. 1104 retirees over the age of 60 were chosen as the sample size through a two-stage sampling process. Using the 8-item University of California, Los Angeles Loneliness Scale (ULS-8), and the depression and anxiety subscales of the DASS 21, respectively, data on reported loneliness, anxiety and depressive symptoms were gathered. The independent correlations between loneliness, depression, anxiety, and anxious depression were investigated employing descriptive statistics, binary, and multivariable logistic regression. Findings of this study revealed that loneliness was negatively connected anxious depression (r =.01, p =.68), and not substantially correlated with depressive symptoms (r =.02, p =.43).

A quantitative study was conducted by Saadah et al. (2019) to examine the connection between loneliness and depression in elderly women receiving home care. 180 persons made up the sample size. Data were gathered using Patient Health Questionnaire 9 (PHQ-9) and the UCLA Loneliness Scale (UCLA- LS). The correlation between depression and loneliness was determined using the Pearson Correlation Coefficient. According to the study, loneliness and depression in older women are strongly correlated (r=0.828; p>0.003). The study seems to imply that loneliness is a risk factor in determining depression in older women. Limited studies exist in Kenya focusing on connection between loneliness and depression among the elderly hence, the need for this study.

METHODOLOGY

A research design, according to Stangor (2011), is the particular approach a researcher takes to gather, analyze, and interpret data. The study employed correlational research design. This design was suitable for the study because it aimed to establish the relationship between loneliness and depression.This study was carried out in Kajiado County. Kajiado North, Kajiado South, Kajiado East, Kajiado Central, and Kajiado West are the five sub-counties that make up this county (County-government of Kajiado, 2018). According to County-government of Kajiado (2018), Kajiado West sub-county was selected because it was having the largest population of the aged among the five sub counties in Kajiado County hence the rationale for the choice of this particular study setting.

The study target population was elderly widows aged 60 and above. All the elderly widows aged 60 and above living in Kajiado West sub-county formed the target population in this study. The rationale for choosing to investigate the elderly widow's mental health is because of old age association with health issues as reported by Perkins et al. (2016). Further, individuals aged 60 and above have been reported to experience loneliness and depression in many studies across the world. Through census method 162 participants were selected to participate in the study. This sampling method was suited for this study because according to Leeman (2016) if target population is less than 200, then census method can be used to select the sample size where each and every item is selected for data collection.

The study collected demographic information of the participants in areas of age, religious affiliation educational level, financial status, years of widowhood, physical health status, perceived social support, and availability of social amenities such as TV. The study collected data on loneliness using the revised UCLA scale (R-UCLA) that was developed by Russell et al. (1980). The scale has 20 items which were intended to assess both one's subjective emotions of social isolation and loneliness. Depression was measured using Centre for Epidemiologic Studies Depression (CES-D) scale, a tool for screening depression developed by Rudolf (1977). Specifically, the scores were classified into three categories: those who scored 0-15 were classified as normal. According to Rudolf, a score of 16 to 32 was classified as mildly depressed, while a score of 33 to 48 was classified as severely depressed and scores of 49 to 60 was classified as being extremely depressed. This means that the cut-off point is 16, indicative of depression whereas

less than 16 are indicative of no depression. The data collected was analyzed using descriptive statistics and correlational analysis to establish the relationship between loneliness and depression among the elderly windows.

RESULTS AND DISCUSSION

The study was set to establish the relationship between loneliness and depression among elderly widows in Kajiado West sub-County. The study presents the demographic of the participants followed by the objective of the study.

Demographic Details of the Participants

The study captured several demographic details of the participants that were involved in the current study including age, religion, level of education, perceived family support, availability of leisure activities, economic constraints and disturbing medical illness. The results showed that the highest number of the participants in the study were at age of 60-70 (41.2%) followed by the participants at age of 71-80 (27.1%). The lowest numbers of participants for the study was those above 90 years (12.4%) followed by those at age of 81-90 (18.6%). The results showed that majority of the participants were Christians 154 (87%) followed by Muslims 22 (12.4%). It is only 1 (6%) a participant in the study were from other religion. Results showed that most of the participants 112 (63.3%) had not attained any level of education. In regard to educational level, the highest of number of participants who had attended school, had attained primary school education 63 (35.6%) and it is only 2 (1.1%) participants who had attained secondary school education.

Loneliness and depression among the Elderly Windows in Kajiado West Sub-County

The objective of the study was set to examine the relationship between loneliness and depression among the elderly windows in Kajiado West Sub-County. To achieve this, Pearson correlation analysis was carried out and the results are presented in table 1.

Table 1

Correlation between Loneliness and Depression among the Elderly Widows in Kajiado West Sub-County

Variable		**Loneliness**	**Depression**
Loneliness	Pearson Correlation	1	.262**
	Sig.		0.001
Depression	Pearson Correlation	.262**	1
	Sig.	0.001	

** Correlation is significant at the 0.01 level (2-tailed).

Results obtained from correlational analysis in table 1 showed positive correlation between loneliness and depression among the elderly windows in Kajiado West Sub- County($r=262$, $p<0.05$).This showed that the more elderly experience loneliness the more they are likely to experience depression. The findings were consistent with the findings of Kevser et al. (2020) who conducted a correlational study to establish the relationship between loneliness and depression senior citizens. The sample size was composed of 501 senior citizen and GDS, elderly loneliness scale were employed in collecting data. The results showed that there was a positive relationship between loneliness and depression among the senior citizens.

Also, the findings were in agreement with findings of Hassan et al.(2017) who conducted a corrrelational study to examine the relationship between loneliness and depression among senior people in Minia City, Egypt. The sample included 50 senior citizens who were at least sixty years old from Red Christine's geriatric club and a geriatric nursing home. The results showed that there was a positive correlation between loneliness and geriatric depression are positively correlated ($r = 606$, $p =0.001$). The similar findings were observed with findings of Grover et al. (2018) who conducted a study with a sample of 488 senior patients who were older than 60 years. UCLA Loneliness Scale and Geriatric Depression Scale (GDS-30) were used to gather data. The findings indicated that among respondents of both sexes, higher loneliness levels were significantly positively correlated with the degree of depression. The study also discovered that factors such as present single life, advanced age, prolonged illness, a history of mental illness in the family, concurrent physical illness, and abstinence from substance usage were linked to higher scores of loneliness.

Furthermore, the findings were supported by the findings of Saadah et al. (2019) who carried out a quantitative study to examine the connection between loneliness and depression among the elderly women receiving home care. The study employed a sample size of 180 persons and data was collected using Patient Health Questionnaire 9 (PHQ-9) and the UCLA Loneliness Scale (UCLA- LS). The correlation between depression and loneliness was determined using the Pearson Correlation Coefficient. The results showed that loneliness and depression in older women are strongly correlated ($r=0.828$; $p>0.003$).

On the other hand, the findings of the current study was in disagreement with findings of Igbokwe et al. (2020) who conducted a cross-sectional study was conducted to determine the prevalence of loneliness and its correlation with depression and anxiety symptoms among retirees in North Central Nigeria. A sample size of 1104 retirees over the age of 60 were chosen through a two-stage sampling process. Using the 8-item University of California,

Los Angeles Loneliness Scale (ULS-8), and the depression and anxiety subscales of the DASS 21, respectively, data on reported loneliness, anxiety and depressive symptoms were gathered. The independent correlations between loneliness, depression, anxiety, and anxious depression were investigated using descriptive statistics, binary, and multivariable logistic regression. Findings of this study revealed that loneliness was negatively connected anxious depression (r =.01, p =.68), and not substantially correlated with depressive symptoms (r =.02, p =.43).

CONCLUSION

The study concluded that there is a positive correlation between loneliness and depression among the elderly windows in Kajiado West Sub- County ($p < 0.05$, $r = 262$). This shows that the more elderly experience loneliness the more they are likely to experience depression.

RECOMMENDATIONS

The study recommends to counsellors and psychologists to come up with programmes that help the elderly people to cope with stress that brings loneliness and depression. There is need to sensitize the families on the need of helping the elderly people to seek counselling services in order to curb them from experiencing loneliness and depression.

The study recommends to families with elderly people to play a active role in taking care of them. The families need to provided services that are needed by the elderly people including providing good nutrition, physical exercise and accompanying them to seek medical services. Families also need to create time with elderly people in order to curb them from experiencing loneliness. In addition, the study recommendations to Church ministers to offer spiritual services to the elderly by visiting them in their homes and having time with them. This will help the elderly to feel encouraged and to build a strong relationship with divine.

Finally, the study recommends to the policy makers that will ensure that the elderly people are taken care of during their old age. There is a need to stakeholders working with windows to allocate funds for the elderly people so that that they are in a position to access affordable medical services and especially those from low economic status. The stakeholders can build nursing homes where the elderly people can be taken care of and especially if their families are not in the position of helping them.

REFERENCES

Aung, K.T., Nurumal, M.S. & Bukhari, W.N.S. (2017). Loneliness among Elderly in Nursing Homes. *International Journal for Studies on Children, Women, Elderly and Disabled, 2*(1), 72-78.

Faísca, L. Afonso, R. Pereira, H. & Vaz Pato, M. (2019). Loneliness and depressivesymptomatology in elderly people. *Anal. Psicol. 37* (1), 209–222

Gerst-Emerson, K. & Jayawardhana, J. (2015). Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization among Older Adults. *Am. J. Public Health,* 105 (1), 1013–1019

Grover, S., Avasthi, A., Sahoo, S. & Lakdawala, B. et al. (2018). Relationship of loneliness and social connectedness with depression in elderly: A multicentric study under the aegis of Indian Association for Geriatric Mental Health. *Journal of Geriatric Mental Health, 5* (2), 99-106.

Hao, G., Bishwajit, G., Tang, S., Nie, C., Ji, L., & Huang, R. (2017). Social participation and perceived depression among elderly population in South Africa. *Clinical interventions in aging, 12* (1), 971–976.

Hassan, S.S., Amin, N.M. & Mohamed, N.A. (2017). Relationship between Loneliness and Depression among Elderly in Minia City. *Biomedicine and Nursing 3*(4), 105-112

Igbokwe, C.C., Ejeh, V.J., Agbaje, O.S.& Umoke, P.I.C., et Al. (2020). Prevalence of loneliness and association with depressive and anxiety symptoms among retirees in Northcentral Nigeria: a cross-sectional study. *BMC Geriatrics, 20* (153), 1-10.

Kevser, I., & Ceyda, Y.B., & Hilal, Y. (2020). The relationship between perceived loneliness and depression in the elderly and influencing factors. *Perspectives in Psychiatric Care. 57* (1), 780-789

Leeman, J. (2016). *Censuses and large-scale surveys in language research*. George Mason University, USA.

Mulat, N., Gutema, H. & Wassie, G.T. (2021). Prevalence of depression and associated factors among elderly people in Womberma District, north-west, Ethiopia. *BMC Psychiatry 21* (1), 136-142.

Perkins, J. M., Lee, H., James, K. S., Oh, J., Krishna, A., Heo, J., … Subramanian, S. V. (2016). Marital status, widowhood duration, gender and health outcomes: A cross-sectional study among older adults in India. *BMC Public Health*, 16, 1032 10.1186/s12889-016-3682-9

Radloff, L. S. (1977). The CES-D Scale: A Self-Report Depression Scale for Research in the General Population. *Applied Psychological Measurements, 1(1), 385-401*.

Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The revised UCLA Loneliness Scale: concurrent and discriminant validity evidence. *Journal of personality and socialpsychology*, *39*(3), 472–480. https://doi.org/10.1037//0022-3514.39.3.472

Saadah, S.N., Lukman, Z.M., Syafiq, M.S., Zulaikha, M.Z., Bukhari, W.M.Y. & Kamal, M.Y. (2019). The Study of Depression and Loneliness among Elderly Women. *International Journal of Research and Innovation in Social Science (IJRISS), 2* (10), 110-113

Stangor, C. (2011). *Research methods for the behavioural sciences (4th ed.).* Mountain View, CA: Cengage.

Wang, G., Hu, M., Xiao, S. & Zhou, L. (2017). Loneliness and depression among rural empty-nest elderly adults in Liuyang, China: A cross-sectional study. BMJ Open. 7 (1), 506-516.