JCARM
Journal of Contemporary Academic Research and Methodologies

An Online Peer Reviewed / Refereed Journal
Volume 1 | Issue 3 | April 2026
Website: www.journal.jcarm.in

Research

Towards Building New Theory: Exploration of Social Isolation Among the Elderly In Kenya

Charles Odhiambo Gundo[1]*, Dr. Yasin Kuso Ghabon[1]

[1]Maseno University, Kenya

Correspondence should be addressed to: cogmaryesu@gmail.com

Abstract: The WHO has declared social isolation a global public health concern. Together with loneliness, it has been considered a serious issue of epidemic proportions in many countries. The elderly are far more susceptible to both loneliness and social isolation than other categories of the population. The purpose of this study is to build a theory based on the exploration of loneliness and social isolation among the elderly in Kenya. The specific objectives are to explore elderly persons' general perception of their own state of loneliness and social isolation, to discuss the different ways by which the elderly become vulnerable to loneliness and social isolation, and to generate a theory around the states of social isolation and loneliness among the elderly in Kenya. The method adopted for this research is grounded theory, and the sampling method is theoretical sampling. Analysis of the results is intertwined within the data collection process in an iterative and cyclical process that allows refining of codes, categories and finally, a core category around which the theory is built.

Keywords: Loneliness, Social Connectedness, Social Isolation, Emotional Loneliness, Existential Loneliness, Social Loneliness

Introduction

Social isolation is the lack of meaningful contact with other people; social connectedness, the opposite (Cornwell and Waite, 2009). Social isolation encompasses both quantitative and qualitative dimensions. Quantitative approaches count the number of social ties a person maintains, whereas qualitative approaches consider the nature of one's social ties, such as their level of closeness (André, H, Steffie, G., and Hans-Helmut, K., 2024).

In 2021, the World Health Organization (WHO) declared social isolation and loneliness a global public health concern, and in 2023, the National Institute on Aging

https://doi.org/10.5281/zenodo.20061487

declared them an epidemic among Canadians. Quoting the National Academies of Sciences et al., (2020), the U.S. Surgeon General, according to Altarum (2023), released an advisory in May 2023, calling loneliness and social isolation an epidemic with potential "profound threats to our health and well-being" (Office of the Surgeon General, 2023, p. 5). Various definitions have been given to loneliness and social isolation. Loneliness has been defined as a distressing subjective "feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships" (Hawkley & Cacioppo, 2010; p.1). Types of loneliness include emotional, social and existential. Altarum (2023) defines loneliness as the distressing feeling of being alone, and social isolation, as the lack of social contacts or connections, both of which can occur at any point in an individual's life. The National Seniors Council (NSC) (2025) on the other hand, adds that loneliness is a personal internal experience related to unmet intimate and social needs, and social isolation as a lack of contacts, family or friends; an objective measure including number of contacts. Social isolation can be defined as "having few social relationships or infrequent social contact with others" (Wu, 2020; p.2). It is an objective measurable state capturing the level and frequency of one's social interactions. In contrast, NSC (2025) identifies social connectedness as the opposite of loneliness and is a personal evaluation of an individual's meaningful, close and constructive relationships with others (individuals, groups and community). Altarum (2023), recognizes older adults as being more likely to experience the impact of social isolation and loneliness due to factors such as living alone or within a long-term care facility, losing a loved one such as a spouse, friend, or sibling, managing chronic illness, or living with sensory impairments. A 2024 survey in Canada found that elderly persons living in towns and cities were more likely, however, to suffer social isolation than those in rural areas.

According to Ohio Suicide Prevention Foundation (OSPF) (2024), loneliness and social isolation significantly impact the mental and physical health of older adults, often leading to severe outcomes, including increased suicide risk. The U.S. Census Bureau reports approximately 27% of adults aged 65 and older live alone, but loneliness can affect anyone without meaningful social connections. The OSPF (2024) further highlights research findings that social isolation can significantly increase the risk of premature death, comparable to risks posed by smoking, obesity, and physical inactivity. Moreover, loneliness is linked to a 50% increased risk of dementia, a 29% increased risk of heart disease, and a 32% increased risk of stroke. It also correlates with higher rates of

depression, anxiety, and suicide. Actually, loneliness and social isolation have recently been acknowledged as new geriatric giants – or the "new smoking" in geriatrics; both of which factors can lead to significant declines in health and can also increase mortality (André, H., Steffi G. and Hans-Helmut K., 2024).

Data suggest that older adults living in nursing homes are more likely to be lonely than community-dwelling older adults (Altarum, 2023). Factors contributing to social isolation and loneliness among older Canadians include lack of, or poor family ties, low socio-economic status, living alone, mobility and transportation issues, health concerns, health care costs, and language and cultural factors (NSC, 2025). The 2022 report by Canada's National Institute on Aging, Understanding Social Isolation and Loneliness among Older Canadians and How to Address It, presents six Canadian policy recommendations aimed at advancing a national and collective approach. In early 2023, the report by the US Surgeon General argued that the epidemic of loneliness and isolation was an underappreciated public health crisis that has harmed individual and societal health (Canadian Coalition for Seniors' Mental Health [CCMSH], 2024, p.7). While attempting to develop clinical guidelines on isolation and loneliness, the CCMSH found that a majority of the literature pointed to limited evidence availability in this area and recommended further research to buttress the lack of existing guidelines.

OSPF (2024) further notes that engaging older adults in dialogue about their experiences and the active participation of elderly persons in social activities is an effective strategy to combat loneliness. Places of worship and local organizations like senior centers or public libraries offer numerous opportunities for social engagement. Volunteering is also particularly beneficial. It offers double advantage: opportunity for social interaction and a sense of purpose; both of which significantly improve mood and mental health. Where elderly persons identify and revisit past hobbies or explore new ones, opportunities for increased social interaction through clubs and groups, both in-person and online, are enhanced. Adult education classes are also key to providing new skills and opening the door to meeting people with similar interests. For the elderly persons proficient in certain crafts, teaching can be an excellent way to stay engaged and connected. Additionally, mentorship is another avenue through which the elderly can fight isolation. Pairing older adults with younger people for mentorship does foster meaningful relationships. The OSPF (2024) concludes that combating loneliness and preventing suicide in older adults requires a multifaceted approach, involving regular communication, social engagement, hobbies,

continuous support, and healthcare interventions. By leveraging these strategies and resources, we can significantly enhance the quality of life and mental health of older adults, ultimately reducing the risks associated with loneliness and isolation.

More at risk of social isolation, notes Eckhard (2018) are persons who live alone, go without couple relationship, get together less than monthly with friends, relatives, or neighbors, and help out others such as friends, relatives, or neighbors less frequently (less than monthly). A person is considered socially isolated when all the above four criteria are met. This is a satisfactory procedure if one wants to identify only the socially isolated but falls short if one wants to measure a degree of social isolation. The Social Network Index (Berkman, 1983 and Berkman and Syme, 1979) was developed in 1965 and measures structural features like marital status, contact with friends and relatives, church membership, and informal and formal group associations.

Worsley (2018) notes that 'loneliness has since moved inward – and has become much harder to cure. It is resident inside minds, whether the people live in bustling cities or in rural areas. Modern loneliness isn't just about being physically removed from other people and can't always be solved by company. Instead, it's an emotional state of feeling apart from others – without necessarily being so'. In terms of measuring social isolation, different aspects of social isolation can offset each other (André, H., Steffi G. and Hans-Helmut K., 2024). It may be that there is a hierarchy, such as that living alone or lacking a partner relationship contributes more strongly to social isolation than if there is no contact with neighbors. The conceptualization of social isolation therefore does not lead to a single measurement model of an instrument with equivalent indicators. It is therefore unlikely that a measuring instrument for social isolation has satisfactory psychometric properties that are usually based on a homogeneous and interrelated set of indicators. The sum of the scores is called an index, that is, a composite statistic that aggregates several indicators (André, H., Steffi G. and Hans-Helmut K., 2024).

Purpose of the Study

The purpose of this study is to build a theory based on the exploration of loneliness and social isolation among the elderly in Buoye sub-location, Kenya. The specific objectives are to explore elderly persons' general perception of their own state of loneliness and social isolation, to discuss the different ways by which the elderly become vulnerable to loneliness and social isolation, and to generate a theory around the states of social isolation and loneliness among the elderly in Buoye sub-location, Kenya

Methodology

This section addresses the methodology to be deployed in the research in order to answer the research questions based on the chosen philosophical paradigm. Borrowing from Saunders' onion, the methodology section is schematized as represented in the table below. Conscious of theoretical sensitivity and the need to avoid pre-conceptualization, a model guide for the research remains helpful and is intended for this research.

Table 1: Methodological Approach

	Area of Research	**Option taken**
1	Philosophical Paradigm	Interpretivist, based on subjects' experience
2	Approach	Inductive, to build new theory from data
3	Methodology	Mono-method: Exploratory
4	Strategy	Qualitative, Grounded theory
5	Time Horizon	Longitudinal, over 24 months
6	Data Collection Procedures	Interviews, Observations, focus groups (Iterative and cyclical/simultaneous with analysis): Completion determined by saturation
7	Sampling Procedures	Theoretical sampling
8	Data Analysis	Iterative and cyclical; advancing towards theory

Study Population and Area

The population is the elderly as defined by the United Nations, which comprises persons aged sixty years and above. In this research, the focus is on the administrative sub-location of Buoye in Kisumu County, Kenya. According to the 2019 population census, there were some 1,155,574 people in Kisumu County. Nationally, in Kenya, 6% of the population are aged sixty years and over, a total of two million, seven hundred thousand people.

Study Design

Grounded theory (GT) is adopted for this research. GT is often used where there is no theory or where the data backing the theory was not drawn from the context of the current study. In Helen Noble (2016), GT has been defined as a research method concerned the generation of theory which is grounded in data that has been systematically collected and analyzed. From the literature, gerontological issues are only lately becoming critical in developing countries like Kenya in terms of policy. The context is therefore important as developing nations grapple with policy responses to the greying of the planet in the south.

This study aims to generate theory from the data collected directly from the field, an approach that suits grounded theory.

Sampling Methods and Techniques

Under grounded theory, theoretical sampling is adopted. In Hellen Scott (2025), quoting Glaser (1978), theoretical sampling "is controlled by the emerging theory [and is] the process of data collection for generating theory" (Glaser, 1978, p. 36). Under this process, the researcher theoretically samples from the population to find particular data in order to answer arising gaps in the developing theory. Theoretical sampling refines and elaborates conceptual categories. The main purpose of theoretical sampling, according to Flick (2009) quoting Charmaz (2006, p.97) is to elaborate and define the categories constituting the theory; that you execute theoretical sampling by sampling to develop the properties of the categories in the research until no new properties emerge.

In this process, data is collected and analyzed at the same time, and as this continues, questions come up, gaps are noticed in the theory that is developing, and new data is collected to fill such gaps. The sampling is based on the data collected at each stage, which then points the researcher to appropriate theoretical sampling to fill up emerging data gaps. It is a unique sampling method associated with GT. This theoretical sampling helps to cover all areas of interest to the research.

The sample size is determined by 'theoretical saturation' of categories rather than by the need for demographic representativeness (Flick, 2009). At the point where no new categories are emerging, the research ends. If theoretical sampling is applied in a systematic way, (Flick, 2009) contends, it will be possible to decide from the progress of the analysis which groups to include in the subsequent sample as more voids are filled and saturation advanced towards.

Data Collection Instruments and Procedures

Data collection in this research is majorly through in-depth interviews of the respondents; observation and the use of focus groups are also deployed. Questions in the interviews are open ended to allow for respondents' unrestricted feedback. As the interviews continue, the researcher uses observation and takes notes of all important aspects of the interview in order to trace the development of the theory and establish the connections in the data. Observation is therefore one of the important tools in GT.

In this research, to begin the process of data collection, a focus group of persons engaged in old peoples' care such as some knowledgeable elderly persons, government and

non-state officials running programs on elderly care, is conducted. This approach is suggested by Glaser (1978) and aims at getting a line on relevancies rather than finding data about 'x' (Helen, S., 2025 p. 2).

From the literature, 'sensitizing concepts', such as 'trust', 'support', 'group membership', among others; 'which give the researcher a general sense of reference and guidance in approaching empirical instances', suggest directions into which the researcher may look.

Methods of Data Analysis and Presentation

Data collection and analysis in grounded theory take place at the same time, iteratively. Each analysis opens the door for further theoretical sampling targeted at gaps in the categories already mined from the data.

The analysis is done through three stages of coding: open coding (where concepts and key phrases are identified, moved into sub-categories and then to categories – and data from each respondent is constantly compared [constant comparison] for similarities); axial coding (where relationships between the identified categories are marked out as axes in the data), and; selective coding (where the core category integrated from the identified categories is settled on and a grounded theory extracted)

During the analysis, analytical notes or memos are used at the various stages, usually in narrative format in order to keep track of the progress towards the theory. The core category accounts for the variation found in the data and sits at the base of a nexus with all the categories.

The final import of the analysis is that a theory is born. This is the purpose of this research: a theory about social isolation among the elderly in Buoye sub-location, Kisumu County, Kenya. From such theory, further studies can be conducted to prove or disprove, and to apply the theory in other contexts and scenarios.

References

1. Altarum (2023) Policy Brief. Social Isolation and Loneliness in Nursing Homes. Altarum.org USA
2. André Hajek, Steffi G. Riedel-Heller and Hans-Helmut König (eds) (2024) Loneliness and Social Isolation in Old Age. Correlates and Implications. Aging and Mental Health Research. Routledge, Taylor and Francis Group. London and New York.
3. Canadian Coalition for Seniors' Mental Health. (2024). Canadian Clinical Guidelines on Social Isolation and Loneliness in Older Adults. Toronto, Canada.

4. Cornwell, E.Y. & Waite, L.J. 2009. Social disconnectedness, perceived isolation, and health among older adults. Journal of Health and Social Behavior, 50, 31–48.

5. Flick, U. (2009) Qualitative Research at Work I: Grounded Theory. In U. Flick (ed), Introduction to Qualitative Research pp. 425 – 432. Sage Publications. London

6. Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms.

7. Helen, N. & Gary, M. (2016) What is Grounded Theory? Evidence Based Nursing. Cross Mark Publishers. UK

8. Hellen, S. (2025) Sampling in Grounded Theory Grounded Theory Review (2025) Vol. 25, No. 1

9. National Seniors Council (2025) Dialogue – Preventing Social Isolation and Loneliness and Promoting Social Engagement and Social Connectedness in Canada Vol. 1 National Seniors Council (NSC) Canada.

10. Ohio Suicide Prevention Foundation (2024) Loneliness and Isolation in Older Adults. OSPF, USA

11. Worsley, A. (2018). The history of loneliness. The Conversation. https://theconversation.com/a-history-of-loneliness-91542

12. Wu, B. (2020). Social isolation and loneliness among older adults in the context of COVID-19: A global challenge. Glob Health Res Policy, 5. https://doi.org/10.1186/s41256-020-00154-3
