
Research

An Aristotelian Discussion of the Extent of Isolation Among the Elderly In Kaloleni Sub-Location, Kisumu, Kenya

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Abstract: Towards the end of his life, even the very robust Aristotle suffered isolation. Social isolation increases the risk of various diseases, such as high blood pressure, depression and dementia, and it tends to increase with age. Isolation results from diminished contacts and connectedness due to changed circumstances. There are three vital components of social connection: structure, the number and variety of relationships; function, the degree to which relationships serve various needs; and quality, the positive and negative aspects of relationship interactions. The specific objectives were to analyze the structure of connectedness in the study site, assess the function component of connectedness and finally, determine the quality component of connectedness as a reflection on isolation. Applying narrative interviewing and narrative analysis on data from persons seventy years old and above, the research found that elderly persons experienced significantly reduced frequency of interaction with others. Religious and other social groups, such as those informally formed in market centers and/or around residences, were most useful to the elderly population for connectedness and avoidance of isolation. In terms of quality, again, family and faith groups remained the most instrumental for the elderly. It was concluded that unless specific policy interventions are put in place, many elderly persons in Kaloleni run the risk of isolation-related complications such as mental problems. It was recommended that specific local authority agencies be tasked with the responsibility of facilitating and ensuring the continued inclusion of the elderly in meaningful social interactions in their spaces and contexts.

Keywords: Isolation, Social Connection, Loneliness, Social Networks

1.0 Introduction

1.1 Background

This study set out to interrogate the nature and levels of connectedness, as a reflection of isolation, among elderly persons in the informal Kaloleni settlement, Kaloleni

sub-location, Kisumu Central sub-County, Kisumu County, Kenya. Concepts and ideas from the great Greek philosopher Aristotle were used in the discussion of the phenomenon. In this section, a background to the study is briefly presented.

In Cho et al., “social isolation” is referenced as a measurable deficiency in the number of social relationships that a person has. It is manifested by a lack of participation in social activities. On the other hand, “loneliness” is defined as an internal subjective experience an unpleasant sensation felt when a person’s social relationships are lacking in quality and/or quantity compared to what they desire and is further divided into emotional loneliness, referring to a lack of intimacy, and social loneliness, referring to a lack of community and acquaintances (Cho et al., 2018). In Aristotle’s ‘Ethics’, questions of happiness and friendship are addressed by that great philosopher, Aristotle (Christopher, 2012), who insisted that man’s path to happiness is reason.

Social isolation and loneliness are increasingly recognised as important public health concerns, with older adults identified as being at increased risk of experiencing these issues, particularly their negative impacts (National Institute on Aging, Canada, 2022). According to the United States Department of Health and Human Services (2019), social isolation and loneliness increase the risk of illnesses such as high blood pressure, depression, dementia, and Alzheimer’s disease, among others. Older adults who are lonely or isolated may become physically inactive (USDHS, 2019) and are also more likely to engage in risky behaviours like smoking or drinking (Shankar, A. et al., 2011). In this study, elderly persons residing in Kaloleni sub-location, an informal settlement in Kisumu County, Kenya, were assessed to determine the nature of connectedness, as well as the levels and quality of that connectedness, as a reflection of the phenomenon of isolation.

1.2 Purpose of the Study

The purpose of the study was to interrogate, through the thoughts of Aristotle, the levels and nature of connectedness of elderly persons in the informal Kaloleni settlement, Kaloleni sub-location, Kisumu Central sub-County, Kisumu County, Kenya, as a reflection of isolation among the elderly. Below, the specific objectives of the study are outlined.

1.3 Specific Objectives

The specific objectives of this study were as follows:

1.3.1 To analyse the structure of connectedness in the elderly population at the study site

1.3.2 To assess the functional component of connectedness among the elderly at the study site

1.3.3 To determine the quality component of connectedness as a reflection of the isolation phenomenon among the elderly at the study site.

1.4 Significance of the Study

‘In the spring of 322 BC, Aristotle retired to Chalcis on the island of Euboea, where his mother’s family had property; in the last months of his life, he lamented his isolation. He had spent the preceding thirteen years in Athens, the cultural capital of the Greek world. There, he had taught regularly in the Lyceum’ (Barnes, 2000). Yet, according to Christopher (2012), Aristotle believed that man ought to attain happiness independently, without being affected by solitude or perhaps loneliness.

A 2020 report on social isolation and loneliness issued by the National Academies of Sciences, Engineering, and Medicine (NASEM) indicated that almost one-fourth (24%) of adults in the United States aged 65 years and older were considered socially isolated. Despite the significant consequences of social isolation and loneliness, a lack of consistent definitions and measurement scales makes it challenging to fully characterise the scope of the problem in Canada and elsewhere (NIA, 2022). It remains difficult to understand the full scope of the problem for older adults and the overall Canadian population, the NIA avers that social isolation and loneliness present in old age have been tricky to establish (Asante & Tuffuor, 2022). Narrative analysis of the stories told by the elderly themselves is a way to peep into this world and define the concepts better through the eyes of the elderly in the local Kenyan context.

1.5 Scope of the Study

This study was based in an informal settlement in Kisumu City, Kisumu Central Sub-County, in Kisumu, Kenya. It explored the components of connectedness and the concepts of isolation and loneliness as narrated by the elderly in a very local context and within the specific age group of seventy years and above, and analysed by introducing Aristotle’s ideas on happiness and friendship in the 'Ethics'.

2.0 Literature Review

A systematic and rigorous science of social relationships and their consequences, especially in terms of health, emerged in the latter part of the 20th century as part of a broader recognition of the role of social determinants of health (National Academies of Sciences, Engineering and Medicine, 2020).

According to Canada's NIA (2022), older adults were found to be more vulnerable to social isolation and loneliness due to predisposing factors that tend to occur more often in later life, such as transitional life events, declines in health and functional mobility, and the loss of loved ones. Other factors, such as the changing demographic and societal incidents of decreased fertility rates, increased divorce rates, and fewer intergenerational living arrangements in the present society, mean that older adults also tend to have fewer family members they can rely on. Often, elderly persons are geographically separated from their families more than in previous generations, NIA Canada (2022) continued to attest.

As a result of loneliness and social isolation, the risk of premature death increased by 26% and 29%, respectively. It was estimated that lacking social connection can elevate the risk of premature death to the equivalent of smoking up to 15 cigarettes a day. With the same absence of social connectedness comes an increased risk of anxiety, depression, and dementia. Social connection, the structure, function, and quality of our relationships with others, is a critical and underappreciated contributor to individual and population health, community safety, resilience, and prosperity (US Surgeon General's Advisory, 2023).

Social connection is an important social determinant of health and, more broadly, of community well-being, including (but not limited to) population health, community resilience when natural hazards strike, community safety, economic prosperity, and representative government (Ehsan et al., 2019). There are three vital components of social connection (the extent to which an individual is socially connected): structure, the number and variety of relationships and frequency of interactions; function, the degree to which relationships serve various needs; and quality, the positive and negative aspects of relationships and interactions (Holt-Lunstad, 2017). Unsurprisingly, social connection is generally not something we can do alone and is not something that is accessible equitably. This is partially because we need others to connect with, but also because our society, including our schools, workplaces, neighbourhoods, public policies, and digital environments, plays a role in either facilitating or hindering social connection (NASEM, 2020). Social connection exists on a continuum, with low social connection generally associated with poorer outcomes and higher social connection with better outcomes, and is dynamic; it changes over time due to various reasons, such as temporary disposition (Yang et al., 2016). Chronic loneliness (even if someone is not isolated) and isolation (even if someone is not lonely) represent a significant health concern (Stokes et al., 2021). "Over four decades of research has produced robust evidence that lacking social connection and in

particular, scoring high on measures of social isolation is associated with a significantly increased risk for early death from all causes” (Consensus Study Report, National Academies of Sciences, Engineering, and Medicine, 2020).

Huso et al. (2023) do, however, state that not all older adults enjoy participating in social engagements, and therefore, interpersonal differences should also be taken into consideration in understanding social engagement.

Loneliness scales are more established within the existing literature, such as the UCLA Loneliness Scale and the De Jong Gierveld Loneliness Scale (Penning & Chou, 2014). The briefest scale in use is Hughes’ Three-Item Loneliness Scale, designed for ease of administration, which asks about companionship, feeling left out, and feeling isolated (de Jong & van Tilburg, 2010; Lubben et al., 2021). Goodman and Swift (2015) identify both intrinsic and extrinsic factors that contribute to loneliness: on the intrinsic side are personality, psychological response, and social group membership, while on the extrinsic side are factors such as life events, traumas and transitions, environmental factors, and personal circumstances. The National Seniors Council of Canada also listed factors in 2017 that place elderly persons at higher risk of loneliness and isolation. These factors are poverty, social relationships, age and gender, ethnicity, knowledge and awareness, life transition, geography, health, and disabilities.

Research has documented that social isolation and loneliness are associated with poor physical and mental health outcomes, including an increased risk of cardiovascular disease, cognitive deterioration, depression, heightened inflammatory and metabolic responses to stress, and mortality in older adults (Asante & Tuffuor, 2022).

Table 1: Increased Risk Due to Isolation in Elderly Persons

| | Condition | %age of Increased Risk Due to Isolation |
|---|------------------------|---|
| 1 | Functional Decline | 59% |
| 2 | Dementia | 50% |
| 3 | Death | 45% |
| 4 | Stroke | 32% |
| 5 | Coronary Heart Disease | 29% |
| 6 | Cancer Mortality | 25% |

Source: National Academies of Sciences, Engineering, and Medicine. (2020). *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. National Academies Press.

Research has documented two major risk factors for social isolation and loneliness: individual factors (e.g., living alone, being unmarried, having inadequate family relations or support, being male, having lower income and assets, having poorer physical and mental health, having lower educational attainment, socio-economic status, belonging to a sexual minority group (LGBTQ), being socially disengaged from the community, and being in retirement) and social environmental factors.

factors (e.g. limited access to transportation, housing situation, living in private residence, exposure to community violence, and living in rural settings) (Asante & Tuffuor, 2022).

3.0 Methods and Methodology

Through the constructivist paradigm, the study opted for narrative interviews to explore the conceptions of the elderly regarding social isolation and connectedness, and to employ narrative analysis to further develop the literature and illuminate the field, taking into consideration the thoughts of Aristotle, the great Greek philosopher.

Using an area sampling approach, Kaloleni sub-location was selected, and all persons aged seventy and above within the sub-location were identified through village elders and the government administrative officer, the assistant chief. Thirty-two elderly persons were found and interviewed, and their narratives were analysed for codes and themes.

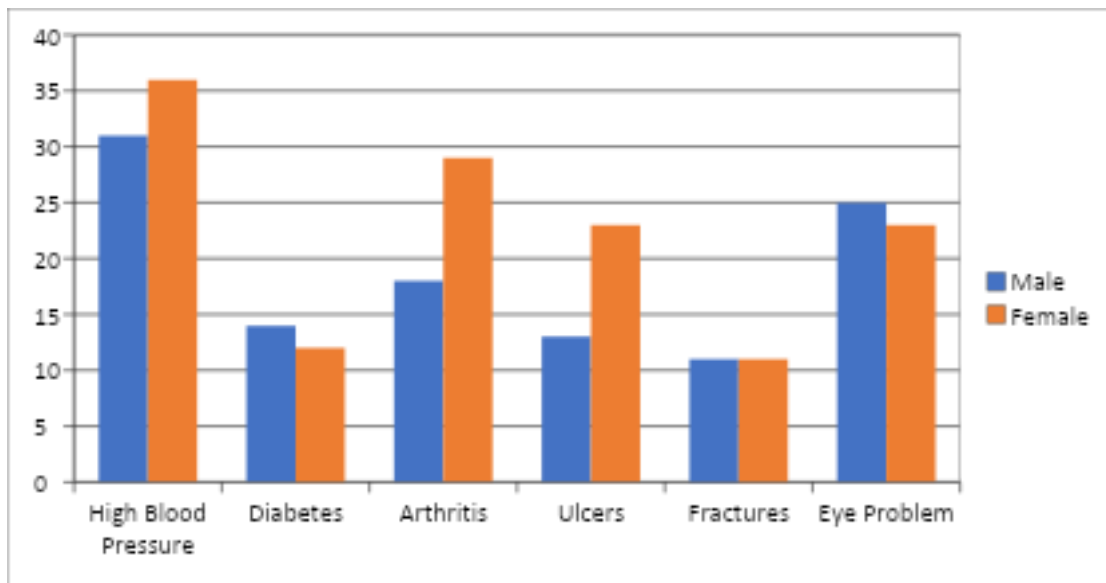
Social isolation has been more challenging to operationally define; there is no universally accepted research definition. Many proxy measures, such as living alone or a person's self-reported number of friends, have been developed to try to quantify social connectedness, but these may not comprehensively capture social relationships in a way that accurately characterises a person's underlying level of social isolation (NIA, Canada, 2022). A constructivist approach, therefore, helped to establish the reality in the Kaloleni context.

4.0 Results and Discussion

The results and discussion were presented in accordance with the research objectives outlined below.

4.1 Structure of Isolation at the Study Site

Modernisation was enforcing the migration of younger family members away from their elderly relatives, as differences in mobility and stages in life's transitions placed the different age groups apart due to the sheer facts of life. The research found that the elderly individuals in the area had a high incidence of high blood pressure, one of the conditions correlated with isolation. The following figure demonstrates findings from the field.



Just over 35% of the women were found to have high blood pressure, while 31% of their male peers also reported a diagnosis of high blood pressure. This figure could be higher because many more respondents had not been checked for the condition but complained of symptoms associated with it, such as instances of feeling dizzy, frequent headaches, and other similar complaints.

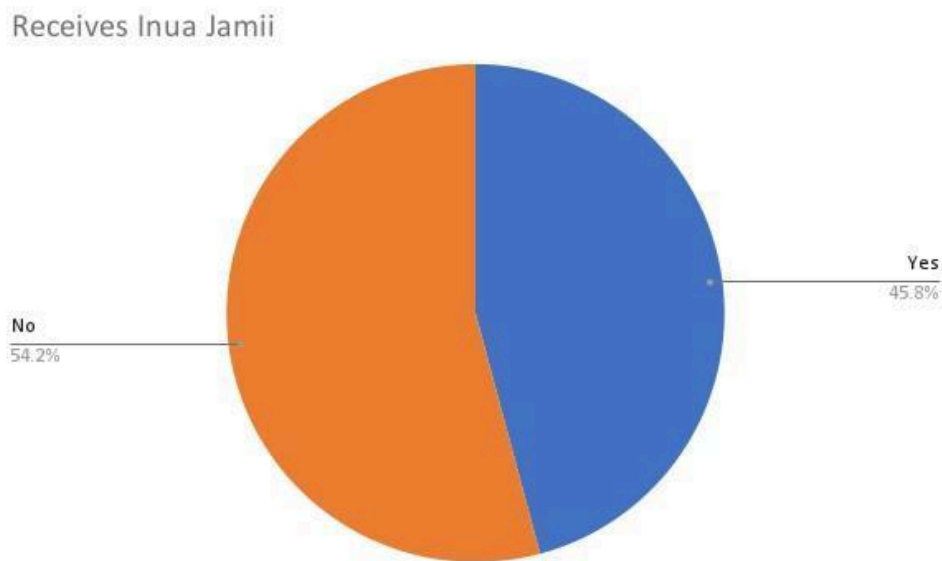
In terms of access to medical care, the respondents indicated that it had to be self-initiated and that there was no structure to reach out to elderly persons as a special needs group. Whenever they presented themselves at the local health facilities, they also did not have any specialists for the elderly, nor were they accorded any special recognition as a special needs group.

Over 75% of respondents reported feeling respected by officers dealing with them at an individual level, but recognised a lack of institutional arrangements to cater for the special needs they felt they had.

At the community level, in the living spaces, the most common government outreach they interacted with was the village headmen, and about 50% of the respondents

were also aware of the name of the assistant chief of the area, an indication that some level of familiarity existed.

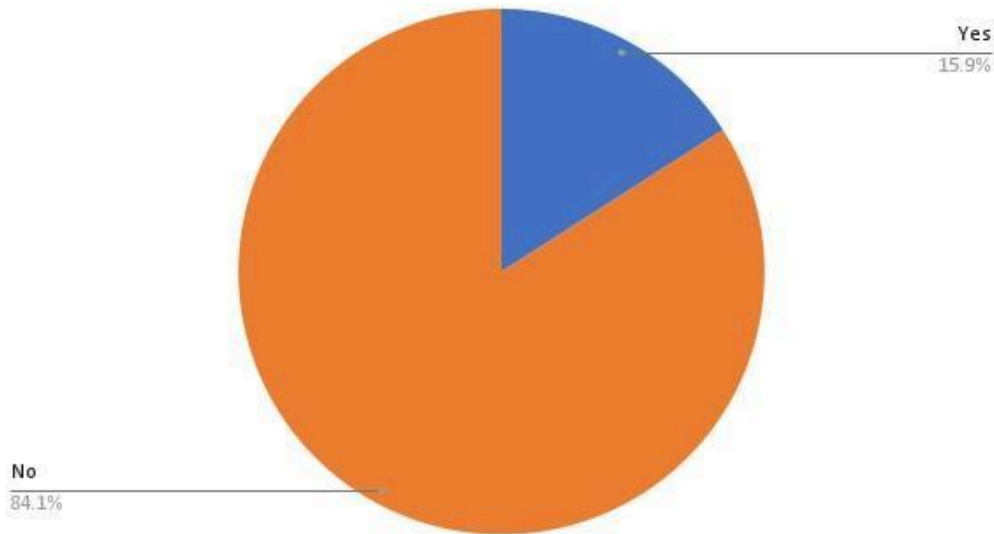
Only an informal arrangement for social outreach, especially faith-based, was reported. Formal government programmes that reach out to the elderly were hardly mentioned, and the only interaction with the government that the elderly persons spoke about most was the old persons' monthly cash transfer programme. The diagram below represents the percentages of those who received the old persons' cash transfer (Inua Jamii) programme.



Of all those who were in the OPCT programme, there was a recognition of the importance of the monthly government stipend, pointing to the levels of poverty and desperation affecting elderly persons in this context. From the interviews, over 80% of the respondents decried a significant drop in economic well-being that came with age, and as they grew older, the situation deteriorated even further.

The following chart represents the percentages of respondents who, while grateful for the OPCT stipend, still found it inadequate for their needs in old age.

Inua Jamii Is sufficient



In terms of structure, it is also notable that, as an urban setting and based on the African tendency to honour a rural home, the research instrument sought to discover the status of the respondents in terms of home ownership. The following results were indicative of the extent of the problem in the Kaloleni sub-location.

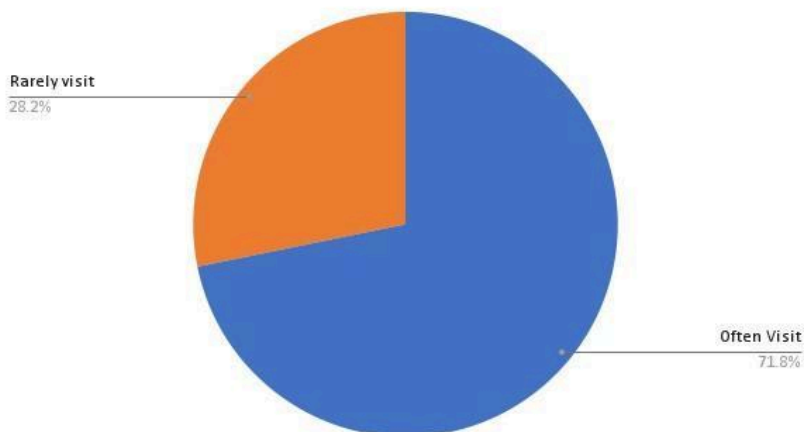
| | Home Ownership | | |
|-----------|------------------|---------------|------------|
| | Has another home | No other home | Unanswered |
| Male | 5 | 7 | 1 |
| Female | 7 | 12 | 3 |
| No answer | 0 | 0 | 0 |

In terms of housing infrastructure, the findings indicate a serious inadequacy of housing for the elderly at the study site, as most of the homes were urban non-permanent shelters that were not age-friendly.

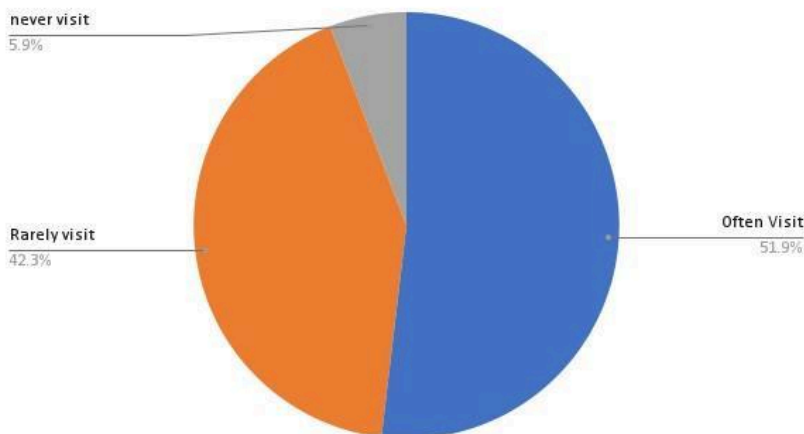
4.2 Component of Function

The study established that family remained the most common accompaniment for elderly persons, but the family members who remained within the social circles of the elderly tended to benefit from the relationship as well. The following figures show the number of visitations received by the respondents as a measure of connectivity.

Visitation (men)



Visitation (women)

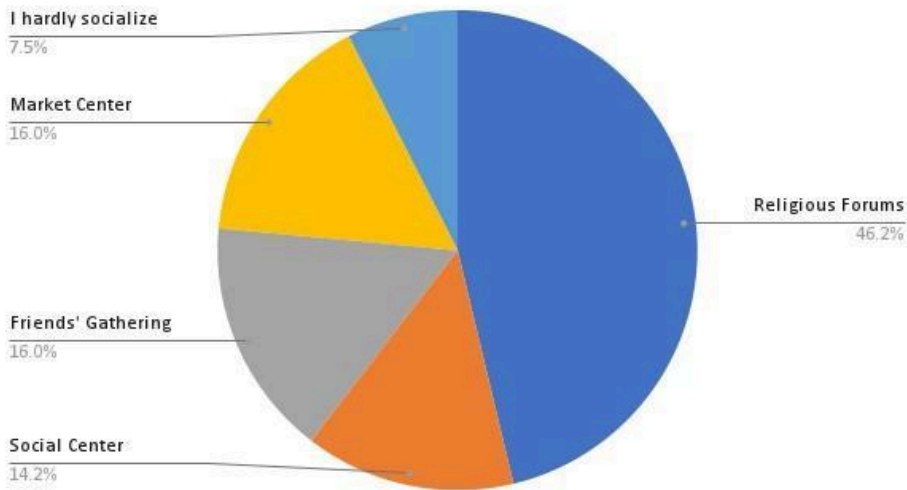


While the respondents reported a reasonable number of visitations, the interviews revealed that the visitations came from a limited number of sources and were so highly valued by the respondents that they remained overwhelmingly weighted and memorable, even if they occurred only once a month or once a week. The majority of those who reported either rarely visited or did not visit at all were demonstrably desperate, often ailing, and seemingly hopeless.

4.3 Components of Quality in the Study of Isolation

The most valued relationships for the elderly remained both family and friends, and both were found to be increasingly diminishing as the elderly aged further. For the respondents who managed to go out to socialise, the chart below represents the state of socialisation on the site.

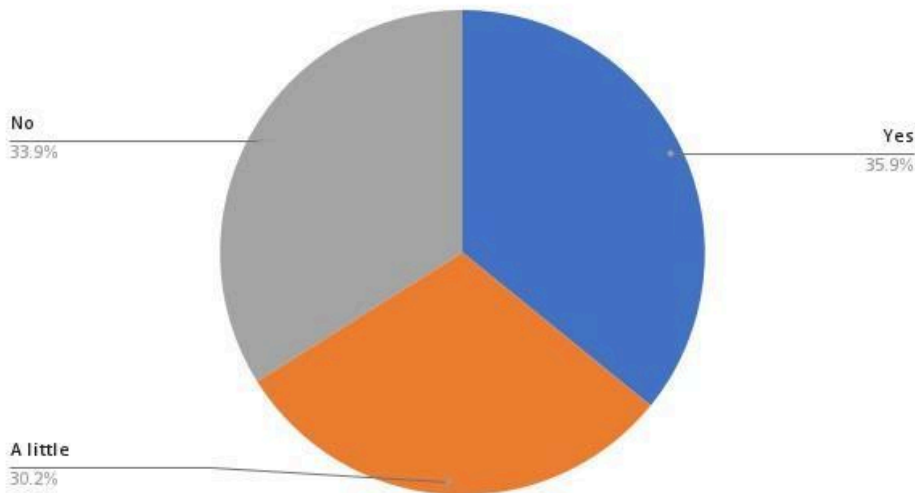
Where the elderly go to socialize



The chart found that faith-based centres provided the best avenue for socialisation for the respondents.

In terms of quality, a reflection was mirrored in the findings of appetite for life, as indicated in the chart below:

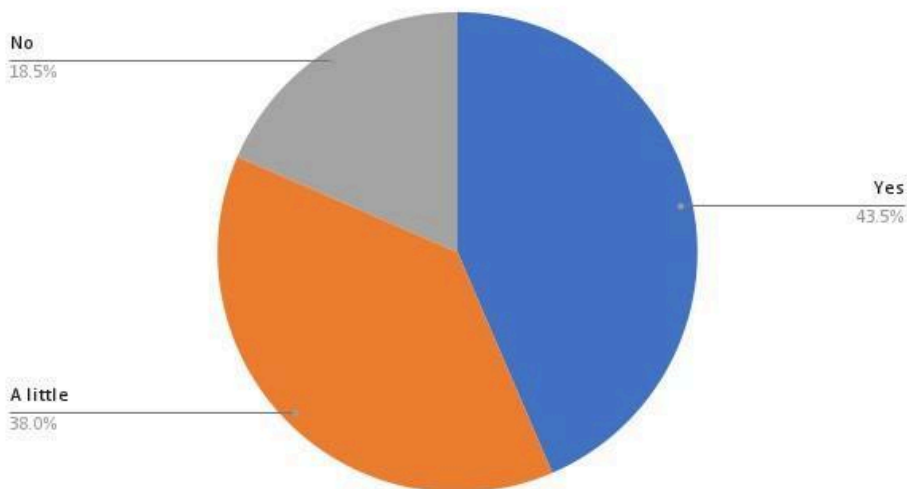
Elderly who feel life is meaningless



Over 35% of the respondents found life meaningless, a disturbingly high number.

Many of the respondents, as indicated in the following chart, also found that they were less effective in terms of their mental state, which created doubt in their own abilities.

Elderly who suffer from forgetfulness



5.0 Conclusion

In conclusion, the research established that a reduced level of connectivity exists with age, and elderly persons overvalued the few connections they still enjoyed, looking forward to each one. The most functional area of the elderly persons' engagement seemed to be in the government's cash transfer programme for older people. Almost all respondents engaged vibrantly on the matter, emphasising its importance while politely acknowledging its insufficiency as well. In terms of quality, family and faith were found to be the most valued quality moments for the respondents.

6.0 Discussion

The research established that many elderly persons in the study site were victims of isolation and endured reduced contact with significant others, having few high-value relationships upon which they were dependent. In Aristotle's philosophy, happiness is attained through man's reason; that reason is the key to happiness. We choose happiness as an end in itself, but people may choose houses, pleasure, or intellect only because, through them, happiness can be attained.

Virtues like happiness did not just happen, according to Aristotle; they were the result of steadfast, diligent, patient practice, cultivated through consistent practices and habits. Aristotle did not downplay the importance of material possessions, asserting that one must have the necessary things, as happiness is difficult when one is poor and starving. This implies that a good old age will be the result of good habits in the years leading up to it. In Aristotle's philosophy, we must create the happiness we yearn for in old age, and the

route to it is through reasoning; we must therefore think through life to create the good life we desire in old age.

And since we talk about isolation in this study, Aristotle notes that friendship requires duration and equality, and we must desist from thinking it is something that can be acquired easily or bought. For Aristotle, therefore, friendship must be made with purpose and guarded throughout life's course. It is, therefore, the finding of this research that, from Aristotle's perspective, the number of acquaintances in old age will depend on the consistency with which one maintained friendships in earlier years. The quality of the relationships is a function of the exchange that one has exercised as a habit, which then gets repaid in old age. Aristotle appears to contend that the drive to happiness needs to be self-driven and depends on each person's conscious and concerted efforts throughout the life cycle. From the findings of this research, many fall short of Aristotle's standards and recommendations.

7.0 Recommendations

This research found that the elderly remain in a precarious social situation in the study area, and that there is a need for a comprehensive programme to rectify the situation through the innovation of government and non-government agency partnerships (including faith-based organisations) in order to create living spaces and networks for the elderly in local contexts that reduce the chances of isolation and desperation for the elderly population. These circumstances, from Aristotle's view, need to be calculated from earlier years by individual persons. There ought therefore to be a way to ensure that people are helped to live up to such high standards of habit.

Elderly persons who possess the ability to engage in useful activities should be facilitated in exercising that ability to ensure social interaction and engagement. This should include volunteer services and mentorship programmes.

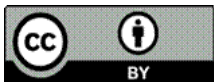
Further research ought to be conducted to create a needs determination tool for elderly persons to help establish how each case can be supported to improve the quality of life in old age at the local level, in the living spaces where elderly persons reside.

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