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Social Isolation Among the Elderly in the Madina Peri-Urban Area of Ghana: Causes, Consequences, and Potential Solutions

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ABSTRACT: This study investigates the factors contributing to social isolation among older adults in the Madina peri-urban area of Ghana. Employing a descriptive analytical survey design and a sample of 80 respondents elderly 60 and above, the research examines the relationship between demographic variables, social support, and social isolation. Findings indicate that while age and sex have no significant impact on social isolation, educational level and quality of familial support are crucial factors. Social isolation has profound implications for the mental and physical health of elderly individuals. Recommendations for addressing challenges facing the elderly, including community engagement and policy changes, are outlined.

KEYWORDS: Social isolation, aging, elderly, Ghana, community support

INTRODUCTION

Population aging is in many ways a success story as people are living longer and healthier than ever before. However, the increase in the older population also presents challenges to policymakers, families, businesses and health care providers among others. It is now known that many countries of the world are aging at an unprecedented rate (Kinsella and Phillips cited in Kowal and Velkoff, 2007). Many developed countries have higher proportions of their populations in the older age groups of over 60 than in the developing countries. For example, nearly 20% of Europe's population was elderly 60 and over in 2006. In contrast, less than 5% of Sub-Saharan Africa's population was age 60 years and over. By 2030, 28% of Europeans are projected to be elderly 60 years and over. In Asia, Latin America and the Caribbean, the proportions elderly 60 years and over are projected to nearly double in less than 25 years. Again, Sub Saharan Africa stands in contrast to the other regions of the world with the population elderly 60 years and over projected to grow relatively slightly from 4.7% in 2006 to 5.6% in 2030.

It has been estimated that between 2030 and 2050, the number of older people in Sub-Saharan Africa will double to over 139 million (Kowal and Velkoff, 2007). Social isolation among the elderly in Ghana has become an increasingly pressing issue, reflecting broader global challenges faced by aging populations. As Ghanaian society undergoes rapid urbanization and economic changes, the traditional family structures that once provided social support for older adults are eroding. This article explores the causes and consequences of social isolation among the elderly in Ghana and highlights potential solutions to address this growing problem. Social isolation refers to a lack of contact with friends, family, or community, resulting in feelings of loneliness and disconnection (Peplau & Perlman, 1982). While social isolation can occur at any age, it is particularly prevalent among older adults, who may lose loved ones, experience mobility challenges, or face health-related issues that limit their participation in social activities (Cattan et al., 2005).

The shift from rural to urban living has led many younger family members to migrate to cities in search of better economic opportunities. This migration often results in older adults being left behind in rural areas, where familial support systems are weakened (Adjei, 2017). Traditionally, Ghanaian families have been structured around extended kinship groups, providing emotional and practical support for elderly members. However, as societal norms evolve and nuclear families become more common, older adults may find themselves with fewer opportunities for social interaction (Owusu & Kyeremeh, 2019). Many elderly individuals in Ghana live on fixed incomes or rely on inadequate pensions that do not meet basic needs (Agyemang & Fadlallah, 2019). Financial constraints can prevent them from participating in social activities or accessing transportation to community events. Many older adults face health challenges that can limit mobility and increase dependence on others. Chronic illnesses can also lead to feelings of loneliness as individuals may withdraw from social situations due to their health constraints (Kahn et al., 2020).

In some cases, older adults may experience ageism or be viewed as burdens rather than valued members of society (Aging & Mental Health, 2019). This stigma can discourage engagement in social activities and contribute to feelings of isolation. The repercussions of social isolation for the elderly in Ghana are profound. Social isolation has been linked to numerous health issues, including mental health disorders such as depression and anxiety (Cacioppo & Cacioppo, 2014). Additionally, loneliness can exacerbate physical health problems, leading to a decline in overall well-being and increasing the risk of mortality (Holt-Lunstad et al., 2015). Moreover, the lack of social interaction can hinder cognitive function, leading to conditions such as dementia (Yates, 2018). The emotional toll of isolation can also manifest in increased feelings of helplessness and despair, further perpetuating a vicious cycle. There is a saying in Ghana that: "He who does not honour age does not deserve age". Ghana as a nation has failed in caring for its ageing and the elderly population.

The elderly population is being treated as if they have nothing to contribute to the development of this country. However it is common knowledge that "old age is wisdom". In the olden days, older men and women were called upon for advice and their immense wisdom did help in solving problems. Today the story is different; society has lost the essence of the elderly in our midst. To begin with, Ghana has not got a specific age bracket to determine who is elderly (Collins, 2005). The 1992 Constitution of Ghana makes it categorically clear that the "State provides social assistance to the elderly...to enable them to maintain a decent standard of living". However, there is no policy that protects the rights of the ageing currently. This study aimed to explore the factors contributing to social isolation among the elderly in the Madina peri-urban community.

Objectives of the Study

1. To investigate the relationship between social isolation and selected demographic variables: a) Age, b) Sex, and c) Educational level
2. To evaluate the extent of social isolation in relation to: a) Family relations, b) Religious associates, and c) Neighbourhood relations
3. To identify the problems faced by socially isolated elderly individuals.

METHOD

Research Design

The descriptive analytical survey research method was used for the study. According to Kumekpor (2002) social survey can be considered as a process whereby quantitative facts are collected about the social aspects of a community's composition and its activities. Descriptive survey method involves the collection of data to answer questions concerning the current status of the subject matter understudy. This method helped the researcher to study the factors related to social isolation among the elderly. Since the current study was conducted among the elderly, a time schedule which was suitable to each respondent was arranged with them. On the scheduled day the researcher went and took the respondents through the interview schedule structured for the study.

Sampling Procedure

The population for the study included all elderly people of 60 years and above within the Madina peri-urban area. A sample size of 80 respondents was drawn from the elderly population of 60 years and above in the Madina peri-urban area for the study. Multi stage sampling technique was used to select respondents from the Madina peri-urban area for the study due to the difficulty in getting a good sample frame. Kumekpor (2002) has suggested that a major merit of the multi-stage sampling technique is that at each stage, more and more units are excluded, thus making the final sample more concise and thus less scattered than in an ordinary one stage sampling. The houses were first divided into clusters using the main streets in the Madina peri-urban area. In all, a total number of ten clusters were formed after which the researcher selected households within each cluster and then within the selected households a list of the elderly from 60 years and above was constructed. The simple random method was used to select the 80 respondents. First, the list of names were stratified into males and females and given numbers. The numbers allocated to the names were written on pieces of papers. The pieces of paper were then put in a container and shuffled. A piece of paper was picked without replacement. The rest were reshuffled and another piece of paper was picked. The process continued until the required number of members for both sexes was obtained.

Table 1: Proportionally Allocated Sample for the selection of the respondents

Areas	Number of houses	Sampling taken
Mempeasem	10	16
Asanka locals	10	10
Bawalashie	10	18
East Legon	10	5
Agyiringano	10	5
Okponglo	10	5

Madina Estate	10	5
Madina	10	8
Zongo junction	10	5
Fire stone	10	3
Total	**100**	**80**

Research Instrument

The instruments for gathering data was the interview schedule. The items included both close and open ended questions. The interview schedule was chosen for the study to serve both the literate and illiterate elderly who may not be able to read and write and also in other not to burden them with reading and writing. The instrument was designed under the three major sections made in line with the objectives. The first section tested the relationship between social isolation and demographic characteristics of the elderly. The second section tested the relationship between the elderly associates and social isolation. The third section looked out for the problems of the socially isolated elderly.

Data Collection and Organization

An interview schedule was used to collect the data. An introduction was first made by the interviewer in a way as to establish rapport with the respondent. After establishing the rapport, the questions in the instrument was read to the respondent in the local language for him or her to answer while the interviewer recorded the answers. For easy analysis and interpretation of data collected from the field, the data was summarized into tables.

Reliability and Validation

To ensure reliability and validity of the data collection instrument, the interview schedule was critically assessed by colleague M.A students and the two supervisors. Their comments helped to correct the inconsistencies in the instrument. The reliability of the results was ensured by subjecting the field data to thorough editing to remove contradictions, errors and inconsistencies before analyzing. All these were done to check for the consistency and accuracy of the instrument used in the study; hence its reliability and validity.

Analysis of Data

The primary data from the field was edited to remove errors and inconsistencies before coding. The coded data was then cross tabulated and calculated using the statistical formula for the Chi-square test. The results obtained from the analysis were presented using tables.

Ethical Considerations

Research ethics are the moral principles, norms or standards of behaviour that guide moral choices about behaviour and relationships with others (Blumberg et al. cited in Saunders et al., 2007). These therefore relates to questions about how we formulate and clarify our research topic, design research and gain access, collect data and process data (Saunders et al., 2007). The information given by respondents was paramount to the researcher hence; care was taken in order not to disclose information to others. Also participation was voluntary as their consent was sought before the interview.

RESULTS

Demographic Characteristics of Respondents

The demographic characteristics of the elderly namely age, sex and the highest level of education of the respondents were sought for the background study of the respondents. These characteristics were cross tabbed against the respondents' feeling of social isolation after which the chi-square test was used to find out if there was a significant difference between the two variables at 0.05 level of significance under two tailed test.

Age and Social Isolation

This objective tested the relationship between age of respondents and feeling of social isolation. The result is shown in table 2.

Table 2: Relationship between Age and Social Isolation

Age	Isolated		Not Isolated		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
60-69	19	23.75	10	12.5	29	36.25
70-79	18	22.50	12	15.0	30	37.50
80+	17	21.25	4	5.0	21	26.25
Total	**54**	**67.5**	**26**	**32.5**	**80**	**100.00**

Source: Field Data

From table 2, social isolation was reported more among the elderly between 60-69 years (23.75%). This was followed by 70-79 years (22.5%) and 80 years and above (21.25%). In effect, more than half of the respondents (67.5%) were socially isolated as against (32.5%) who were not socially isolated. The difference between the percentages of the socially isolated age groups was 1.25%.

The chi-square test was therefore used to find out if the difference between the age groups and social isolation was significant. The result was indicated in table 3.

Table 3: Chi-square test result on the relationship between Age and social isolation

Age	***Df***	**X^2 (obs)**	**X^2 (crit) two tailed**
	2	2.553*	5.99

*Not significant at 0.05 level of significance

From table 3, X^2 (crit) at the 0.05 level of significance under a two tailed test with 2*df* was 5.99. Since [X^2 (obs) = 2.553] < [X^2 (crit) = 5.99], it was found out that there was no significant relationship between age and social isolation. Hence, age was not a factor related to social isolation among the elderly in the Madina peri-urban area.

Sex and Social Isolation

The objective aimed to find out if there was a relationship between the sexes of the respondents and social isolation. The result is indicated in table 4.

Table 4: Relationship between Sex and Social Isolation

Sex	**Isolated**		**Not Isolated**		**Total**	
	Frequency	**Percentage**	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Male	25	31.25	15	18.75	40	50
Female	29	36.25	11	13.75	40	50
Total	**54**	**67.50**	**26**	**32.50**	**80**	**100**

Source: Field Data

Table 4 presents the relationship between the sexes of the respondents against social isolation. Comparing the percentages of the sexes for those socially isolated and those not socially isolated, 36.25% females reported to be socially isolated while 13.75% females reported not to be socially isolated. For the males, 31.25% reported to be socially isolated and 18.75% reported not to be socially isolated. This shows that social isolation was felt more in females than males.

The chi-square test was used to find out if there was a significant difference between sex and social isolation. The result is indicated in table 5.

Table 5: Chi-square test result on the relationship between Sex and Social Isolation

Sex	*Df*	X^2 (obs)	X^2 (crit) two tailed
	1	0.912*	3.84

*Not significant at 0.05 level of significance

From table 5, X^2 (crit) at the 0.05 level of significance under a two tailed test with 1*df* was 3.84. Since [X^2 (obs) = 0.912] < [X^2 (crit) = 3.84], the results showed that there was no significant relationship between sex and social isolation. Sex was therefore not a factor related to social isolation among the elderly in the Madina peri-urban area.

Level of Education and Social Isolation

This objective tested the relationship between level of education of the respondents and social isolation. The result is indicated in table 6.

Table 6: Relationship between Level of Education and Social Isolation

Level of education	**Isolated**		**Not Isolated**		**Total**	
	Freq.	**Percent.**	**Freq.**	**Percent.**	**Freq.**	**Percent.**
None	24	30.00	6	7.5	30	37.5
Basic	25	31.25	7	8.75	32	40.0

Secondary	4	5.00	10	12.5	14	17.5
Tertiary	1	1.25	3	3.75	4	5.0
Total	**54**	**67.50**	**26**	**32.5**	**80**	**100.0**

Source: Field Data

From table 6, most (31.25%) of the respondents who felt socially isolated had basic education while very few (1.25) who felt socially isolated had tertiary education. For the respondents who do not feel socially isolated, 7.5% had no education as against 3.75% who had tertiary education. This shows that educational level has an influence on the elderly feeling of social isolation.

The Chi-square was used to find out if the relationship between level of education and social isolation was significant. The result is indicated in table 7.

Table 7: Chi-Square result on relationship between Level of Education and Social Isolation

Level of education	*df*	$X^2_{(obs)}$	$X^2_{(crit)}$ two tailed
	3	16.747	7.82

From table 7, $X^2_{(crit)}$ at the 0.05 level of significance under a two tailed test with 3*df* was 7.82. Since [$X^2_{(obs)}$ = 16.747] > [$X^2_{(crit)}$ = 7.82], the result showed that there was a significant relationship between educational level and social isolation. Educational level attainment was therefore a factor related to social isolation among the elderly in the Madina peri-urban area.

Associates of the Elderly and Extent of Social Isolation

One of the major issues tackled by the study was to determine the extent of social isolation of the elderly with regards to family relation, religious associates and neighbourhood relations. The respondents' feeling of social isolation was cross tabbed against the level of attention from family members, support from religious associates and the extent of neglect by neighbours. The Chi-square test was used to find out if there was a significant difference between the variables at 0.05 level of significance under two tailed test.

Relationship between Attention from Family and Extent of Social Isolation

The relationship between level of attention from family members and social isolation was tested. The result is indicated in table 8.

Table 8: Level of Attention from Family Members and Extent of Social Isolation

Level of attention	**Isolated**		**Not Isolated**		**Total**	
	Freq.	**Percent.**	**Freq.**	**Percent.**	**Freq.**	**Percent.**
High	17	21.25	10	12.5	27	33.75
Average	23	28.75	5	6.25	28	35.00
Low	14	17.50	11	13.75	25	31.25
Total	**54**	**67.50**	**26**	**32.5**	**80**	**100.00**

Source: Field Data

The table shows that 21.25% of the respondents observed that though they received high attention from members of their family, they felt socially isolated while 12.5% of the respondents who receive high attention reported not to be socially isolated. It is important to note that 17.5% of the respondents who reported to have low attention from family members said they were socially isolated whereas 13.75 of the respondents who receive low attention from family members reported not to be socially isolated. This has shown that social isolation has no relation with level of attention the elderly receives.

The Chi-square test was used to find out if there was a significant difference between levels of attention from family members and extent of social isolation as indicated in table 9.

Table 9: Chi-Square test for Level of Attention for Family Members and Social Isolation

Level of attention	***Df***	**$X^2_{(obs)}$**	**$X^2_{(crit)}$ two tailed**
	2	4.496*	5.99

*Not significant at 0.05 level of significance

From table 9, $X^2_{(crit)}$ at the 0.05 level of significance under a two tailed test with 2*df* was 5.99. Since [$X^2_{(obs)}$ = 4.496] < [$X^2_{(crit)}$ = 5.99], the result has shown that there was no significant relationship between level of attention from family members and social isolation. Level of attention from family members was therefore not a factor related to social isolation among the elderly in the Madina peri-urban area.

Support from Religious Association and Extent of Social Isolation

This tested for the relationship between support from religious associations of the respondents and social isolation. The result is indicated in table 10.

Table 10: Relationship between Support from Religious Association and Extent of Social Isolation

Support from religious association	Isolated		Not Isolated		Total	
	Freq.	Percent.	Freq.	Percent.	Freq.	Percent.
High	7	8.75	6	7.50	13	16.25
Average	11	13.75	5	6.25	16	20.00
Low	36	45.00	15	18.75	51	63.75
Total	**54**	**67.5**	**26**	**32.50**	**80**	**100.00**

Source: Field Data

The table shows that 45% of the elderly who indicated that they received low support from their religious association said they feel socially isolated where as 8.75% reported to receive high support from their religious association said they are socially isolated. This may mean that the support the elderly receives has an effect on their feeling of social isolation.

The result from table 10 was tested on the Chi-square test to find out if there was a relationship between levels of supports from religious associates and social isolation in table 10.

Table 11: Chi-Square test result for the relationship between Support from Religious Association and Extent of Social Isolation

Level of Support	*Df*	$X^2_{(obs)}$	$X^2_{(crit)}$ two tailed
	2	1.399*	5.99

*Not significant at 0.05 level of significance

From the chi-square table $X^2_{(crit)}$ at the 0.05 level of significance under a two tailed test with 2*df* was 5.99. Since [$X^2_{(obs)}$ = 1.399] < [$X^2_{(crit)}$ = 5.99], the results shows that there is no significant relationship between support from religious association and extent of social isolation. Support from religious associates was therefore not a factor related to social isolation among the elderly in the Madina peri-urban area.

Level of Neglect from Neighbours and Social Isolation

This section of the study sought to test the relationship between level of neglect from neighbours and social isolation using their sexes. The result was cross tabulated as indicated in table 12.

Table 12: Relationship between Sex and Neglect from Neighbours

	Extent of neglect by neighbours							
	High		Average		Low		Total	
Sex	Freq.	Percent.	Freq.	Percent.	Freq.	Percent.	Freq.	Percent.
Male	7	8.75	11	13.75	22	27.50	40	50
Female	10	12.50	11	13.75	19	23.75	40	50
Total	**17**	**21.25**	**22**	**27.50**	**41**	**51.25**	**80**	**100**

Source: Field Data

The data in table 12 revealed that 51.25% of the elderly observed that the extent of neglect by their neighbours was low. Among this, most (27.50%) represented males while 23.75% were females. It is also important to note that 21.25% of the respondents said they experience high neglect from their neighbours. Among this group were 12.5% females and 8.75 males. This shows that sex has no relation to neglect from neighbours,

The chi-square table was used to find out if there was a significant difference between sex and neglect from neighbours.

Table 13: Chi-Square test result on the relationship between Neglect from Neighbours and Social Isolation

Neglect from neighbours	*df*	$X^2_{(obs)}$	$X^2_{(crit)}$ two tailed
	2	0.75*	5.99

*Not significant at 0.05 level of significance

From the chi-square table $X^2_{(crit)}$ at the 0.05 level of significance under a two tailed test with 2*df* was 5.99. Since [$X^2_{(obs)} = 0.75$] < [$X^2_{(crit)} = 5.99$], the result shows that there is no significant relationship between sex and neglect from neighbours. It can therefore be stated that level of neglect from neighbours is not a factor to social isolation among the elderly in the Madina peri-urban area.

Problems of the Socially Isolated Elderly

The respondents were asked to list the problems that they face as they are ageing. Multiple problems were gathered from the respondents which were cross tabulated against the sexes of the respondents. Percentages were calculated for the number of problems recorded.

Table 14: Problems of the Socially Isolated Elderly

	Males		Females			
Problems	**Freq.**	**Percent.**	**Freq.**	**Percent.**	**Total**	**Percent.**
Health	24	24.49	29	29.59	53	54.08
Social	5	5.10	4	4.08	9	9.18
Financial	14	14.29	14	14.29	28	28.58
Psychological	2	2.04	6	6.12	8	8.16
Total cases reported	**45**	**45.92**	**53**	**54.08**	**98**	**100.00**

Source: Field Data

From table 14, females who were socially isolated reported to have more problems than their male counter parts. Most of the problems (54.08%) were reported by the females as against 45.92% by the males. The problems of the socially isolated elderly in the Madina peri-urban area may be grouped into health (54.08%), finance (28.58%), social (9.18%) and psychological problems (8.16%). The discussion focused on the relationship between social isolation among the elderly and their demographic characteristics namely: age, sex and educational level. It also looked at the extent of social isolation that exists among the elderly with regards to family, religion and neighbourhood relations. The last aspect of the discussion was based on the problems that the socially isolated elderly's face.

Many factors can influence the onset of social isolation. The phenomenon of being socially isolated is very idiosyncratic (UNH report, 2005). What affects one elderly person may have little or no effect on another. This makes it especially hard to study the elderly for social isolation. When the elderly is asked if they have close friends and family nearby, the elderly could conceivably answer "Yes"; yet still be considered socially isolated and in need of additional help. Ageing as a comprehensive aspect of life is composed of interdependent, biological, psychological and social change processes of which not a single component can be understood without the other. Ageing is a natural process that occurs in all human beings. It is inevitable and inescapable. It can be slowed but it cannot be stopped, that is, it is gradual and progressive. Ageing occurs in the organs and tissues of individuals at different rates and involve a number of changes which may be physical, social and mental. Hence, ageing is a process that brings in gains and losses.

It has been established that social isolation is not related to how many individuals one has in his or her network, but rather the quality of the relationships one has with others (Bowling et al, 2000). In the light of these assumptions, the current study was set out to find out the problems related to social isolation among the elderly in the Madina peri-urban area in relation to their demographic characteristics such as age, sex and level of education, the extent of social isolation that exist among elderly with regards to family relation, religious association and neighbourhood relation and the problems of the socially isolated elderly in the Madina peri-urban area. A sample size of 80 respondents was randomly selected from the population of study in the Madina peri-urban area.

DISCUSSION

The discussion focused on the relationship between social isolation among the elderly and their demographic characteristics namely: age, sex and educational level. It also looked at the extent of social isolation that exists among the elderly with regards to family, religion and neighbourhood relations. The last aspect of the discussion was based on the problems that the socially isolated elderly's face.

Demographic Characteristics and Social Isolation

The first objective was set to find out the relationship between social isolation among the elderly and their demographic characteristics namely: age, sex and educational level.

Age and Social Isolation

The result on the relationship between age and social isolation indicated that age is not a factor related to social isolation among the elderly in the Madina peri-urban area. Even though table 2 showed that there were differences between the feeling of

social isolation by the elderly, 60-69 years (23.75%), 70-79 years (22.5%) and 80 years and above (21.5%). Referring to table 3, there was no significant difference between age and social isolation (*p*: 2.553 > 5.99). Several researchers have found social isolation to correlate with aging and that there was a gradual increase in feeling of social isolation up to the age of 90, after which a leveling off was found (Tijhuis et al. cited in Bowling et al, 2000). But this is not always so, according to Bowling et al (2000), this increase in social isolation with aging may be attributable to interactions with other factors such as the loss of colleagues, cognitive impairments, disability and the loss of social roles.

It can be argued that people in their early old age (60s) will be more likely to feel socially isolated due to the fact that they just stepped into their old age and also may be the first time for most of them to be away from work and friends. More so, majority of the elderly in their early old age lose their spouse, a lot of friends and relatives thereby limiting their social network and making them feel socially isolated. As they move to their 70s, they start to learn to adjust themselves to the situation and accept reduction in their social network as a natural phenomenon in life that both the individual and the society cannot prevent. Compared to people in their 80s and above, they have lost many loved ones already and have grown to accept the fact that it is natural for ones social network to decline as a person increases with age and therefore are likely not to feel socially isolated.

According to the disengagement theory, older people, experiencing losses of roles and energy, want to be released from societal expectations that are productive and competitive. Disengagement is thus viewed as adaptive behaviour, allowing older people to maintain a sense of worth and to give them peace of mind while performing more minor social roles. For example, Cumming and Henry cited in Quadagno (2002) argued that disengelderly older people, freed from the demands of employment roles, are better able to participate in satisfying family relationships than those who remain occupied with work. Disengagement is thus seen as reducing ones social network. The issue of older people disengaging from active social roles to minor ones due to ageing is not always the case. Young people may also decide to disengage from their social roles due to health or psychological reasons and yet will not feel socially isolated. From the current study, almost all the respondents who were interviewed agreed that social isolation is inevitable in this era when the younger generation prefer to be independent and so therefore leaves their parents' home to establish their own families. Most of the elderly also complained bitterly of their grandchildren running away from them anytime they want to share their experiences with them. So therefore even though they have most of the support they need from the people around them, they still feel socially isolated due to the fact that they do not get people to share their experiences with.

Involvement in grand parenting helps the elderly to satisfy many of their personal and emotional needs. Grandparents can serve as important role models. Old people find these roles emotionally self-fulfilling and tend to derive self-satisfaction through achievement of their grandchildren (Bowling et al, 2000). However, the pattern of family is changing. In urban areas nuclear family is becoming popular. The older parents often have difficult time staying alone. Old people have been always considered as individuals with a vast repertoire of knowledge and experience. Staying with them and respecting them helps not only in personal growth but facilitates multidimensional growth of a person. Today much of the problems seen in the society are due to the broken family system. Young couples prefer to stay alone for the reason of getting more independence and doing away with restrictions. But the repercussion of this system is largely being felt on the younger generation. The elderly in the family have always been a medium of cultural transmission. The cultural traditions followed in our country have been passed from generation to generation. With the emerging nuclear family system; the younger generation is becoming deprived of this rich cultural transmission. It has been found that emotional expressions and values in young generation have also been affected by the absence of elders in the family. It is evident from the discussion so far that age is not a factor relayed to social isolation in the Madina peri-urban area.

Sex and Social Isolation

This section discussed the result from the study on the relationship between sex and social isolation. Sex was found not to be a factor related to social isolation among the elderly in the Madina peri-urban area. Although, 36.25% females felt socially isolated as against 31.25% males (see table 4, at a significant level of 0.05, (*p*: 0.912 < 3.84) in table 5, there was no significant difference between males and females on feeling of socially isolated.

Many studies point to women as being more at risk for social isolation than men in viewing gender as a risk factor in studying social isolation (Kivett in Hall and Havens, 2003). Hall and Havens (1999) said that women are more likely than men to be widowed, to live alone, be unable to access transportation, to be concerned about issues of personal safety, to be dependent on other people and be the caregivers for other people. The British Columbia Ministry of Health report (2004) also said both being widowed and living alone in later life are more common among women. However, the British Columbia Ministry of Health report (2004) explained that the stigma associated with social isolation is stronger for men and may result in them being less likely to report feeling socially isolated than women.

More so, due to health reasons, most of the elderly in the Madina peri-urban area were confined in their homes with nothing to engage themselves with. Attending social gathering by some of these elderly was seen as a waste of time for them but rather it is for the youth and will not like to be associated as such. Hence, the disengagement theory that states that older people, experiencing losses of roles and energy, releases from societal expectations to perform minor roles like taking care of their homes and grandchildren most especially the women is not always the case but health and other factors makes the elderly to disengage.

The discussion so far has shown that sex is not a factor related to social isolation among the elderly in the Madina peri-urban area.

Level of Education and Social Isolation

Results on level of education and social isolation showed that educational level is a factor to social isolation. From table 6, a vast gap was shown between the percentages for the educational levels with the exception of those with no education (30%) and basic education (31.25%). But table 7 has shown that there is a significant difference between level of education and social isolation, (p: 16.747 > 7.82). The elderly who cannot gain access to information and services because of illiteracy, language barriers, lack of technological knowledge, or a general lack of awareness about the help that is available are at a severe disadvantage when trying to connect with others (British Columbia Ministry of Health report, 2004). It has therefore shown that social isolation decreases with ones level of education. The more educated one is the lesser he or she feels socially isolated. The extent to which a person disengages may vary with the individual's position in the social structure as described by the disengagement theory.

For instance, a retired teacher or health worker has an opportunity to be on contract in a private sector while people with low education which did not earn them any good profession or civil servants are likely to be out of job when they get to their pension or when their health status decline. In view of this, people with low education disengage themselves from active activities like attending social functions. They in turn stay in their homes and see themselves as repertoire of knowledge that the young generation sought advice from. Because most of them are not exposed to the current trend of modernization, they find it difficult to accept change in a dynamic world (UNH report, 2005).

The disengagement theory states that both the society and the individual are expected to disengage themselves at a point in time of their life which is difficult for some of these adults. An older person who takes a walk every morning and evening my not necessarily feel disengage but will enjoy the exchange of greetings with the people he or she meets. For men, the process of disengagement tends to be abrupt, as they forfeit their occupational roles. For women, the transition from what is often their central role as parent is more gradual and smoothes (British Columbia Ministry of Health report, 2004). The study therefore showed that level of educational is a factor to social isolation among the elderly in the Madina peri-urban area.

Associates of the Elderly and the Extent of Social Isolation

The second objective was to determine the extent of social isolation that existed among the elderly in relation to: family members, religious associates and neighbourhood relations.

Level of Attention from Family Members and the Extent of Social Isolation

Looking at the social isolation that exist among the elderly in relation to level of attention from family members , the result has shown that level of attention from family members was not a factor to social isolation among the elderly in the Madina peri-urban area. Even though majority of the elderly reported to have received average attention from their family, most of them said they felt socially isolated. This implies that the level of social isolation by the elderly does not depend on the level of attention received from family members but the quality of the attention that they receive. Elderly people at this time of their life require genuine love and care from the people around them and not just attention.

Baarsen (2002) demonstrated that social network support could not fulfill intimate companion needs. Elderly people need people who will understand them and show empathy to them. They always complain about the least mistake that the people around them commit and usually refer the younger generation to their youthful days how things used to be and see the youth of today as a spoilt generation. So therefore, at this stage of the elderly they need people they can share intimacy with like their spouse most especially who they feel had known them all their lives so that they can share their experiences with. In some cultures too, the structure of their system is such that the family disengages their elderly from doing certain things like working and socializing. Most often, the elderly are referred to as invalid and needs to be helped (Bowling et al, 2000).

From the current study, the observation made was that even though the respondents receive fair attention from their family members because most of the family members do not understand aging and the numerous challenges that the elderly face, they try to ignore these elderly with just a few of family members caring for them. For instance, in Ghana older people especially the females are viewed as witches and so the youth and some adults wouldn't like to associate so much with them. They may give the elderly in the family all the support they require in terms of helping them to bath, preparing food for them to eat and all other supports they may require except having quality time to sit down to chat with the elderly one on one. They are afraid to tell the elderly their problems and prefer to keep it to themselves.

The study has therefore found that level of attention from family members is not a factor to social isolation but other factors such as the quality of the attention can be a factor to social isolation.

Support from Religious Association and the extent of Social Isolation

In determining the relationship between social isolation and support from religious association, it was found out that support from religious associates was not a factor to social isolation among the elderly in the Madina peri-urban area. Although there was a vast difference between those who received high support (8.75%) from their religious associates and yet felt socially isolated and

those who receive low support (45%) from their religious associates and still felt socially isolated in table 10, the results from table 11 (p: 1.399 < 5.99) showed that the difference is not significant . This makes it clear to state that there is no significant difference between social isolation and the kind of support that the elderly receive from their religious associates.

Informal social activity with friends has been found to be somewhat related to well-being (Lemon, Bengtson, and Peterson citied in British Columbia Ministry of Health report, 2004). The Longitudinal Study by Duke found that being active in organizations and physical activity were two major predictors of successful aging (Palmore cited in Siva, 2004). Other studies, however, identified a negative association between formal group activity and life satisfaction (Longino and Kart cited in British Columbia Ministry of Health report, 2004), which suggests that variables other than level of activity, such as opportunities to interact intimately with others, are needed to explain life satisfaction. Although some studies found that active people have better physical and mental health and take greater satisfaction in life than do the inactive, such people are generally better educated and have more money and options than those less active (Havighurst et a1. cited in British Columbia Ministry of Health report, 2004). Therefore, socioeconomic, lifestyle, and generational variables may be more important than maturational ones in the associations found between activity and life satisfaction, health, and well-being. From the discussion so far, support from religious associates have been found out not to be a factor to social isolation.

Level of Neglects from Neighbours and Social Isolation

The study sought to determine the level of neglect among the elderly with regards to their neighbourhood relation. Even though 51.25% of the elderly felt low to neglect by their neighbours while 21.5% felt high neglect from neighbours in table 12, however, table 13 showed that there was no significant difference (p: 0.75 < 5.99). Several researchers have looked at the surrounding community and living arrangements of the elderly and their effects on social isolation. Krause (1993) found that neighborhood decline promotes distrust of others and that older adults who are distrustful of others tend to be more socially isolated. It has been hypothesize that distrustful individuals may not seek out support from others even when they are in need. They also may underutilize their social support network because they feel embarrassed or stigmatized or they may reject aid from others because they feel uncomfortable when assistance is provided (Krause, 1993).

No one is exempted from attaining the status of old age, unless they die at an early age. This means that not only abandoning a person will make the individual feel cut off from other people but with the entire social network that a person may have he or she may feel neglected based on other factors like prejudice, discrimination, and stereotyping whether overt or systematic only serve to separate and alienate individuals of all ages. These issues affect the lives of elderly in terms of where they can live, who they feel comfortable interacting with, and how they are treated when trying to access elderly services (UNH report, 2005). Anticipated social support is lower among the elderly who live in deteriorated neighborhoods than those who live in well maintained neighborhoods - higher neighborhood quality is related to increased contact with family members and interaction with friends (Krause, 1993).

Disengagement is presumed not only to be adaptive for older people, but also to be functional or useful to society. According to Cumming and Henry, all societies need orderly ways to transfer power from older to younger generations. Retirement policies, for example, are assumed to be a way to ensure that younger people with new energy and skills will move into occupational roles. When the elderly have disengelderly from the mainstream of society, their deaths are also thought to be less disruptive to society's optimal functioning. Thus, disengagement theory holds that social services, if provided at all, should not seek to revitalize the elderly, but rather to encourage their withdrawal. This theoretical perspective has been widely criticized for assuming that disengagement is inevitable, functional, and universal. Critics point to other cultures where the elderly move into new roles of prestige and power. Likewise, not everyone in our culture disengages, as evidenced by the growing numbers of older people, many in their 80s, who are employed, healthy, and politically and socially active. As with activity theory, disengagement theory fails to account for variability in individual preferences (Hochschild cited in Williamson et al, 1980). Disengagement theory has also tended to ignore the part that personality plays in the way a person adjusts to aging.

People who have always been active, assertive, and socially involved probably will not retreat as they age, but rather will maintain typical ways of adapting to their environments. Similarly, some people always have been withdrawn or passive; hence, disengagement may represent for them a natural transition or continuation of their previous lives rather than the culmination of a process characteristic of all aging individuals. Hence, the discussion has shown that neglect from neighbours is not a factor to social isolation among the elderly in the Madina peri-urban area.

Problems of the Socially Isolated Elderly

The third objective was set to find out the problems of the socially isolated within the Madina peri-urban area. This was in accordance with finding out the physical, biological, social, economic and psychological wellbeing of the socially isolated elderly. The problems reported by the socially isolated elderly were tabulated against their sexes. Table 13 gives the percentages of the problems reported by the socially isolated elderly and the differences in percentage for the problems reported by both sexes. Majority of the elderly gave multiple problems as tabulated in chapter 4. Females had more problems than their male counter parts. Thus among the 29 females who reported to be socially isolated, 53 different problems were reported by them as against 45 problems

reported by 25 males who were socially isolated. The most reported problems among both sexes were on financial and health issues. It can be said that people who are socially isolated face a lot of challenges in life which in effect increase their level of social isolation in the society. For instance, a person with difficulty in hearing will not like to be among people always and will therefore like to isolate themselves from others making them socially isolated (Bowling et al, 2000). Physical or psychological impairments can be especially debilitating for the elderly, as the elderly naturally become frailer or experience impairments which can severely limit their mobility, interaction with others, and ability to work or volunteer.

The lack of financial resources is somewhat related to social isolation. A study examining the experience of social isolation as it relates to selected health and economic conditions found greater social isolation was expressed by those elderly persons with less adequate self-rated economic conditions and those living in actual poverty (Mullins et al, 1996b). Another study by Mullins et al, (1996a) concurred that the less financially adequate individuals perceive their situation to be, the lonelier they were. The elderly who are poor are more likely than those with higher incomes to suffer from poor health, have health-related limitations in performing daily tasks, and experience depression. The elderly with a higher socioeconomic status have more opportunity to nurture their social relationships. They have more freedom to entertain in their homes, take classes, travel and visit relatives and friends, and use the telephone freely (British Columbia Ministry of Health report, 2004). In addition, they can pay for the specialized supportive services that they may need as they age like looking for househelp. The unavailability of meaningful part-time jobs is a better explanation of the decline in employment among the elderly than is their personal preference not to work part-time; it makes a difference whether disengagement is freely chosen.

Compromised health appears to play a major role as a risk factor for social isolation. However, there remains dispute on whether poor health causes social isolation or if being isolated and lonely leads to poor health. Most research illustrates a relationship between the two but the causal direction remains unclear as social isolation may be a symptom of health problems rather than a cause. Several researchers have also noted an association between poor self-rated health and increased social isolation (Mullins et al, 1996b). Although self-rated health is a subjective measure, results from the majority of studies examining health in an objective manner, and its relationship to loneliness, appear to concur. There has been some evidence presented that disabilities (or embarrassment because of physical limitations) and poor health increase levels of social isolation. The literature presents many examples of poor health and disability being associated with a higher incidence of social isolation. Social isolation had similar predictors such as poor perceived health (Hall and Havens, 1999), a higher number of chronic illnesses (Hall and Havens, 1999), compromised mental health (Victor et al, 2000) and poor general health (Victor, et al, 2000; Hall and Havens, 1999).

Poor self-rated and objectively measured health, impact loneliness and social isolation in a number of complex and circular ways. For example, poor health can cause social isolation by reducing the capacity and opportunities for the individual to participate in social activities. Staying home will be more comfortable when there are communication barriers such as hearing, speech or other health issues to the elderly (Hall and Havens, 1999). Also, mental health issues such as depression can impact self-rated health scores in an indirect way as those who are depressed may evaluate their social relationships negatively and therefore create apparent associations with other risk factors when in fact it is depression that is the issue (Russel et al, 1997). Socially isolated people's health may deteriorate because they lack the environmental support, social ties and assistance by others that become critical factors in the maintenance of their independence later in life" (Bosworth and Schaie, 1997).

Activity level of a person does not appear to predict death rates when age and health status are controlled. In an eight-year follow-up of older Mexican Americans and Anglos, informal activity levels (as defined by attendance at movies, sports events, and museums; hunting and fishing; social visits) of elders who had died was not significantly different four and eight years previously from those who were still alive (Quadagno, 2002). It has been found out that enlarging social networks is one way of coping with life problems. Participating in various group activities such as joining clubs, joining organizations for informal social interaction is found very helpful for the elderly (Williamson et al, 1980). Building a social network of people of their own age group in neighborhood or elsewhere provides them with greater opportunity to share their life circumstances and find emotional expression for their existing problems (Bowling et al, 2000). Through such social networks, one can get an unconditional expression of approval, share secrets, provide new experiences to each other, and develop trusting relationships.

Most of the social problems like accommodation problems, the need for elderly homes where the elderly in the community can meet during the day to share their experiences and interact among themselves, hospitals specially built for the elderly and the elderly crying to themselves due to their subjective feeling of loneliness were usually due to the fact that the quality of the elderly social network which can be corrected by encouraging the elderly to participate in various group activities such as joining clubs, joining organizations for informal social interaction. Building a social network of people of their own age group in neighborhood or elsewhere will provide them with greater opportunity to share their life circumstances and find emotional expression for their existing social problems.

Major Findings

1. Age was not a factor related to social isolation among the elderly.
2. Sex was not a factor related to social isolation among the elderly.

3. Educational level was found to be a factor related to social isolation.
4. The neglect by neighbours has no relationship with the elderly perceived social isolation.
5. **S**upport from religious associates given to the elderly have no significant relationship with social isolation.
6. Problems with regards to financial, health, psychological and social issues were stated by the elderly as some of the problems that they face as they age.

Implication of the Findings of the Study for Adult Education Practice and Policy

The term Adult Education denotes the entire body of organizational educational processes, whatever the content, level, method, whether formal or otherwise, whether they prolong or replace initial education in schools, colleges and universities as well as in apprenticeship, whereby persons regarded as adults by the society to which they belong develop their abilities, enrich their knowledge, improve their technical or professional qualifications or turn in a new direction and bring about changes in their attitudes or behavior in a twofold perspective of full personal development and participation in balanced and independent social, economic and cultural development (UNESCO, 1976 cited in Nafukho et al., 2005). This implies that Adult Education focuses on the development of the adult and his/her environment. It uses education as the main tool to empower people and communities to embark on development. In order for adult educators to successfully empower people to contribute to the development of their communities and for that matter the nation in general, they need to have adequate information about the processes of ageing and the challenges that affect the elderly. It is against this background that the results of this study would serve as a guide to adult educators to put in place appropriate educational programme to prepare the adults on some of the likely challenges that they will encounter as they age and more so to implement appropriate measures to engage the elderly as they disengage from active work.

The study results for example revealed that if the community has an elderly home for the elderly where they can meet had share their experiences, it will help them to increase their social network thereby reducing their level of social isolation. This information would help adult educators to implement programme that will involve the elderly within the communities. Also, the study results would serve a guide to adult educators and other stakeholders to know how best to motivate the elderly to participate fully in all development activities in their communities.

In respect of policy, the results of the study should help government and other policy makers to put in place a policy that would promote the participation of the elderly in activities that seek to improve the living conditions of the elderly and more so polices that will protect and enhance the elderly well being in the country like free medical care and other incentives. To this effect, measures should be taken to know the problems of the elderly and how best to help solve these problems to reduce social isolation among the elderly.

CONCLUSION

The statement of the problem of the study was “What factors are related to social isolation among the elderly in the Madina peri-urban area?” The study revealed that social isolation has no relation with age or sex. This means that any one aging at any point in time can feel socially isolated regardless of been a male or female. But it was found out that the level of ones education has a significant relationship with social isolation. Most often than not, people with lower educational background turns to feel more socially isolated than people with higher educational background. More so, the degree of attention from ones family members was found out not to have any significant relationship with feeling of social isolation. It was also found out that the neglect by neighbours has no relationship with ones perceived social isolation. Support from religious association given to the elderly was also found out not to have any significant relationship with the elderly perceived social isolation. Lastly, problems with regards to financial, health, psychological and social issues were stated by the elderly as some of the problems that they face as they age.

RECOMMENDATIONS

Based on the findings made on the factors related to social isolation among the elderly in the Madina peri-urban area, the following recommendations were made:

1) Adult education in Ghana should include a curriculum to teach people the likely problems that they will face as they grow older on topics like osteoporosis, amnesia, high blood pressure, cancer and stroke and also to teach the youth about aging problems so that they would understand and respect the elderly.
2) There should be a policy to assist the elderly in Ghana in terms of their finances, health and social wellbeing in other to reduce the problem they encounter.

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