# RELATIONSHIP BETWEEN LONELINESS AND DEPRESSION AMONG THE ELDERLY WIDOWS IN KAJIADO COUNTY, KENYA

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## DECLARATION

I, the undersigned, declare that this thesis report is a product of my own work and is not the result of anything done in collaboration. It has not been previously presented to any other institution. All sources have been appropriately cited and appropriately acknowledged.

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## DEDICATION

This work is dedicated to all widows in Kajiado County.

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I am appreciative to God for giving me a chance to go back to pursue a Master's Degree in Counselling Psychology, which has always been my dream.

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## ABSTRACT

Although many studies in Kenya have focused on the elderly windows and their physical health, limited studies have investigated their mental challenges. The purpose of this study was to investigate the relationship between loneliness and depression among the elderly in Kajiado County, Kenya. The objectives of this study were to establish the prevalence of depression and loneliness among the elderly; the relationship between loneliness and depression among elderly women. The target population was the elderly widows aged 60 years and above. A cross-sectional research design was used in this study. The census method was to identify 162 participants of this study. Loneliness was measured using revised University of California, Los Angelo's loneliness scale while the Center for epidemiological studies depression scale will was employed to measure levels of depression. The data collected was analyzed using descriptive statistics and Person correlation analysis with SPSS. Results from descriptive statistics showed that majority of the participants had experienced high degree of loneliness 173 (97.7%). In addition, the results showed that it is only 4 participants (2.3%) who had experienced moderate high degree of loneliness and no participant experienced either low or moderate degrees of loneliness. Also, results showed that majority of the participants had experienced extreme depression 175 (98.9%). The remaining two participants had experienced severe depression 2 (1.1%) while no participant fall in the category of no depression or mild depression. Results obtained from correlational analysis showed positive correlation between loneliness and depression among the elderly windows in Kajiado West Sub- County ($p < 0.05$, $r = 262$). The study recommends to counsellors and psychologists to come up with programmes that help the elderly windows to cope with stress that brings loneliness and depression. There is need of counsellors and psychologists to sensitize the families on the need of helping the elderly people to seek counselling services in order to curb them from experiencing loneliness and depression.

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## ABBREVIATIONS/ ACRONYMS

**SPSS** : Statistical Package for Social Sciences

**R-UCLA** : Revised University of California, Los Angeles Loneliness Scale

**CESD** : Centre for Epidemiological Studies Depression Scale

**USA** : United States of America

**DASS** : Depression, Anxiety, and Stress Scale

## OPERATIONAL DEFINITION OF KEY TERMS

**Elderly:** In this empirical investigation, the term elderly is used to refer to individuals who have attained the age of sixty years and above (Ministry of Gender, Children and Social Development, 2009).

**Older persons:** The United Nation views older persons as those people who have attained at least 60 years and above.

**Loneliness:** Hawkley et al. (2010) definition of loneliness has been adopted in this study, where loneliness is regarded as distressing feelings that arise due to a subjective view that one's quantity and quality of social needs are unmet.

**Depression:** According to APA (2013) depression is defined as a mental health condition that adversely affects an individual's cognitive, emotional and behavioral states, and it is often characterized by feelings of sadness for more than two weeks, lack of pleasure, loss of concentration, irritability and so forth.

**Widow:** In this study, a widow is perceived as a lady aged 60 and above whose husband has since died.

# CHAPTER ONE

# INTRODUCTION

## 1.1. Introduction

In this chapter, the background information about significant incidences of loneliness symptoms and its association with depression among the elderly widows was discussed. The justification for this study as well as the statement of the problem were discussed in this chapter. Additionally, included were the general objectives, specific objectives and hypothesis of the study. Also, the chapter captured assumptions of the study, scope and delimitations of this study.

## 1.2. Background to the Study

Reports from the Loomba Foundation (2016) indicated that there were an estimated 585 million widows across the world. Evidence has shown that elderly widows may experience many challenges in their lives such as loneliness (Chatterji et al., 2014). Loneliness among the elderly can be as a result of various reasons. One of the key reasons of loneliness during a person's advanced years in life is widowhood, an avoidable disastrous occurrence to the surviving partner. If one is not assisted to deal with this situation, the person experiences a lot of loneliness.

Yu et al. (2020) defined loneliness as a distressing emotional state because of the difference between what a people sees as having meaningful relationship with others and the kind of relationships they have. Loneliness is also conceptualized by Domènech-Abella et al.(2017) as emotional loneliness and social loneliness. When a person begins to notice that they are missing or losing a close bond with a significant other in their life, emotional loneliness sets in and a person experiences social loneliness when they begin to realize that the network of social interactions they once belonged to is disappearing. Suzman et al. (2015) added that elderly people frequently lose their active roles as they get older and transition into

passive roles, which makes them feel unimportant, alienated, and that they are losing their independence which leads to loneliness.

Loneliness has been classified in three ways according to Santini et al.(2016). The first type is situational loneliness which can be described as loss of social contacts as a result of unforeseen events like disaster, relocation and interpersonal disputes. The second type of loneliness is described as developmental. It arises due to the state of living in scarcity of basic needs, individual inadequacies, separation, poverty, and physical disability among others. The last type is internal loneliness which is due to some internal reasons, inadequate coping mechanisms and low self-esteem. Elderly people mostly experience all these types of loneliness in their lives.

According to Faísca et al.(2019) absence of purpose and denotation in life, reactivates to emotions, unwelcome and spiteful feelings, a sense of separation and/or isolation, a lack of relationships, absence of intimacy, and feelings of detachment are some ways that loneliness can manifest itself. In addition, Conde-Sala et al. (2019) reported that older adults can experience feelings of loneliness, and this may vary in terms of levels of intensity, ranging from occasional to frequent.

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

Just like the rest of the world, in Africa, reports reveal that loneliness is major mental health concern. For instance, a study by Mafuya and Peltzer (2017) showed that when loneliness and its risk factors were examined in older persons in South Africa, the incidence of self-reported loneliness was found to be 9.9% overall. A related empirical investigation by Nzabona et al.(2016) revealed that approximately seven out of ten elderly people in Uganda who were studied on loneliness felt alone. These findings were supported by Wamara and Carvarlho (2019) who added that the poor management of community resource system in Uganda has contributed to isolation of older individuals in the country leading to high levels of loneliness experienced. Elderly people in Kenya just like other countries have been facing the same problem of loneliness. For instance, statistics show that there an estimated eight million widows in Kenya (Luvega, 2016). Kiviu (2019) revealed that widows are not only lonely but are also miserable.

Elderly widows not only experience the problem of loneliness but also depression. This has been confirmed by several studies done. For example, He et al. (2016) investigated the prevalence of depression and the interrelated factors in the senior populace living in the rural areas in China. Findings from their study showed that the prevalence of depression among the participants was 37%. In a similar vein, Schaan (2013) found that respondents who had experienced widowhood reported noticeably higher depressed symptoms than those who had been continuously married. Schaan's research inquiry studied the connection between older people's depression levels and being a widow within a European context.

Studies done with African population have similar findings concerning depression among the elderly. For instance, Hao et al. (2017) empirical study among older people in South Africa found that there is a relationship between being depressed and loss of interests in activities that were initially valued. Further, Hao et al. revealed that 51.9% of the elderly people were depressed and 43.8% had lost interests in things they loved to do. In a similar

investigation, Mulat et al. (2021) conducted a study on the prevalence of depression and related factors among elderly persons in Womberma District, northwest Ethiopia, and they revealed that the prevalence of depression among seniors was 45 %.

Scholars have pointed a noteworthy association between loneliness and depression. For instance, a study by Yeginsu (2018) revealed that loneliness can lead to fear, anxiety, and depressive thinking. If this is not taken care of, it may then contribute to the emergence of depression (Tiwari, 2013). Additionally, a study by Mann et al. (2017) claimed that loneliness among the elderly can increase the risk of subsequent depression. Another similar study by Shri et al. (2021) indicated that there is a relationship between loneliness and depression (P=0.005). Also, Shri et al. reported that a relationship exists between depression in older persons and living arrangements, being widowed in comparison to being married, and that widowed older adults who lived alone experienced higher levels of depression.

In addition, loneliness was identified as one of the factors that increased a person's vulnerability to presenting with depressive symptoms according to Conde-Sala et al. (2019) study in Europe that investigated the depressive symptoms and correlated factors in adults who were 65 years and over. Furthermore, Grover et al. (2018)'s study on the incidence of loneliness and how it relates to social connection, depression, and other factors in senior people provided evidence that loneliness high scores were positively correlated to depressive symptoms high scores.

Just like the rest of the world, studies conducted with African population have similar findings. For instance, according to a study by Hassan et al. (2017), positive relation existed between geriatric depression and loneliness (r = 606, at p 0.000) in senior persons in Minia City, Egypt. However, a study by Igbokwe et al. (2020) on prevalence of loneliness, and relationship between depressive and anxiety symptoms targeting individuals who were retired living in the North-central part of Nigeria presented contradicting findings. Their study's

findings showed that neither anxious depression (r =.01, p =.68) nor depressed symptoms (r =.02, p =.43) were substantially correlated with loneliness.

In Kenya, some studies conducted on elderly widows have revealed that they continue to experience loneliness among other challenges. For instance, Muthangya (2019) investigation found that widows experienced psychosocial challenges such as; depressive symptoms and loneliness among others. Similarly, a study in Nyeri, Kenya, by Mwangi (2014) on psychosocial challenges and adjustment of widows in Kenya found that they lacked the necessary support systems, in terms of family, friends and professionals that could help them to cope hence end up experiencing loneliness. These studies confirm that the problem of loneliness among the elderly is very common as well as depression. Although Kajiado County is a home of 37,661 elderly women, limited studies have been conducted focusing on the relationship between loneliness and depression among the elderly widows in this area. Therefore, the proposed study focused on the relationship between depression and loneliness among elderly widows in Kajiado West sub-county, Kajiado County.

### 1.3. Statement of the Problem

The Kenya population census conducted in 2019 revealed that Kajiado County is a home of approximately 37,661 elderly aged 60 years and above (KNBS, 2019). In spite of this, there is scarcity of data on loneliness and depression among the individuals aged 60 and above, yet they constitute 6% of Kenya's population according to the 2019 census in Kenya. Evidence across the world has shown that elderly widows are predisposed to loneliness and depression, yet they remain invisible in programming for their wellbeing (United Nations, 2022). The weak family structures that have since evolved with time seem to account for their loneliness and depressive states. In addition, reports seem to suggest that after losing their partners, family members or friends fail to offer support needed to help them cope with the loss. Feelings of loneliness may invite development of depression, insufficient intake of food

leading to poor immunity and susceptibility to physical illnesses which in turn may threaten longevity of life (Susanty et al., 2022). Evidence has shown that depression may increase vulnerability to low immunity and subsequent poor physical health. Additionally, depression may lead to impairment of cognitive and social function, feelings of suicidality, and reduced productivity. In spite of these adverse consequences of loneliness and depression, the connection between loneliness and depression has been minimally studied among elderly widows in Kajiado West sub-county. This research aimed to close this gap.

### 1.4. Study Objectives

This study provides both general and specific objectives.

#### 1.4.1. General Objective

The general objective of this study was to establish the relationship between loneliness and depression among elderly widows in Kajiado West sub-County.

#### 1.4.2. Specific Objectives

This study focused on the following specific objectives:

1. To establish the prevalence of loneliness among elderly widows in Kajiado West sub-County.
2. To determine the levels of depression among elderly widows in Kajiado West sub-County.
3. To examine the relationship between loneliness and depression among elderly widows in Kajiado West sub-County.

## 1.5. Significance of the Study

According to GOK (2021), Kenya, like other nations in the world is faced with high prevalence of psychological and mental concerns in the general population. Therefore, this study is relevant as it may give insight into what is happening to the elderly regarding loneliness and depression. More so, the results of this study's finding could be helpful to the counsellors as it might shed light on the magnitude of loneliness and depression. Subsequently, counsellors may design programmes that can take care of the elderly widows to avoid feelings of loneliness and depression.

Results of this study might be helpful to the Ministry of Health because it forms a basis for programming in regard to the elderly welfare. The results of this study might also be very significant in influencing civil society to program for creation of awareness on loneliness and depression among the elderly widows and helping them to cope with the problems. Finally, the findings of this study could also contribute to the ongoing efforts and research on loneliness and depression among the elderly widows and act as a guide for additional similar studies by scholars hence, a source of expanding knowledge in the field of mental health and psychology.

## 1.6. Scope and Delimitations of the Study

This study focussed on Kiserian sub-location in Kajiado County, Kenya. The study population consisted of elderly widows who were 60years of age and above. Most of the elderly widows that was part of the study were retired widowed women, stay at home widows, casual labourers who are widowed among others. This study took into consideration descriptive cross-sectional research approach and standardized self-report tools for data collection on commonness of depression and loneliness among elderly widows. The study was grounded in two theoretical frameworks, that is, evolutionary theory of loneliness and rational emotive behavioural theory.

## 1.7. Assumptions of the Study

This study was based on the following assumptions: Individuals who participated in this study were representative sample of elderly widows across Kajiado County. Second, all participants were to cooperate and give factual responses to help meet the research objectives of the study. Third, the sample's inclusion criteria were to be adequate in ensuring that the participants would have had some basic knowledge or exposure to the phenomenon under study. Finally, participants won't have any hidden agendas and were to be genuinely interested in taking part in the study.

## 1.8. Chapter Summary

This chapter covered the background to the study, problem statement and justification. The objectives, scope and delimitation of the study were discussed. It ended with a deliberation of the assumptions of this study. The next part of this study focussed on literature review and theories based on the objective of the study.

# CHAPTER TWO

# LITERATURE REVIEW

## 2.1. Introduction

This section provided an overview of the research on the relationship between depression and loneliness among the elderly widows. The chapter began by reviewing the theoretical framework and other relevant theories followed by critical review of empirical literature related to this study. Finally, a conceptual framework of this study was presented in this section.

## 2.2. Theoretical Literature Review

This section provides a discussion on important psychological theories that illuminate this study. These include: the evolutionary theory of loneliness and rational emotive behavioural theory (REBT).

### 2.2.1. The Evolutionary Theory of Loneliness

The evolutionary model of loneliness put forward by Cacioppo and Cacioppo (2018) will serve as the foundation for this suggested investigation. This theory proposes that human beings are social beings that can assist one another in times of need. This leads to creation of beneficial social contacts and trustworthy social ties that increase one's chances of surviving, reproducing, and exiting a genetic heritage. However, if a person is not able to create or have these social relationships, a feeling of loneliness gets in (Cacioppo et al., 2006). According to the model, feeling lonely is an inherent adaptation that warns people when healthy social connections are in danger or have been harmed and encourages them to make up with their significant others.

Loneliness evolves when one starts perceiving the dangers and threats in their social surroundings (Cacioppo and Cacioppo, 2018). Loneliness also manifests when a person has more unfavourable expectations for their social surroundings and stronger memories of unfavourable social events than pleasant social activities. The person who is lonely is more probable to have poor social relationships with significant others such as family members and friends as a result irrational thinking/beliefs and maladaptive behaviours. The accumulation of these unhelpful beliefs and actions can make lonely people even more isolated from their loved ones and friends, or it might make lonely people's loved ones and friends even less likely to interact with them.

It is crucial to keep in mind that what matters most is relationship quality, not quantity. Relationships need to be strong and of a caliber where we can rely on them in a pinch and where they can rely on us in ours. According to Cacioppo et al.'s (2000) study, loneliness (i.e., felt social isolation) over the course of a lifetime is predicted by the quality of one's social contacts rather than the amount. So, in order to avoid loneliness, we must have enough meaningful interactions. And in order to combat loneliness, we must create deeper connections with others. An essential indicator of one's social relationships is the amount of people they can count on in difficult times. Therefore, this theory is important in helping to understand the kind of relationships elderly widows embrace and how this may contribute to their feelings of loneliness or not. However, this theory does not indicate how irrational thinking contributes to feelings of loneliness and subsequently depression. To help understand the relationship between negative thinking and loneliness, Albert Ellis put forward the theory of rational emotive behaviour theory.

### 2.2.2. Rational Emotive Behaviour Theory

According to Digiuseppe et al. (2013), the theory of rational emotive behaviour therapy (REBT) was proposed by Albert Ellis in the 1950s (Digiuseppe, 2013). In this theory,

Ellis argued that irrational beliefs are the key determinants of psychopathology such as depression and negative emotions. Ellis indicated that people interpret situations in negative ways (irrational beliefs) and this makes them to experience negative emotions resulting to behaviours such as keeping away from people among other maladaptive behaviours that help to maintain depressive states. Further, Ellis argued that to overcome irrational thoughts, the therapist needs to facilitate a person to identify, dispute and replace irrational thoughts with positive thoughts. This in turn helps to significantly reduce disturbed emotions and depressive state.

In congruent with Ellis's theory, Hawkley and Caciopp (2010) maintained that loneliness is a correlate of many psychopathologies especially depression. Heinrich and Gulone (2018), concluded that loneliness comprises emotional and cognitive aspects. They viewed loneliness as unfriendly experience that usually arise when an individual appraises their life in terms of having insufficient quality and quantity social relationships. In this study, it is assumed that the elderly women often cognitively evaluate their lives and they tell themselves that they lack quality and quantity social relationships leading to feelings of loneliness, and when loneliness is sustained over time, they develop. The purpose of this study is to determine whether loneliness is linked to depression among the elderly women since limited studies in Kajiado County have explored this area of study.

One of the limitations of REBT theory was pointed out by Mukangi (2010) in a critical review of the theory. Mukangi argued that REBT doesn't consider the diathesis stress model in causing mental illnesses such as depression. This means that REBT theory is inadequate because it provides one cause (irrational thinking) of depression yet several factors can account for this phenomenon. This also means that REBT doesn't consider the fact that human beings are social beings; and if a person lacks people to interact with, she may feel loneliness and report low mood as advanced by evolutionary theory of loneliness.

## 2.3. Empirical Literature Review

This section dealt with the critical evaluation of empirical investigations carried out in relation with the study. The critical review was guided by the objectives of this study. Knowledge gaps were identified based on the studies that were reviewed.

### 2.3.1. Prevalence of Loneliness among the Elderly Widows

Aung et al. (2017) used quantitative cross-sectional design to investigate how lonely the elderly is in nursing facilities found in Kuantan, Pahang, Malaysia. The sample size comprised of nine nursing homes which were selected using stratified random sampling. From the nine nursing homes, a sample size of eighty elderly widows were designated to take part in the study. Loneliness was assessed using UCLA loneliness scale. Using SPSS version 20, data was manipulated statistically taking into consideration descriptive and inferential statistics. Findings indicated that majority (75%) of participants reported very high levels of loneliness.

In Taiwan, a longitudinal study was undertaken by Huang et al. (2021) to find out the how common loneliness is, and, identify potential risk factors among older persons. There were 4588 responders over the age of 65. Data on loneliness and other demographic traits were collected using a self-reported loneliness questionnaire. The report revealed that 10.5% of older individuals in Taiwan experience loneliness. Domènech-Abella et al. (2017) conducted a study in Spain which shown that in contrast to men, women were shown to feel lonelier. Participants who were younger aged between 50 and 65, those who were unmarried, divorced, separated, or widowed, and lived in rural areas, had fewer social networks, and experienced loneliness more frequently.

Mafuya and Peltzer (2017) conducted cross-sectional research to determine the incidence of loneliness among senior citizens in South Africa as well as its risk variables. The sample size comprised of 3624 South Africans aged 50 years and above. A questionnaire was

developed to test the level of loneliness among the respondents. This study's findings showed that 9.9% of people reported feeling lonely. In terms of gender, women's loneliness levels were higher (10.2 %) in comparison to men (9.5 %). In terms of education, participants who were more educated had lower levels of loneliness (5.9%) in comparison to their counterparts. Lowest prevalence rate (7.5%) of loneliness was reported within individuals who were married, while, older persons with 70 years and above recorded highest incidences of loneliness (12.2%). Limited studies on loneliness prevalence rate amid older persons have been conducted in Kenya, making this study very important.

Nzabona et al. (2016) employed cross-sectional study design to scrutinize loneliness among elderly people in Uganda. Approximately 605 senior citizens made up the sample size. Surveys, focused-group discussions, and interviews were utilized to obtain data, and participants were requested to indicate their feelings regarding loneliness. Binary logistic regression was employed to analyze the data and forecast the causes of loneliness. According to the study's results, seven out of ten seniors reported feeling lonely. Regarding location, older adults located in urban settings were more likely to report feelings of loneliness as compared to those living in rural settings. Elderly widowed folks were shown to be more prone to feel lonely than older married people. In Kenya, Nyamu et al. (2022) conducted a study among elderly women in Nyeri County. The results revealed a high prevalence of loneliness among elderly women in Mathira sub-location, Nyeri County. However, limited studies have been conducted in Kajiado County, a gap that this study aimed to fill.

### 2.3.2. Prevalence and Levels of Depression among the Elderly Widows

In order to comprehend the commonness of depression and related factors amid older persons in Womberma District, Ethiopia, a cross-sectional study was carried out by Mulat et al. (2021). Using computer-generated basic random sampling procedures, a sample size of 959 people were chosen from a target population of 2269. Face-to-face interviews with

selected kebeles were used to gauge depression using the Geriatric Depression Scale item 15. According to the study's findings, elderly people had a prevalence of depression of 45% (95 percent confidence interval: 41.7-48.5%).

Prevalence of depression and the sociodemographic characteristics linked to depression amongst elderly inhabitants of OAHs in parts of Mangalore City, Kumar et al. (2021) utilized a cross-sectional study design. About 142 elderly participants who were older than 60 years old made up the sample size. Depression were evaluated using the Geriatric Depression Scale-15 (GDS-15). To identify the relevant socio-demographic characteristics, data were analyzed using percentages and univariate logistic regression analysis. The connection between the GDS-15 and KATZ index scores was determined by calculating each set of results using standard deviation and means. Results indicated that depression was generally prevalent in 47.8% of people. The research also revealed that fewer social interactions existed among participants.

By using the theory of Social Production Functions as a theoretical framework, Schaan's (2013) study looked into the roles of gender, caring, and marriage quality in the relationship between widowhood and depression among older persons in a European context. A subsample of 7,844 respondents with 50 and above years, who were married at baseline, and, who were still married or widowed at the follow-up were chosen to take part in the study. Between the two waves of the study, respondents who had become widowed reported considerably higher depressed symptoms than respondents who had been married continuously.

Grover et al. (2018) sought to assess the prevalence of loneliness among the elderly and connections to social connectivity and depression. Evaluation of the clinical and demographic characteristics connected to loneliness and social connectivity in geriatric depression patients was another goal. The study sample included 488 depressed elderly

individuals (60 years of age) gathered from 8 centers. The Generalized Anxiety Disorder 7 Scale (GAD 7), the Patient Health Questionnaire 15 (PHQ 15) Scale, the UCLA Loneliness Scale (LS), the Geriatric Depression Scale (GDS 30), and the Revised Social Connectivity Scale were all used to assess these patients.

According to the survey, about three-fourths (77.3%) of the overall sample reported feeling lonely. Regarding a specific loneliness symptom, 62.5 percent of people said they lacked friends, 58.7 percent said they felt excluded from life, and 56.5% said they felt alone. The study also discovered that there were no gender differences in the prevalence of any loneliness symptom. The study's findings also indicated a solid positive link between severity of depression and higher loneliness scores. Hao et al. (2017) employed a cross-sectional approach to examine the association, if any, between perceived depression and difficulty in social participation among older people in South Africa. 422 men and women over the age of 50 made up the sample. According to the study, among respondents who did not indicate any problem, self-reported depression prevalence was found to be 51.9 % and a sense of less interest in most things to be 43.8 %, respectively.

### 2.3.3. Relationship between Loneliness and Depression

Kevser et al. (2020) utilized a descriptive cross-sectional research design to examine the connections among senior people's feelings of loneliness, depression, and contributing variables. The sample size was composed of 501 senior citizens. Standardized tools including GDS, elderly loneliness scale, and a researcher-generated questionnaire were used to gather the data. According to the study, loneliness and depression among the elderly are positively correlated.

Tanahu, et al, (2019) carried out a study to find out the interconnections between loneliness, social support, and depression with 116 elderly ladies as the sample. The study

discovered that 67.7% of respondents—of whom 50% did not get any financial support and 53% were single—had depression. The study also discovered that elderly people who lack family support may experience loneliness, physical and mental health issues, and an increase in depressive symptoms. Moreover, the study showed a positive relationship between loneliness and depression among the participants.

In order to conduct a longitudinal study, Lee et al. (2021) used data from 7 waves of older people as participants and with 50 years and above. They participated in the English Longitudinal Study of Ageing (ELSA). It was conducted between 2004 and 2017, every two years. The University of California, Los Angeles Loneliness Scale's brief 1980 edition was used to quantify the exposure, which was loneliness at baseline (wave two) (R-UCLA). The Centre for Epidemiologic Studies Depression Scale's eight-item version was used to measure the primary outcome as severity of depression at 7 successive time periods (waves 3 to 8) (CES-D). Controlling for study socio-demographic variables such asocial isolation, social support, polygenic risk scores, and health-related factors was executed before and after. Then, analyses were conducted using linear multilevel regressions. Using a binary CES-D version, the secondary outcome was the diagnosis of depression. Stata 14 was used to conduct the analyses. The connections between loneliness (wave two; continuous exposure) and the severity of later depression symptoms were investigated using linear multilevel regressions (waves three to eight; continuous outcome).According to the research, the mean loneliness score in the second wave's baseline was 4.12 (SD: 1.50). The study also discovered that individuals with higher loneliness levels had mean depressive symptom severity scores that rose perhaps over time. When the CES-D loneliness item was included, there was a moderately positive association between loneliness and depression (Pearson's correlation coefficient: 0.44, and 0.49 when the loneliness item was excluded. The study indicated that participants with low loneliness scores (score of 6) tended to be older on average, and a

higher proportion of them were female, single, unemployed, and had lower levels of education and wealth. The study also discovered that those who scored highly on loneliness also had higher rates of physical ailments, pain, and mobility issues, as well as more severe depressive symptoms, lower levels of social support, smaller social network sizes, and less social interactions.

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

Furthermore, the study indicated that among respondents of both sexes, higher loneliness levels were significantly positively correlated with the degree of depression. The study also discovered that factors such as present single life, advanced age, prolonged illness, a history of mental illness in the family, concurrent physical illness, and abstinence from substance usage were linked to higher scores of loneliness. A cross-sectional study was conducted by Igbokwe et al. (2020) to determine the prevalence of loneliness and its correlation with depression and anxiety symptoms among retirees in North Central Nigeria. 1104 retirees over the age of 60 were chosen as the sample size through a two-stage sampling process. Using the 8-item University of California, Los Angeles Loneliness Scale (ULS-8),

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

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

### 2.4. Research Gaps

Although many studies in Kenya have focused on the elderly and their physical health, there is scarcity of data on the mental health challenges of the elderly widows. In Kajiado County, there is limited data on the connection between older people's feelings of loneliness and depression, risk factors for loneliness, and the prevalence and severity of depression. The study filled this gap by investigating on the connection between feelings of isolation and sadness among widows in Kiserian sub-county, Kajiado County.

## 2.5. Conceptual Framework

The theoretical foundation grounded this research is diagrammatically represented in Figure 1

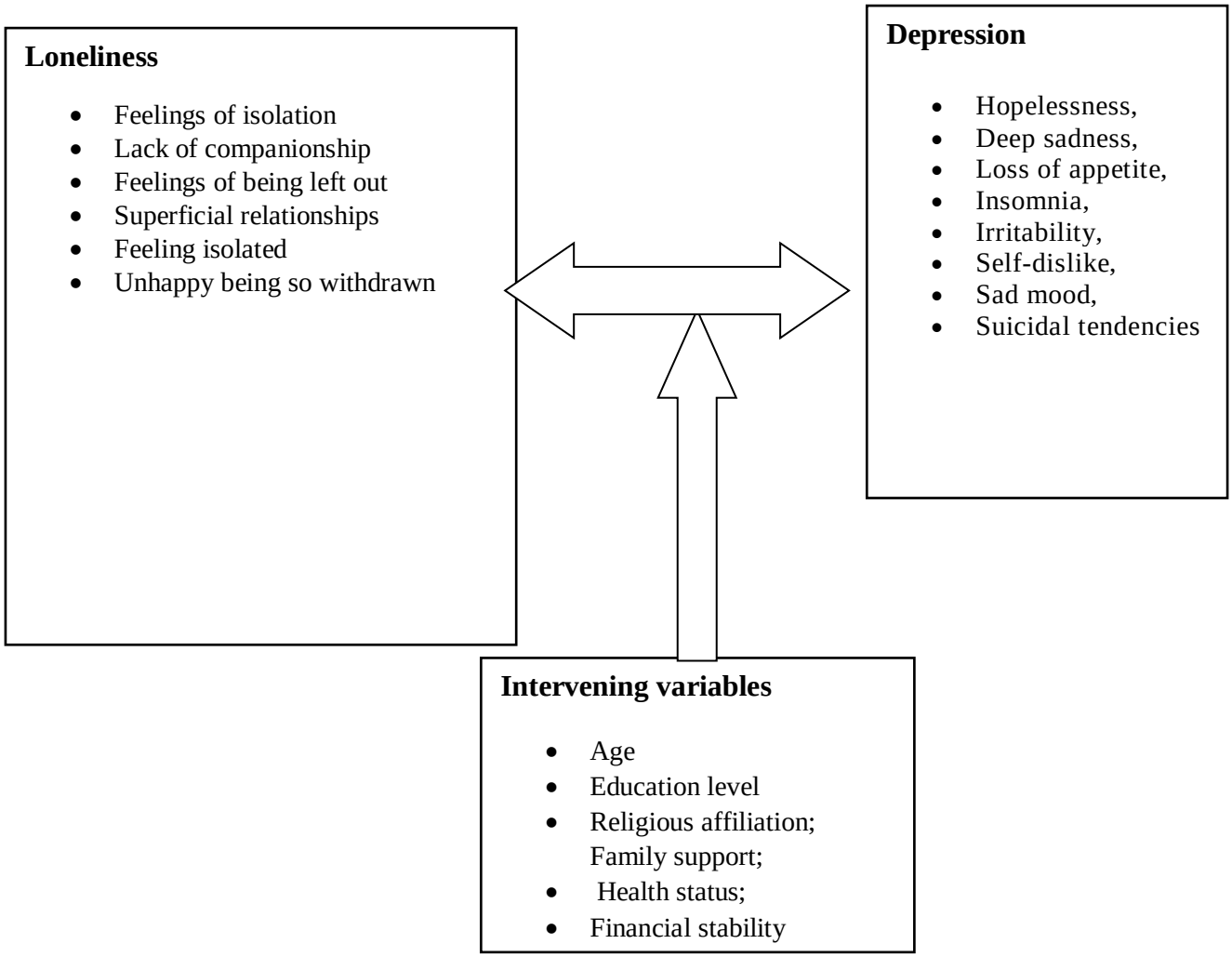


*Figure 1*: Conceptual Framework

In this conceptual framework, it was theorized that there was a relationship between Loneliness (independent variable) and depression (Dependent variable). Hence, it is hypothesized that if elderly widows present with high levels of loneliness, they are likely to develop depression, or if they experience depressive symptoms, they may report feelings of loneliness. Intervening variables include age, educational level, religious affiliation, financial stability, and family support. These variables may lead or avert development of depression and/or loneliness in elderly widowed population.

## 2.6 Chapter Summary

Chapter two focused on the theoretical models that form the basis for this study. In addition, global, regional, and local the literature was reviewed. The conceptual framework was discussed in chapter two. The next chapter presents the methodology of the study.

# CHAPTER THREE

# RESEARCH METHODOLODY

## 3.1. Introduction

Research methodology section covered the steps which were followed to carry out this study. This chapter outlined the methodology that was followed in this study. This included research design, location of the study, sample size, target population, sampling techniques. In addition, data collecting instruments, data gathering techniques, validity and reliability issues, and ethical consideration.

## 3.2. Research Design

A research design, according to Stangor (2011), is the particular approach a researcher takes to gather, analyze, and interpret data. The study employed comprising descriptive cross-sectional research design. According to Kothari (2014), a descriptive cross-sectional research design focuses on characteristics of a specific real-life occurrence, and according to Mugenda and Mugenda (2012), descriptive studies are critical in re-counting a phenomenon in relation to various variables of study in a certain situation. This design was suitable for the study because it aimed at establish the prevalence of loneliness and depression. The design also allowed the research to examine the relationship between loneliness and depression between loneliness and depression.

## 3.3. Location of the Study

This study was carried out in Kajiado County. Kajiado North, Kajiado South, Kajiado East, Kajiado Central, and Kajiado West are the five sub-counties that make up this county (County-government of Kajiado, 2018). The study specifically took place in Kajiado West sub-County which is the largest in Kajiado County. There are five wards in this sub-county and several wards including Keekonyokie, Magadi, Iloodokilani, Ewuaso oo nkidong'i, and

Mosiro. According to County-government of Kajiado (2018), Kajiado West sub-county was selected because it was having the largest population of the aged among the five sub counties in Kajiado County hence the rationale for the choice of this particular study setting. Secondly, the sub county has a cosmopolitan population inhabiting the area. This has been as a result of different communities buying land in this area for settlement. With these different ethnic and racial backgrounds, it is assumed that there can be a lot of influence in terms of how elderly widows are taken care of.

### 3.4. Target Population

A target population, according to Yin (2017), is defined as every member of a specific group to which the inquiry is related. The intended audience for this study was elderly widows aged 60 and above. All the elderly widows aged 60 and above living in Kajiado West sub-county formed the target population in this study. The rationale for choosing to investigate the elderly widow's mental health is because of old age association with health issues as reported by Perkins et al. (2016). Further, individuals aged 60 and above have been reported to experience loneliness and depression in many studies across the world. For example, in Uganda, a study conducted by Dianah and Rweere (2019) seeking to understand social isolation and wellbeing among the older people asserted that older persons are at risk of experiencing loneliness.

Another reason as to why the focus of this study is on the elderly aged 60 and above is that they comprise 37,661 persons out of 1,117,840 people which is a significant number of Kajiado county population (KNBS, 2019). It is important to note that those elderly widows who decline to provide consent to take part in this study was excluded. Also, those whose health may be poor making them unable to take part in the study was excluded from participating in this study. The sample constituted 162 elderly widowed females.

### 3.5. Sampling Procedure and Sample Size

The sampling procedures and methods for selecting a sample size for the study were described in this section.

#### 3.5.1. Sampling Procedures

Sampling is often referred to as the method or technique of picking a large number of people for research so that the people chosen are representative of the larger group from which they were chosen (Mugenda & Mugenda, 2012). Sampling procedures are adhered to in order to help identify a representative sample of the target population. Non-probability sampling techniques will be considered in this study where Kajiado West sub-county and all the wards will be purposively selected as the study location. To pick the participants, the snow-balling will be employed where the local chief will help to identify the first participant who will then help to identify another widow, and so forth. This method is best suited for this kind of a study because widows are few and it is most likely that they know each other. Subsequently, approximately 162 participants will be identified and included in this study. According to Kajiado County government (2018), there are approximately 162 widowed women in Kajiado West sub-county.

#### 3.5.2. Sample Size

According to the County-government of Kajiado County (2018), Kajiado West sub-county comprises an estimated 162 widows aged 60 and above. Since the target population was small, using census method, they were all included in the sample size. Therefore, the study had a sample size of 162 elderly windows. Leeman (2016) defines census as a method done on a small number below 200 participants, and this means that each and every item is included in the study. It's worthwhile noting that these items could be persons of a particular place (Leeman, 2016). This sampling method was suited for this study because according to

Leeman (2016) if target population is less than 200, then census method can be used to select the sample size where each and every item is selected for data collection. Therefore, all elderly widows amounting to 162 were included in the sample size.

### 3.6. Research Instruments

Researcher-generated socio-demographic questionnaire, the Revised University of California, Los Angeles (R-UCLA) scale, and the Centre for Epidemiologic Studies Depression (CES-D) scale was employed as data collection tools for this study.

The researcher-generated questionnaire that was used to gather data on the elderly widow's age, religious affiliation educational level, and financial status, number of years one has been a widow, and physical health status, perceived social support, and availability of social amenities such as TV. These socio-demographic profiles was analyzed to help establish the risk factors associated with depression among elderly widows in the study area.

To establish the subjective social isolation and loneliness status among the elderly widows in Kajiado West sub-county, the revised UCLA scale (R-UCLA) was employed. R-UCLA was created by Russell et al. (1980). The scale has 20 items which were intended to assess both one's subjective emotions of social isolation and loneliness. The respondents were given this scale and asked to circle one number for each statement that best describes how often they feel that way. The scale is a 4 Likert scale starting from never scored as 1, rarely scored as 2, sometimes scored as 3 and often scored as 4. Russel et al. (1980) pointed that items 1, 5, 6, 9, 10, 15, 16, 19 and 20 are all reverse scored during scoring so that never receives a 4, rarely receives a 3, occasionally receives a 2, and frequently receives a 1. Then, a summary of each person's answers to the questions is given. The results were regarded as showing that the level of loneliness increases with score, and vice versa. It must be acknowledged that the total score of R-UCLA ranges from 20 to 80, with 20 to 34 representing a low degree of loneliness, 35 to 49 signifying a moderate degree of loneliness

while 50 to 64 symbolizing a moderately high degree of loneliness, and 65 to 80 denoting a high degree of loneliness (Russel et al., 1978). This means that a score of 35 is the cut-off point distinguishing those with significant loneliness and those with no significant loneliness.

Depressive symptoms among elderly widows at Kiserian, Kajiado County were picked through the Centre for Epidemiologic Studies Depression (CES-D) scale, a tool for screening depression developed by Rudolf (1977). This tool was scored by assigning a score of zero for the first column (none of the time), one for the second column (little of the time), two for the third column (moderate amount of the time), and three for the fourth column (a lot of the time) (column all of the time). The scoring of positive items were reversed. Scores could fall between 0 and 60, with higher scores suggesting more depressed symptoms. Specifically, the scores were classified into three categories: those who scored 0-15 were classified as normal. According to Rudolf, a score of 16 to 32 was classified as mildly depressed, while a score of 33 to 48 was classified as severely depressed and scores of 49 to 60 was classified as being extremely depressed. This means that the cut-off point is 16, indicative of depression whereas less than 16 are indicative of no depression.

### 3.7. Pretesting of Tools

Purko ward in Kajiado Central sub-county was the study tool pre-test location. Pretesting of tools was carried out with 16 elderly widows who were not be included in the sample but of similar characteristics as the study population. Approximately 16 elderly widows will be 10% of the accessible population (162). Mugenda and Mugenda (2012) suggested that findings of a given study may be generalized to the full population by using approximately 10% of the accessible population hence 16 elderly widows were sufficient number for pre-test study. The pre-testing of tools is crucial because it aids the researcher in determining whether the questions measure what they are meant to measure, whether the phrasing is clear, whether all respondents would understand the questions uniformly, and

whether the research was biased. Additionally, this was carried out to improve the validity and reliability of the study instruments.

### 3.8. Validity and Reliability of the Instruments

In order for the research findings to be trustworthy, it is essential to confirm the psychometric properties of the tools to be employed in gathering of for data. There are three types of validity: content, construct and face validity. In order to determine whether a questionnaire is measuring what it is intended to precisely assess and validate, content validity must be established. Content validity is thought of as the extent to which a tool assesses the concept that it is intended to evaluate. This procedure acts as a pre-test and allows elements that are thought to be conceptually incorrect to be removed.

The magnitude to which an assessment appears to assess what it claims to examine is known as face validity (Kothari, 2014). The tools for research was issued to the participants during the pilot study and from the responses, the researcher was able to determine how valid the measure appeared on the surface with the help of the supervisors. Construct validity concerns whether the operational definition of a variable being measured genuinely captures the true theoretical significance of a notion. This involves issuing tools to the peers and make interpretations on the theoretical meaning of a concept being measured.

Even though the two standardized instruments used for this study have been standardized and translated before into different languages with satisfactory reliability, the researcher computed reliability after data collection in order to obtain an Alpha coefficient for the two standardized tools (R-UCLA and CESD) to ascertain whether they are reliable for the population under study. The two instruments reported the reliability coefficient of above 0.70, and therefore, they were found to be reliable. This is in tandem with Creswell (2014) who said that a reliable coefficient for an instrument should be at least 0.70.

It should be noted that R-UCLA tool was reported to yield very good factorability and internal reliability properties with a Cronbach's alpha of 0.87 in a study conducted in the United States among older adults (Lee & Cagle, 2017). The psychometric properties of CESD were investigated across diverse populations in China (Yang et al., 2015). The findings shown that CESD had excellent psychometric properties with Cronbach's alpha values lying between 0.940 and 0.895. In conclusion, both CESD and R-UCLA are reliable and valid tools for use in identifying depression and loneliness among the elderly. However, in Kenya, there is scarcity on the use of these tools among the elderly people, and so this study is very important because it feels this gap.

### 3.9. Data Collection Procedures

Data collection procedure encompasses steps taken when collecting data. Foremost, the researcher obtained clearance to engage in this study from Tangaza University College Research and Ethics Committee (TUCREC). Then, the National Commission for Science and Technology and Innovation (NACOSTI) will grant a permit to conduct this study on loneliness and depression among elderly widows in Kajiado County. Also, Kajiado County Director of Education and County Commissioner granted permission to conduct this study in their areas of jurisdiction. The research assistants (RAs) were trained on how to administer psychological tools and how to conduct themselves ethically and professionally during the research period. The researcher with the help of researcher assistants issued a consent form to participants before, they were given questionnaires to fill. The research assistants distributed the questionnaires which are self-administered. Those who may have difficulties to read the questionnaires were assisted by the research assistants. Then all questionnaires were collected and kept in a safe custody of the researcher assistants and later the principal researcher locked them in a room to await data analysis. After collecting data, the researcher thanked each participant for participating in this study.

### 3.10. Data Analysis

The data was cleaned and any incomplete questionnaires was not be analyzed. An analysis of the quantitative data using a statistical package for social sciences (SPSS) was done. Descriptive statistics including percentages and frequencies was used to compute the prevalence and severity of loneliness and depression while inferential statistics particularly correlational analysis was conducted to establish the relationship between loneliness and depression. The findings were presented using tables.

### 3.11. Ethical Considerations

Prior to gathering data, the researcher applied for approval from the Tangaza University College Ethical and Clearance Committee (TUCREC) whereas permit to execute the study was received from the National Commission for Science and Technology (NACOSTI), both of which attest that the student has the necessary permissions to conduct the study at the study location. The goal of the study, its restrictions, and its advantages was explained to the respondents by the researcher so that they can willingly volunteer to engage in the study. According to Creswell and Poth (2017), researchers should maintain the respondents' anonymity, which refers to the observance of secrecy by not disclosing the respondents' cultural or ethnic backgrounds, refraining from using their names, or disclosing any other sensitive information about a respondent. This was accomplished by making sure that no sensitive personal data or information is gathered throughout the creation, transmission, and analysis of the data.

None of the participant was coerced to take part in this study. They were informed about their right to withdraw to participate in this study if they so wished, and assured that they would still benefit from the findings of this study even after their withdrawal. The participants were informed about their right to confidentiality and privacy, which was protected by using questionnaires with no identifies and keeping them in a locked room. The

participants were also informed that the questionnaires were to be shredded after their use expires in about one year from the commissioning of this study. Research instruments were to administered with the help of five trained research assistants who must be holders of a bachelor's degree in counselling psychology or above. The research assistants received one day training on the essentials of data collection and privacy matters. After the respondents have filled the questionnaires, a counselling psychologist was engaged to debrief the participants who took part in the study so that any questions regarding serving as a participant may be answered. In addition, those who may feel distressed due to the study received free counselling sessions. The next chapter presents the findings of the study.

# CHAPTER FOUR

# RESULTS

## 4.1Introduction

The chapter begins by presenting the questionnaire distribution return rate and demographic details of the participants. The chapter further presents the results of the study in the order of the objectives. The study objectives were: to establish the prevalence of loneliness among elderly widows in Kajiado West sub-County; to determine levels of depression among elderly widows in Kajiado West sub-County; and to examine the relationship between loneliness and depression among elderly widows in Kajiado West sub-County.

## 4.2 Questionnaires Response Rate

The researcher distributed 187 questionnaires to the participants of the study. A total of 177 questionnaires were successfully collected and correctly filled translating to a response rate of 90%. The response rate was excellent because the target population was accessible to the researcher. The questionnaire response rate is presented in table 1.

**Table 1: Questionnaire Response Rate**

| **Questionnaires** | | **Percent** |
|---|---|---|
| Distributed questionnaires | 187 | |
| Returned questionnaires | 177 | 94.65 |
| Questionnaires not returned | 10 | 5.35 |
| **Total** | | **100** |

### 4.3 Demographic Details of the Participant

The study captured several demographic details of the participants that were involved in the current study including age, religion, level of education, perceived family support, availability of leisure activities, economic constraints and disturbing medical illness.

#### 4.3.1 Age of the Participants

The age of the participants were presented in four categories. Descriptive statistics were run and the age of the participants were presented using frequencies in table 2.

**Table 2:**

*Age of Participants*

| **Participant Age** | **Frequency** | **Percent** |
|---|---|---|
| 60-70 | 73 | 41.2 |
| 71-80 | 48 | 27.1 |
| 81-90 | 33 | 18.6 |
| Above 90 | 22 | 12.4 |
| Total | 177 | 100 |

The results in table 2 shows that the highest number of the participants in the study were at age of 60-70 (41.2%) followed by the participants at age of 71-80 (27.1%). The lowest numbers of participants for the study was those above 90 years (12.4) followed by those at age of 81-90 (18.6).

#### 4.3.2 Religion of the Participants

The participants were asked to indicate their religions as Christian, Muslim and others. Descriptive statistics were conducted and the results are presented in table 3.

**Table 3**

*Religion of Participants*

| Religion | Frequency | Percent |
|---|---|---|
| Christian | 154 | 87 |
| Muslim | 22 | 12.4 |
| others | 1 | 6 |
| Total | 177 | 100 |

The results in table 3 shows that majority of the participants were Christians 154 (87%) followed by Muslims 22 (12.4%). It is only 1 (6%) a participant in the study were from other religion.

### 4.3.3 Educational Level

The participants were required to indicate the level of education they had attained in three categories namely none, primary school and secondary school. Descriptive statistics were carried out and the results are presented in table 4.

**Table 4**

*Educational Level of Participants*

| Educational Level | Frequency | Percent |
|---|---|---|
| None | 112 | 63.3 |
| Primary School | 63 | 35.6 |
| Secondary School | 2 | 1.1 |
| Total | 177 | 100 |

Results presented in table 4 show that most of the participants 112 (63.3%) had not attained any level of education. In regard to educational level, the highest of number of

participants who had attended school, had attained primary school education 63 (35.6%) and it is only 2 (1.1%) participants who had attained secondary school education.

### 4.3.4 Perceived Family Support

The study sought to understand whether the participants were receiving support from the family. The participants were asked to indicate none or yes in regard to receiving family support. Descriptive statics were run and the results are presented in table 5.

**Table 5**

*Perceived Family Support*

| Perceived Family Support | Frequency | Percent |
|---|---|---|
| Yes | 86 | 48.6 |
| None | 91 | 51.4 |
| Total | 177 | 100 |

Results in table 5 shows that there was a slight difference between the participants who are receiving and not receiving family support. Those who were not receiving family support 91 (51.4%) were slightly higher than those receiving family support 86 (48.6%).

### 4.3.5 Availability of Leisure Services

In order to understand whether the participants in their old age had opportunities for leisure services, they were asked to indicate yes or none. Through descriptive statistics the availability of leisure services to the participants were determined and the results are presented in table 6.

**Table 6**

*Availability of Leisure Services*

| Leisure Services | Frequency | Percent |
|---|---|---|
| Yes | 58 | 32.8 |
| None | 119 | 67.2 |
| Total | 177 | 100 |

The results in table 6 shows that most of the participants 119(67.2%) were not able to access leisure services compared to few 58 (32.8%) who were able to access leisure services 58(32.8%).

### 4.3.6 Economic Constraints

The participants were also asked to indicate their level of economic constraints. Three responses were given including none, somehow constrained and very constrained. Descriptive statistics was conducted and the results are presented in table 7.

**Table 7**

*Economic constraints of Participants*

| Economic Constraint | Frequency | Percent |
|---|---|---|
| None | 1 | 6 |
| Somehow Constrained | 61 | 34.5 |
| Very Constrained | 115 | 65.0 |
| Total | 177 | 100 |

The results presented in table 7 shows that most of the participants were very economically constrained 115 (65%) followed by those who are somehow constrained 61(34.5%). It is only 1 participant (6%) who was not economically constrained.

### 4.3.7 Medical Illness

The study sought to establish whether the participants were experiencing some disturbing illness by asking them to response either yes or none. Descriptive statistics were carried out and the results are presented in Table 8.

**Table 8**

*Medical Illness*

| Medical Illness | Frequency | Percent |
|---|---|---|
| Yes | 121 | 68.4 |
| None | 56 | 31.6 |
| Total | 177 | 100 |

The results in table 8 shows that most of the participants reported medical illness 121 (68.4%) compared to those who had no medical complications 56 (31.6%).

## 4.4 Prevalence of Loneliness among Elderly Widows in Kajiado West Sub-County

The first objective was set to establish the prevalence of loneliness among elderly windows in Kajiado West Sub-County. To establish the prevalence of loneliness, R-UCLA Scale was used which scores ranges 20 to 80, with 20 to 34 representing a low degree of loneliness, 35 to 49 signifying a moderate degree of loneliness while 50 to 64 symbolizing a moderately high degree of loneliness, and 65 to 80 denoting a high degree of loneliness. This means that a score of 35 was the cut-off point distinguishing those with significant loneliness and those with no significant loneliness. Descriptive statistics were run and the results are presented in table 9.

**Table 9**

*Prevalence of Loneliness among Elderly Windows*

| Prevalence of Loneliness | Frequency | Percent |
|---|---|---|
| Low degree of loneliness | 0 | 0% |
| Moderate degree of loneliness | 0 | 0% |
| Moderately high degree of loneliness | 4 | 2.3% |
| High degree of loneliness | 173 | 97.7% |
| Total | 177 | 100% |

Results from descriptive statistics in table 9 shows that majority of the participants had experienced high degree of loneliness 173 (97.7%). In addition, the results showed that it is only 4 participants (2.3%) who had experienced moderate high degree of loneliness and no participant experienced either low or moderate degrees of loneliness.

### 4.5 Levels of Depression among Elderly Widows in Kajiado West Sub-County

The second objective was set to determine the levels of depression among the elderly Windows in Kajiado West Sub-County. To achieve the objective, level of depression was measured using Center for Epidemiologic Studies Depression (CES-D) scale, a tool for screening depression. Scores range between 0 and 60. Scores between 0-15 is classified normal. Scores between 16 to 32 is classified as mild depression. Scores between 33 to 48 was classified as severe depression and scored between 49-60 is classified as extreme depression. This means that the cut-off point was 16, indicative of depression whereas less than 16 are indicative of no depression. Descriptive statistics was carried out to determine the levels of depression among the elderly windows and the results are presented in table 10.

**Table 10**

*Levels of Depression among Elderly Widows in Kajiado West Sub-County*

| Prevalence of Depression | Frequency | Percent |
|---|---|---|
| Normal | 0 | 0% |
| Mild Depression | 0 | 0% |
| Severe Depression | 2 | 1.1% |
| Extreme Depression | 175 | 98.9% |
| Total | 177 | 100% |

Results from descriptive statistics in table 10 showed that majority of the participants had experienced extreme depression 175 (98.9%). The remaining two participants had experienced severe depression 2 (1.1%) while no participant fall in the category of no depression or mild depression.

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

The third objective was set to examine the relationship between loneliness and depression among the elderly windows in Kajiado West Sub-County. To achieve this, Pearson correlation analysis was carried out and the results are presented in table 11.

**Table 11**

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

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

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

Results obtained from correlational analysis in table 11 showed positive correlation between loneliness and depression among the elderly windows in Kajiado West Sub- County ($p < 0.05$, $r = 262$). This shows that the more elderly experience loneliness the more they are likely to experience depression.

# CHAPTER FIVE

# DISCUSSION

## 5.1 Introduction

The chapter begins by restating the objectives of the study which included: to establish the prevalence of loneliness among elderly widows in Kajiado West sub-County; to determine the Levels of depression among elderly widows in Kajiado West sub-County and to examine the relationship between loneliness and depression among elderly widows in Kajiado West sub-County. Furthermore, the study revisits the conceptual framework in relation to the findings of the current study. Moreover, the findings of this study per each objective are discussed in relation to the literature review in chapter two. Finally, the study suggests improvement of the theory based on the findings of the study.

## 5.2 Revisited Conceptual Framework

The first objective was derived from the independent variable of loneliness. The study aimed to establish the prevalence of loneliness among elderly widows in Kajiado West sub-County. The findings showed that majority of the participants had experienced loneliness. The second objective was derived from the dependent variable of depression. The study was to determine the levels of depression among elderly widows in Kajiado West sub-County. The findings showed that majority of the participants scored high in depression which indicates that they may need a psychiatric attention. The third objective was based on the relationship between the independent variable of loneliness and the dependent variable of depression. The results showed positive relationship between loneliness and depression among elderly widows in Kajiado West sub-County.

### 5.2 Conceptual Framework

The theoretical foundation grounded this research is diagrammatically represented in Figure 1

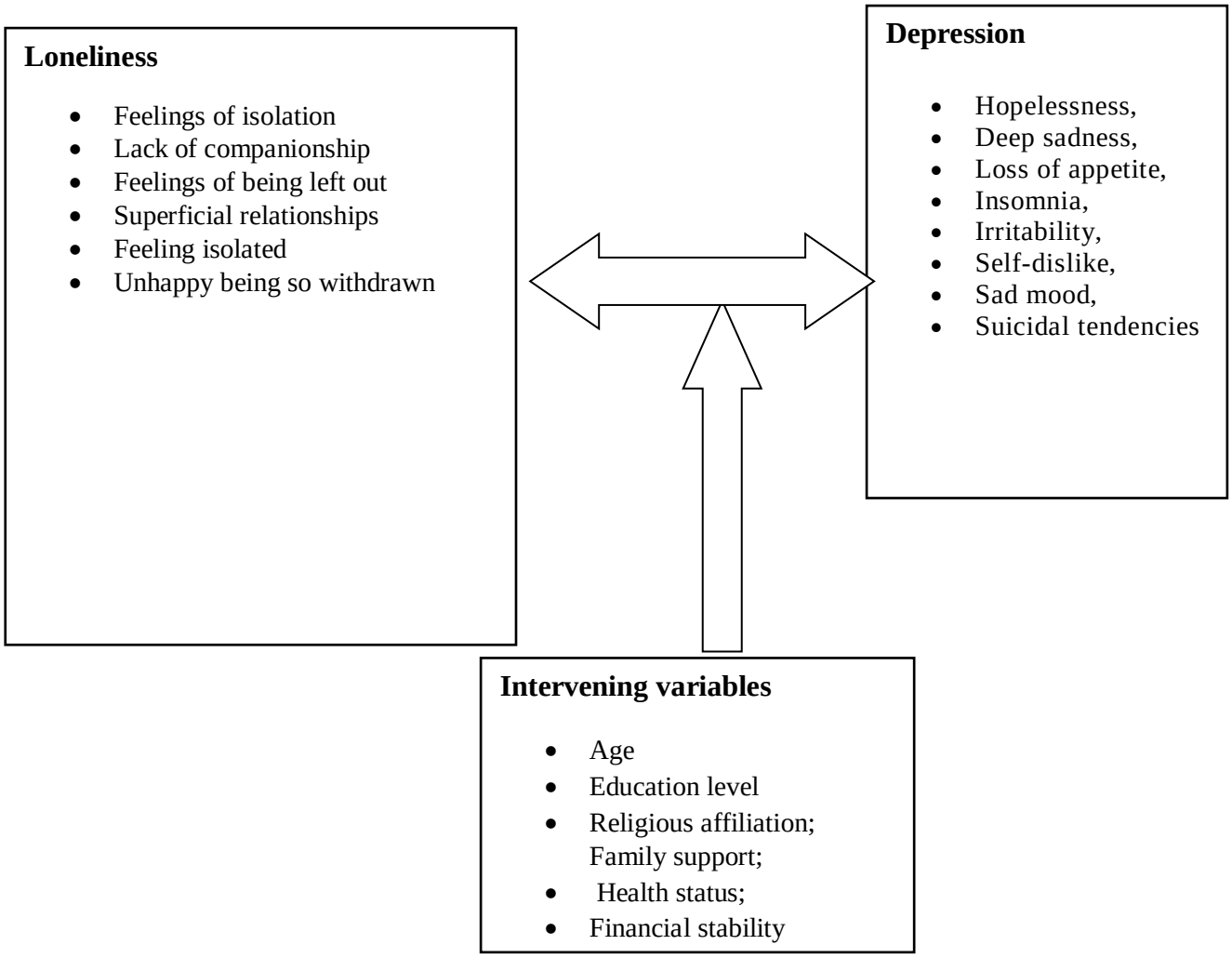


*Figure 2*: Conceptual Framework

### 5.3 Prevalence of Loneliness among Elderly Widows in Kajiado West Sub-County

The first objective was set to establish the prevalence of loneliness among elderly windows in Kajiado West Sub-County. To establish the prevalence of loneliness, R-UCLA Scale was used which scores ranges 20 to 80, with 20 to 34 representing a low degree of loneliness, 35 to 49 signifying a moderate degree of loneliness while 50 to 64 symbolizing a moderately high degree of loneliness, and 65 to 80 denoting a high degree of loneliness. This

means that a score of 35 was the cut-off point distinguishing those with significant loneliness and those with no significant loneliness. Results from descriptive statistics showed that majority of the participants had experienced high degree of loneliness 173 (97.7%). In addition, the results showed that it is only 4 (2.3%) had experienced moderate high degree of loneliness and no participant experienced either low or moderate degrees of loneliness. The finding of the current study was consistent with the findings of Aung et al. (2017) who conducted a cross-sectional study to investigate how lonely the elderly were in nursing facilities in Malaysia. Through stratified sampling, a sample size of80 elderly windows was selected from nine homes. Loneliness was assessed using UCLA loneliness scale. The findings of the study revealed that majority (75%) of participants had experienced very high levels of loneliness.

The findings show that elderly people from the developing countries are more likely to experience more loneliness compared to the elderly people in the developed countries. Due to economical challenges and lack of adequate facilities in developing countries the elderly people are more likely to experience loneliness compared to those in developed countries. The elderly people from developed countries they are likely to have better facilities such as nursing homes where they get better health services compared to the elderly people in developing countries and especially those from low economic status. The demographic of the participants for this study showed that most of them had no primary education, perceived getting little support from the family, not having opportunities for leisure activities and been economically constrained. All these factors are likely to predispose elderly people from developing countries to loneliness compared to those from developed countries.

Furthermore, the findings of this current study were supported by the findings of Grover et al. (2018) who conducted a study to establish the prevalence of prevalence of loneliness among the elderly and connections to social connectivity and depression. The

study sample included 488 depressed elderly individuals (60 years of age) gathered from 8 centres. The Generalized Anxiety Disorder 7 Scale (GAD 7), the Patient Health Questionnaire 15 (PHQ 15) Scale, the UCLA Loneliness Scale (LS), the Geriatric Depression Scale (GDS 30), and the Revised Social Connectivity Scale were all used to assess these patients. The results showed that majority of the participants (77.3%) from the overall sample had experienced loneliness. In addition, 62.5% reported that they had lacked friends in their lives and 58.7% felt excluded from their life. This shows that the elderly people are likely to experience loneliness as a result of age and other demographic factors compared to young populations.

Moreover, the findings were in agreement with findings of Nzabona et al. (2016) who conducted a cross-sectional study to examine loneliness among elderly people in Uganda. The study employed a sample size of 605 senior citizens and the data was collected using survey, focused-group discussions guide, and interview guide. Binary logistic regression was employed to analyze the data. The results showed that seven out of ten seniors reported feeling loneliness. Regarding location, older adults located in urban settings were more likely to report feelings of loneliness as compared to those living in rural settings. Elderly widowed folks were shown to be more prone to feel lonely than older married people. The two studies were in agreement that elderly windows are likely to experience loneliness compared to elderly married individuals. Based on the findings of two studies, it could be interpreted that elderly people from developing countries have high chances of experiencing loneliness compared to those from developed countries due to economic challenges.

On the other hand, the findings of this study contradicted the findings of Huang et al. (2021) who conducted a longitudinal study in Taiwan using a sample size of 4588 older people over the age of 65 to establish the levels of loneliness. The study collected data on loneliness using loneliness questionnaire. The results showed that 10.5% of older individuals

in Taiwan experience loneliness. The results shows that the level of loneliness among the elderly people in Taiwan is lower compared to the elderly windows in Kajiado County, Kenya. The high levels of loneliness among elderly windows in Kajiado could be attributed to social economic status, low family support among other challenges old people are facing in the developing counties.

In addition, the findings of the current study were in disagreement with findings of Mafuya and Peltzer (2017) who conducted cross-sectional research to determine the incidence of loneliness among senior citizens in South Africa as well as its risk variables. The sample size comprised of 3624 South Africans aged 50 years and above. A questionnaire was developed to test the level of loneliness among the respondents. This study's findings showed that 9.9% of people reported feeling lonely. In terms of gender, women's loneliness levels were higher (10.2 %) in comparison to men (9.5 %). In terms of education, participants who were more educated had lower levels of loneliness (5.9%) in comparison to their counterparts. Lowest prevalence rate (7.5%) of loneliness was reported within individuals who were married, while, older persons with 70 years and above recorded highest incidences of loneliness (12.2%). The findings showed that the elderly windows in Kajiado are more vulnerable to loneliness compared to old people in South Africa. The difference on the results could be attributed the demographic characteristics of the population of the study. The marital status and age of the participants could be a contributing factor to levels of loneliness. The previous study reported that those who are above 70 years are likely to experience more loneliness. Also, those who are married are likely to experience low levels of loneliness compared to those who are married. A good number of participants for the current study were above 70 years and that can be attributed to their high level of loneliness. Also, there are high possibilities that the participants of the current study had high levels of loneliness as results of been windows. Likewise, findings of the current study was in line with findings of Nyamu,

Njiru and Ojuade (2022) who conducted a study among elderly women in Nyeri county, Kenya and results revealed a high prevalence of loneliness among elderly women. The findings show that apart from Kajiado County, the elderly people from other counties in Kenya are also likely to be experiencing loneliness.

### 5.4 Levels of Depression among Elderly Widows in Kajiado West Sub-County

The second objective was set to determine the levels of depression among the elderly Windows in Kajiado West Sub-County. To achieve the objective, level of depression was measured using Center for Epidemiologic Studies Depression (CES-D) scale, a tool for screening depression. Scores range between 0 and 60. Scores between 0-15 is classified normal. Scores between 16 to 32 is classified as mild depression. Scores between 33 to 48 was classified as severe depression and scored between 49-60 is classified as extreme depression. This means that the cut-off point was 16, indicative of depression whereas less than 16 are indicative of no depression. Results from descriptive statistics showed that majority of the participants had experienced extreme depression 175 (98.9%). The remaining two participants had experienced severe depression 2 (1.1%) while no participant fall in the category of no depression or mild depression. The findings of the current study were consistent with findings of Mulat et al. (2021) who conducted a cross-sectional study in Ethiopia to establish the prevalence of depression among the elderly persons. Using computer-generated basic random sampling procedures, a sample size of 959 people was chosen from a target population of 2269. Face-to-face interviews with selected kebeles were used to gauge depression using the Geriatric Depression Scale item 15. Results showed that elderly people had a prevalence of depression of 45% (95 percent confidence interval: 41.7-48.5%). The participants of current study scored high in depression compared to the participants of the earlier study which could be attributed to the demographic differences of the participants in terms of economic status, perceived family support and marital status.

The findings were also supported by the findings of Kumar et al. (2021) who conducted a study to determine the prevalence of depression and socio-demographic characteristics among elderly inhabitants of OAHs in parts of Mangalore City. The study utilized a cross-sectional study design and a sample size of 142 elderly participants who were older than 60 years. Depression was measured using the Geriatric Depression Scale-15 (GDS-15). To identify the relevant socio-demographic characteristics, data were analyzed using percentages and univariate logistic regression analysis. Results indicated that depression was generally prevalent in 47.8% of people. The research also revealed that fewer social interactions existed among participants. The participants of the current study experienced more depression compared to the participants of the other study. By fact that the participants of the current study have scored high in depression, it may mean that they need psychiatric attention because they might be vulnerable in attempting or committing suicide.

In addition, the findings resonated with findings of Schaan (2013) who conducted a study to examine the role of gender, caring, and marriage quality in the relationship between widowhood and depression among older persons in a European context. A subsample of 7,844 respondents with 50 and above years, who were married at baseline, and, who were still married or widowed at the follow-up were chosen to take part in the study. Between the two waves of the study, respondents who had become widowed reported considerably higher depressed symptoms than respondents who had been married continuously. Similarly, the findings in two studies shows that elderly windows are likely to experience depression even more compared to the elderly married women. The findings were also supported by the findings of Hao et al. (2017) who conducted a cross-sectional study to examine the association between perceived depression and difficulty in social participation among older people in South Africa. The sample size was 422 men and women over the age of 50. The results showed that the prevalence of depression was found to be 51.9 % and a sense of less

interest in most things to be 43.8 %, respectively. The difference in two studies could be attributed to demographic characteristics of age, gender, economic status, marital status and level of family support.

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

The third objective was set to examine the relationship between loneliness and depression among the elderly windows in Kajiado West Sub-County. Results obtained from correlational analysis in table 13 showed positive correlation between loneliness and depression among the elderly windows in Kajiado West Sub- County($r=262$, $p<0.05$).This showed that the more elderly experience loneliness the more they are likely to experience depression. The findings were consistent with the findings of Kevser et al. (2020) who conducted a correlational study to establish the relationship between loneliness and depression senior citizens. The sample size was composed of 501 senior citizen and GDS, elderly loneliness scale were employed in collecting data. The results showed that there was a positive relationship between loneliness and depression among the senior citizens.

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

with the degree of depression. The study also discovered that factors such as present single life, advanced age, prolonged illness, a history of mental illness in the family, concurrent physical illness, and abstinence from substance usage were linked to higher scores of loneliness.

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

On the other hand, the findings of the current study was in disagreement with findings of Igbokwe et al., (2020) who conducted a cross-sectional study was conducted to determine the prevalence of loneliness and its correlation with depression and anxiety symptoms among retirees in North Central Nigeria. A sample size of 1104 retirees over the age of 60 were chosen through a two-stage sampling process. Using the 8-item University of California, Los Angeles Loneliness Scale (ULS-8), and the depression and anxiety subscales of the DASS 21, respectively, data on reported loneliness, anxiety and depressive symptoms were gathered. The independent correlations between loneliness, depression, anxiety, and anxious depression were investigated using descriptive statistics, binary, and multivariable logistic regression. Findings of this study revealed that loneliness was negatively connected anxious depression ($r =.01$, $p =.68$), and not substantially correlated with depressive symptoms ($r =.02$, $p =.43$).

### 5.6 Suggestion for Improvement of the Theory

Based on the findings, the current study provides the suggestions on the improvement of the two theories that were used. The theories are: The Evolutionary theory of loneliness and Rational Emotive behavior theory.

#### 5.6.1 The Evolutionary Theory of Loneliness

The study was guided by evolutionary model of loneliness put forward by Cacioppo and Cacioppo (2018). This theory proposes that human beings are social beings that can assist one another in times of need. This leads to creation of beneficial social contacts and trustworthy social ties that increase one's chances of surviving, reproducing, and exiting a genetic heritage. However, if a person is not able to create or have these social relationships, a feeling of loneliness gets in (Cacioppo et al., 2006). According to the model, feeling lonely is an inherent adaptation that warns people when healthy social connections are in danger or have been harmed and encourages them to make up with their significant others.

Loneliness evolves when one starts perceiving the dangers and threats in their social surroundings (Cacioppo & Cacioppo, 2018). Loneliness also manifests when a person has more unfavourable expectations for their social surroundings and stronger memories of unfavourable social events than pleasant social activities. The person who is lonely is more probable to have poor social relationships with significant others such as family members and friends as a result irrational thinking/beliefs and maladaptive behaviours. The accumulation of these unhelpful beliefs and actions can make lonely people even more isolated from their loved ones and friends, or it might make lonely people's loved ones and friends even less likely to interact with them.

It is crucial to keep in mind that what matters most is relationship quality, not quantity. Relationships need to be strong and of a caliber where we can rely on them in a pinch and where they can rely on us in ours. According to Cacioppo et al. (2000) study,

loneliness (felt social isolation) over the course of a lifetime is predicted by the quality of one's social contacts rather than the amount. So, in order to avoid loneliness, we must have enough meaningful interactions. And in order to combat loneliness, we must create deeper connections with others. An essential indicator of one's social relationships is the amount of people they can count on in difficult times. The theory does not explain how loneliness leads to mental disorders such as depression. The theory can be strengthened by establishing the link between loneliness and mental disorders such as depression.

### 5.6.2 Rational Emotive Behavior Theory

According to Digiuseppe et al. (2013), the theory of rational emotive behaviour therapy (REBT) was proposed by Albert Ellis in the 1950s (Digiuseppe, 2013). In this theory, Ellis argued that irrational beliefs are the key determinants of psychopathology such as depression and negative emotions. Ellis indicated that people interpret situations in negative ways (irrational beliefs) and this makes them to experience negative emotions resulting to behaviours such as keeping away from people among other maladaptive behaviours that help to maintain depressive states. Further, Ellis argued that to overcome irrational thoughts, the therapist needs to facilitate a person to identify, dispute and replace irrational thoughts with positive thoughts. This in turn helps to significantly reduce disturbed emotions and depressive state.

One of the limitations of REBT theory was pointed out by Mukangi (2010) in a critical review of the theory. Mukangi argued that REBT does not consider the diathesis stress model in causing mental illnesses such as depression. This means that REBT theory is inadequate because it provides one cause (irrational thinking) of depression yet several factors can account for this phenomenon. This also means that REBT does not consider the fact that human beings are social beings; and if a person lacks people to interact with, she may feel loneliness and report low mood as advanced by evolutionary theory of loneliness.

Theorist need to consider improving the theory by considering broad factors that can lead to depression including loneliness which is the independent variable of the current study.

# CHAPTER SIX

# SUMMARY, CONCLUSION AND RECOMMENDATIONS

## 6.1 Introduction

The chapter presented the summary of the findings, conclusion and recommendations of the study based on the findings of the study. Furthermore, the chapter presents the limitations of the study based on the methodology of the study. Finally, the study provides suggestions for future orientation of the study in regard to the limitations of the study.

## 6.2 Summary of the Findings

The study was guided by three objectives which were: to establish the prevalence of loneliness among elderly widows in Kajiado West sub-County; to determine levels of depression among elderly widows in Kajiado West sub-County; and to examine the relationship between loneliness and depression among elderly widows in Kajiado West sub-County. Results from objective one showed that majority of the participants had experienced high degree of loneliness 173 (97.7%). In addition, the results showed that it is only 4 participants (2.3%) who had experienced moderate high degree of loneliness and no participant experienced either low or moderate degrees of loneliness. Results from objective two showed that majority of the participants had experienced extreme depression 175 (98.9%). The remaining two participants had experienced severe depression 2 (1.1%) while no participant fall in the category of no depression or mild depression. Results obtained from objective three showed positive correlation between loneliness and depression among the elderly windows in Kajiado West Sub- County ($p < 0.05$, $r = 262$). This shows that the more elderly experience loneliness the more they are likely to experience depression.

### 6.3 Recommendations of the Study

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

The study recommends to families with elderly people to play a active role in taking care of them. The families need to provided services that are needed by the elderly people including providing good nutrition, physical exercise and accompanying them to seek medical services. Families also need to create time with elderly people in order to curb them from experiencing loneliness.

In addition, the study recommendations to Church ministers to offer spiritual services to the elderly by visiting them in their homes and having time with them. This will help the elderly to feel encouraged and to build a strong relationship with divine.

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

### 6.4 Limitation of the Study

The study had few limitations. The study did not consider using a mixed method approach. The study was purely a quantitative study. If the study employed mixed method approach, the findings of the study would have strengthened by understanding the prevalence of loneliness and depression among the elderly windows. Mixed method would have brought up the lived experiences of elderly windows in relation to loneliness and depression.

The scope of the study was narrow in relation to the variables of the study. The study would have considered exploring the sources of loneliness and depression among the elderly windows and also their coping mechanisms. The findings shows most of participants are experiencing high levels of loneliness and depression but there is no coping strategies that were established in the study.

### 6.5 Suggestions Future Orientations of the Study

The study recommends the future studies to employ mixed method approach in order to strengthen the findings of the study. Mixed method approach will help in providing findings that cannot be realized through a single research approach.

Also, the study recommends future studies to consider establishing the sources of loneliness and depression among the elderly windows and suggest the coping strategies to loneliness and depression.

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# APPENDICES

## Appendix A: Research Informed Consent Form

This research is being conducted by a Lucy Zipporah Kamau, a MA in Counseling Psychology student at Tangaza University College. The purpose of this study is to determine the relationship between loneliness and depression among the elderly widows in Kajiado County.

I seek to invite you to participate in the study. You are at free-will to volunteer to participate or decline to participate in this study. Even if you decline, as part of the general population you are assured to benefit from the findings of this study. This study is important because the findings will be used to influence policies and programming for the mental welfare of elderly widows in Kajiado County.

To participate in this study, you should be an elderly widow living in Kajiado West sub-county.

Participation in this study is voluntary, and refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

You will participate in this study as a participant in a cross-sectional research design survey. This means that you will undergo psychological assessment for identifying symptoms related to loneliness and depression. It will take you approximately 40 minutes to undertake the psychological assessment tests. You will be required to answer all the psychological assessment tests so that we can yield good results, however, should you wish to withdraw from participation, you are free to do so. Any responses will be destroyed after the purpose of this study has been achieved.

This study takes place for about 2 months. There are minimal risks involved in participating this study. Those who may develop distress due to participating in this study will be offered with psychological support. In particularly, there will be a stand by counselor to address any psychological distress. All participants and those who may decline to participate in this research will benefit from the findings from this study because it will inform advocacy and programming for the mental and psychological needs of the elderly widows in Kajiado County.

Questionnaires will be anonymous and all information will be kept under key and lock, and an encrypted password will be used for all data entered in the computer. Access to the computer will be limited to only the PI and statistician who will analyze the data and strict confidentiality will be observed.

Results of this study will be disseminated through publication of articles in peer-reviewed journals, and dissemination workshops will be held targeting key players in the area of the elderly widows in Kenya.

Participation in research is voluntary. Hence only those who consent will be included as participants in this study. Those who decline to participate will not be denied any benefits accrued after completion of this study. In case a participant withdraws from the study, data already collected will be destroyed through either deleting it in the computer or threshing the questionnaires.

Participants who may feel psychologically distressed due to participating in research will be provided with free counselling services. All participants will receive travel expenses refund.

If you have questions now or later on the rights as a participant, you may contact Lucy Zipporah Kamau who is the Principal Investigator of this study at Cellphone: 0713510766; E-mail: lucyzipporak2019@gmail.com

## Appendix B: Questionnaire on Background Information of the Respondents

Instructions:
This section is meant to collect information about your sociodemographic profiles. Please, mark with a tick (√) as it applies to you.

1: Age: 60-70 years [ ]
71-80 years [ ]
81- 90 years [ ]
Above 90 years [ ]

2: Religion: Christian [ ] Muslim [ ] Hindu [ ] Others [ ]

3: Level of education
None [ ]
Primary school [ ]
Secondary school [ ]
College school [ ]
University school [ ]

4. Perceived family support
Yes: [ ]
None: [ ]

5. Availability of leisure services, for example television
Yes: [ ]
None: [ ]

6. Economic Constraints
None: [ ]
Somehow Constrained: [ ]
Very Constrained: [ ]

7. Disturbing Medical Illness /es
Yes: [ ]
None: [ ]

## Appendix C: Modified Center for Epidemiologic Studies Depression Scale (CES-D)

**Instructions:**

Following, is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by putting a cross (X) in the appropriate space.

**KEY:** **1 = Rarely or None of the Time (Less than 1 Day)**
**2 = Some or a Little of the Time (1-2 Days)**
**3 = Occasionally or a Moderate Amount of Time (3-4 Days)**
**4 = Most or All of the Time (5-7 Days)**

| **During the past week** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| 1. I was bothered by things that usually don't bother me | | | | |
| 2. I did not feel like eating; my appetite was poor. | | | | |
| 3. I felt that I could not shake off the blues even with help from my family or friends. | | | | |
| 4. I felt that I was just as good as other people. | | | | |
| 5. I had trouble keeping my mind on what I was doing. | | | | |
| 6. I felt depressed. | | | | |
| 7. I felt that everything I did was an effort. | | | | |
| 8. I felt hopeful about the future. | | | | |
| 9. I thought my life had been a failure. | | | | |
| 10. I felt fearful. | | | | |
| 11. My sleep was restless. | | | | |
| 12. I was happy. | | | | |
| 13. I talked less than usual. | | | | |
| 14. I felt lonely. | | | | |
| 15. People were unfriendly. | | | | |
| 16. I enjoyed life. | | | | |
| 17. I had crying spells. | | | | |
| 18. I felt sad. | | | | |
| 19. I felt that people dislike me. | | | | |
| 20. I could not get "going". | | | | |

**Appendix D: Revised University of California, Los Angeles (R-UCLA) Loneliness Scale**

**Directions:**

Indicate how often you feel the way described in each of the following statements. Circle one number for each.

**Key:** 1 Never, 2 rarely, 3 sometimes and 4 often (Please put an X as appropriate)

| **Statement** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| 1. I feel in tune with the people around me | | | | |
| 2. I lack companionship | | | | |
| 3. There is no one I can turn to | | | | |
| 4. I do not feel alone | | | | |
| 5. I feel part of a group of friends | | | | |
| 6. I have a lot in common with the people around me | | | | |
| 7. I am no longer close to anyone | | | | |
| 8. My interests and ideas are not shared by those around me | | | | |
| 9. I am an outgoing person 1 2 3 4 | | | | |
| 10. There are people I feel close to | | | | |
| 11. I feel left out | | | | |
| 12. My social relationships arc superficial | | | | |
| 13. No one really knows me well | | | | |
| 14. I feel isolated from others 1 2 3 4 | | | | |
| 15. I can find companionship when I want it | | | | |
| 16. There are people who really understand me | | | | |
| 17. I am unhappy being so withdrawn | | | | |
| 18. People are around me but not with me | | | | |
| 19. There are people I can talk to | | | | |
| 20. There are people I can turn to | | | | |

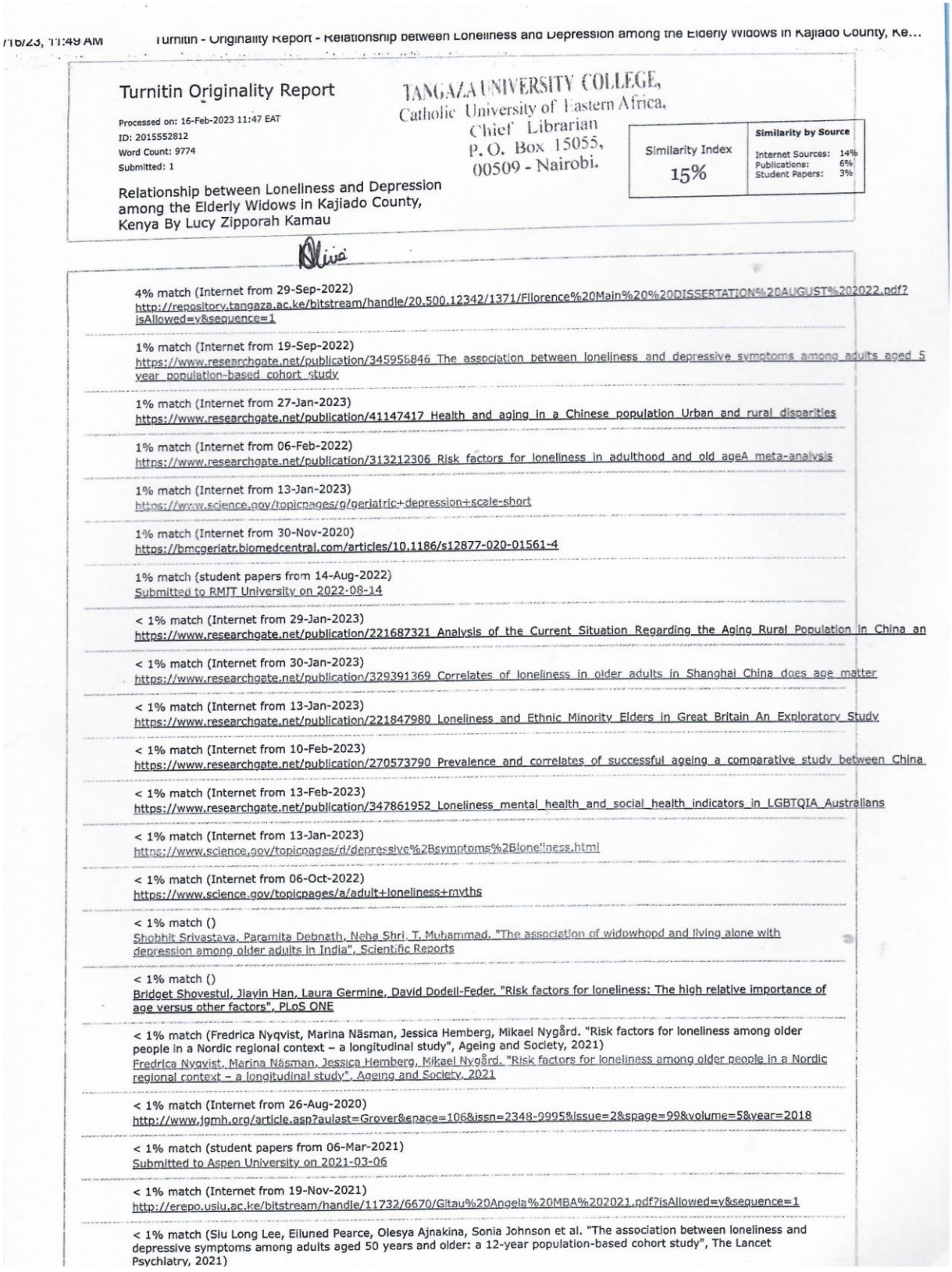
## Appendix E: Research Timeframe

| **Activity** | **Duration of the Study** | | | | | |
|---|---|---|---|---|---|---|
| | **Jan 2020** | **July-Oct** | **Nov 2022** | **Dec 2022** | **Dec-Feb 2023** | **Mar-May 2023** |
| Concept Paper | | | | | | |
| Proposal writing & Proposal Review | | | | | | |
| Proposal Presentation | | | | | | |
| Proposal Submission | | | | | | |
| Data Collection | | | | | | |
| Data Analysis and Report Writing | | | | | | |
| Report Submission | | | | | | |

## Appendix F: Research Budget

| Item | Quantity | Price/Unit | Total (Kshs) |
|---|---|---|---|
| Concept development | 1 | | 5,000 |
| Proposal writing | 1 | | 10,000 |
| Printing | - | 10,000 | 10,000 |
| Internet | Lumpsum | 1 | 5,000 |
| Transport & library fee | | 1000 | 10,000 |
| Data collection | - | | 10,000 |
| Data analysis | - | | 10,000 |
| Report writing | | | 10,000 |
| Printing | | | 10,000 |
| Publishing | | 10,000 | 10,000 |
| Contingency | | 7,000 | 9,000 |
| | - | | |
| | | **Grand Total** | **99,000** |

# Appendix G. Plagiarism Report



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## Appendix H: Research Permit

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**Appendix I: Map of Kajiado County**