Impact of Social Isolation on End-Of-Life Experiences among Older Adults in Nyanga, Zimbabwe

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ABSTRACT

The increasing prevalence of social isolation among older people has become an emerging concern worldwide. This concern is particularly evident in rural areas; this includes Nyanga, which is a rural community in Zimbabwe. Due to these geographic constraints, older adults have limited accessibility to social, health, and support services. Therefore, the purpose of this paper is to investigate the effects of social isolation on the end of life experiences of older adults living in Nyanga, Zimbabwe.

This research will attempt to explore the manner in which limited social interaction, loneliness, and reduced family support (a result of migration) impacts the psychological, emotional and social wellbeing of older adults who are nearing their final years.

In order to gain insight into the lived experience of older adults, and also identify coping strategies used to address social isolation, a qualitative phenomenological methodology was employed. Findings from this study are anticipated to contribute towards the design of community based initiatives and policy, with the goal of improving both the quality of life, and end-of-life care for older adults residing in rural areas throughout Zimbabwe.

Keywords: Social Isolation, older adults, end of life experiences, loneliness, ageing

INTRODUCTION

Older age brings about numerous transitions in one's life, including retirement, decline in physical ability/health, death of loved ones and reduction in social participation. Collectively these factors contribute to increased risk of social isolation among older adults. Older adults living in rural settings such as Nyanga, encounter further obstacles that include emigration of younger family members to cities within Zimbabwe or other countries, limited availability of healthcare services and restricted access to social networks.

Social isolation can be detrimental to the emotional and psychological well-being of older adults, especially at the end-of-life stage when there is greatest need for social support. Investigating the experiences of older adults in Nyanga will enable researchers to better comprehend the challenges faced by them and develop appropriate interventions that foster healthy aging and dignified end-of-life care.

LITERATURE REVIEW

Global health concern

The global rise of aging populations has brought about an increasing focus on the social, emotional and psychological needs of the older population; especially those reaching the end of their lives. Studies have demonstrated that social isolation and loneliness can lead to increased depression, anxiety, poor quality of life, and even higher rates of mortality amongst the older adult population, Seiler et al. (2024). Substantial amounts (approximately 50%) of adults aged 60+ years or older are considered to be at risk of social isolation whilst many experience loneliness in later life.

Research into end-of-life care has demonstrated that loneliness is associated with less than optimal levels of psychological wellbeing, increased amounts of emotional distress, and a lower quality of life amongst people approaching death, Rosenberg et al. (2026). Many older adults without meaningful connections to others feel abandoned, hopeless, and fearful of being alone when they die. Conversely, social support from family, friends and communities has been found to enhance emotional adjustment and acceptance of death.

Governmental and healthcare organizations globally are introducing programs that address social isolation and foster social connection amongst the older adult population through programs including community based support groups, social participation programs, home visitations and counseling. These programs have shown promising results in enhancing the mental health and overall wellbeing of older adults, Liu and Jiang (2025).

Regional context: Sub-Saharan Africa

The social isolation experienced by older adults in sub-Saharan Africa is a result of social, economic and demographic factors such as, migration (urbanization), poverty, changes in family structures and socio-economic conditions. The majority of families in sub-Saharan Africa have historically had an extended family structure providing care and support for elderly relatives, Liu & Jiang (2025). However, recent socio-economic developments have caused this type of support system to be undermined. Studies conducted throughout several countries within the sub-Saharan region found that older adults who live independently or do not receive regular assistance from their children are at increased risk of experiencing depression and other forms of emotional distress, Rosenberg et al. (2026). Many young people migrate to cities and other areas in pursuit of employment leaving behind older adults with little or no social support which increases their susceptibility to feelings of loneliness and deteriorating mental health. Recent studies also indicate a rise in rates of loneliness and social isolation across the continent due to urbanization, poverty, and social normative shifts. This trend has serious implications for the psychological welfare of older adults especially those nearing the end of their lives.

National insights

Zimbabwe's society has traditionally been based on strong family and community-based support networks. It was common for older adults to be supported by their children, grandchildren and other extended family members. However, economic hardship, labor migration and urbanization have all impacted upon the way older adults received care (Liu and Jiang 2025).

Research on family support for older adults in Zimbabwe found that while family remains the primary source of care, many elderly individuals experience reduced support due to migration and economic challenges. Older adults living alone or with limited family contact often face loneliness, emotional distress, and difficulties are accessing care and support services.

The migration of Zimbabweans to urban centers and foreign countries has contributed to the separation of families and weakening of traditional support networks. Community discussions and emerging literature suggest that prolonged family separation may negatively affect social connectedness and emotional support available to older family members remaining in Zimbabwe.

Local insights: Nyanga District

Nyanga is a predominantly rural district marked by dispersed settlements, limited healthcare infrastructure, and substantial youth migration to urban areas and neighboring countries. These conditions may increase social isolation among older adults.

A significant proportion of elderly individuals in Nyanga depend on family members for social, emotional, and financial support. The migration of younger generations seeking employment often results in older adults living alone or caring for grandchildren without sufficient assistance. Geographic isolation and transportation barriers further restrict opportunities for social engagement and access to healthcare services (Liu and Jiang 2025).

Although limited empirical research has examined social isolation and end-of-life experiences among older adults in Nyanga, observations from rural Zimbabwe suggest that loneliness, reduced social participation, and inadequate support networks may negatively affect psychological well-being during later life. Older adults may experience fear of dependency, fear of dying alone, and emotional distress associated with limited social support.

There is therefore a need for research that explores the lived experiences of older adults in Nyanga to better understand how social isolation shapes their end-of-life experiences and to identify interventions that can improve their psychological well-being and quality of life.

Objectives of the study

- To examine the experiences of social isolation among older adults in Nyanga.
- To explore how social isolation influences perceptions of death and dying.
- To identify coping mechanisms used by socially isolated older adults.
- To recommend strategies for improving social support and end-of-life care for older adults.

Research Approach

The Qualitative research was considered to be the most applicable for this research because it allows participant express their opinions, experiences and feelings in detail and meaning of their actions can be interpreted (Mantula et al 2024). The other strength of qualitative research is its ability to provide complex and textual descriptions of individuals experience on a certain phenomenon (Mantula et al 2024). In addition, use of open -ended questions and probing during interviews offers participants the opportunity to respond freely in their own words unlike having to make a choice on from fixed responses (Oranga & Matere2023).

Research design

The researchers employed a phenomenological research design. As a school of thought, phenomenology focuses on people's subjective interpretations and experiences of the world (Takona 2024).Notably, phenomenology design looks at the "lived experiences" of participants in a study with the aim of exploring how and why participants behave in a certain way based on their own perspective (Takona 2024).

Population and Sampling

The target population for this study comprises older adults aged 65 years and above residing in Nyanga District, Zimbabwe. The study will focus on elderly individuals who experience social isolation, including those living alone, widowed, separated from family members, or receiving limited social support from relatives and the community. The study will employ purposive sampling, a non-probability sampling technique commonly used in qualitative research. Purposive sampling allows the researcher to select participants with direct experience with the phenomenon under investigation, namely social isolation and end-of-life experiences.

Data collection

The researcher conducted face-to-face semi-structured interviews with older persons aged 65 years and above who are experiencing social isolation in Nyanga District. According to Mazhar et al (2021) Semi-structured interviews will provide an opportunity for participants to talk about their thoughts, feelings and experiences of social isolation and end-of-life experiences in an open way, while allowing the researcher to probe for more detailed information where necessary.

To ensure consistency across interviews but allow for flexibility, an interview guide with open-ended questions will be used. Interviews will be carried out in a language of the participants' choice (English, Shona or another local language) and will be audio-recorded with participants' permission.

Data analysis

The researchers employed thematic analysis to generate theme for deriving meaning on the data collected. Squires, V. (2023) postulates that thematic analysis is a qualitative method where the researcher uses to systematically organize and analyse complex data that would have been collected. The data analysis is process involved translation of responses into meaningful categories. Interpretation of data from the study was according to the theme that emerged from the interviews. One of the benefits of thematic analysis is that its flexibility in identifying, describing and interpreting themes within a set of data (Squires 2023). The research findings are related to the aim and objectives of the study as well as research questions.

FINDINGS AND DISCUSSION

Theme 1: Experiences of Social Isolation

Findings from the study indicated that most participants reported living alone after the death of their spouses or the migration of their children. Living alone was associated with feelings of loneliness and emotional distress.

One participant stated:

"Since my husband died, I spend most days by myself. There are times when I go days without having a real conversation with anyone." (Participant 3, Female, 74 years)

Another participant explained:

"My children work in Harare and South Africa. They call occasionally, but the house feels empty most of the time." (Participant 7, Male, 70 years)

Sub-theme 2: Reduced Family Contact

Participants expressed sadness about the decreasing frequency of visits from family members.

A participant shared:

"When my children were young, we spent a lot of time together. These days, everyone is caught up in their own lives, so they don't visit often. (Participant 5, Female, 78 years)

Theme 3: Loss of Social and Emotional Support

Loss of Spouses and Friends

Findings from the study indicated that Participants described grief resulting from the death of spouses and close friends.

A participant reflected:

"My wife was my closest friend. Since she passed away, life has never been the same." (Participant 11, Male, 77 years)

Sub-theme.2: Migration of Children

Migration emerged as a major contributor to social isolation.

One participant explained:

"My children left Nyanga looking for work. I understand why they left, but I miss having them around." (Participant 12, female, 71 years)

Theme 4: Coping Mechanisms

Spirituality and Religious Faith

Findings from the study indicated that most participants relied on faith to cope with loneliness and thoughts about death.

One participant stated:

"Prayer gives me strength. When I feel lonely, I talk to God and find comfort." (Participant 4, Male, 68 years)

Another participant remarked:

"My church has become my family and they encourage me and help me feel that I am not alone." (Participant 7, Male, 70 years)

Theme 5: Need for Support and Intervention

Family Involvement

Findings from the study indicated that Participants expressed a strong desire for increased family contact.

One participant stated:

"My children think that I need money from them all the time each time I call, but I don't need it all the time, I just want my children or my grandchildren to just spend time with me." (Participant 5, Female, 78 years)

Sub-theme 2: Community Support Programmes

Participants recommended programmes that bring older adults together.

A participant suggested:

"Community meetings for elderly people might help us socialize, share our experiences and reduce loneliness because it seems no one is coming for us." (Participant 1, Female, 81 years)

Summary Of The Findings

The findings indicate that social isolation significantly affects older adults' emotional and psychological well-being. Loneliness, sadness, anxiety, fear of dying alone, and loss of social support were common experiences. However, spirituality, neighbourly support, and acceptance of death emerged as important coping mechanisms. Participants highlighted the importance of family involvement, community support, and counselling services in improving end-of-life experiences among older adults in Nyanga, Zimbabwe

Ethical Considerations

Kumar (2022) identified four main ethical considerations; ensuring participants have given informed consent, ensuring no harm comes to participants, ensuring confidentiality and anonymity and ensuring that permission is obtained. Ethical issues were considered when the research was conducted.

Privacy and confidentiality issues were respected through ensuring that respondents understood that their input in the interviews was not going to be used for any other purpose other than the study being conducted. Anonymity of participants was also ensured (Dev et al 2024).

CONCLUSION

This study explored the impact of social isolation on end-of-life experiences among older adults in Nyanga, Zimbabwe. The findings revealed that social isolation significantly affects the psychological and emotional well-being of older adults, contributing to feelings of loneliness, depression, anxiety, and fear of dying alone. Factors such as the loss of spouses, migration of children, limited social interactions, and reduced community participation were identified as major contributors to social isolation.

Despite these challenges, many participants demonstrated resilience through coping mechanisms such as spirituality, support from neighbours, and acceptance of death as a natural part of life. The study highlights the importance of strengthening family relationships, community support systems, counselling services, and social programmes aimed at reducing isolation among older adults.

Overall, addressing social isolation is essential for promoting dignity, psychological well-being, and improved end-of-life experiences among older adults in Nyanga. The findings contribute to the understanding of ageing and provide valuable insights for counsellors, social workers, healthcare professionals, policymakers, and community organizations working with older populations.

RECOMMENDATIONS

After having effectively analysed the findings from this research, the researchers came up with the following recommendations.

1. Strengthen Family Support Systems: Family members should maintain regular contact with older relatives through visits, phone calls, and other forms of communication to reduce feelings of loneliness and isolation.

2. Establish Community Support Programmes: Community leaders and local organizations should create social support groups, recreational activities, and community gatherings specifically for older adults to promote social interaction and a sense of belonging.

3. Improve Access to Counselling Services: Counselling and mental health services should be made more accessible to older adults to help them cope with loneliness, grief, anxiety, and concerns related to death and dying, especially when they go for their hospital visits.

4. Promote Intergenerational Programmes: Schools, churches, and community organizations should encourage activities that bring young people and older adults together to foster mutual support and social connectedness.

5. A collaborative approach to enhance Home-Based Care Services: Psychologists, Healthcare providers, and social welfare organizations should strengthen home visitation and outreach programmes for socially isolated older adults, particularly those living alone. This improves the quality of care by addressing the physical, social, and psychological aspects of the elderly persons.

6. Mental Health First Aid training for paraprofessionals: Religious institutions should continue providing emotional, spiritual, and social support to older adults through regular visits, prayer groups, and fellowship activities, but there is a need for them to be trained for mental health first aid so that they also address mental health issues.

7. Develop Policies for Healthy Ageing: Government and non-governmental organizations should develop and implement policies that address the social and psychological needs of older adults,

including programmes aimed at reducing social isolation in rural communities. Their main role has to be developing healthy aging policies which include protecting older adults' rights, improving access to services, supporting, mobilizing resources, and monitoring policy implementations.

8. Conduct Further Research: Future studies should explore social isolation among older adults in other districts of Zimbabwe and examine effective interventions for improving end-of-life experiences and psychological well-being.

By implementing these recommendations, stakeholders can help improve the quality of life, emotional well-being, and end-of-life experiences of older adults in Nyanga, Zimbabwe.

REFERENCES

1. Ani, J. I., Batisai, K., Ntoimo, L. F. C., & Isiugo-Abanihe, U. C. (2023). How do older adults in a Sub-Saharan African community perceive and cope with their disability? An interpretive phenomenological analysis. International Journal of Public Health, 68, 1606273. https://doi.org/10.3389/ijph.2023.1606273
2. Cadmus, E. O., Adebusoye, L. A., & Owoaje, E. T. (2023). Ageing in place or stuck in place: Preferred care setting for community-dwelling older persons in a low-resource country in Sub-Saharan Africa. PLOS ONE, 18(10), e0292939. https://doi.org/10.1371/journal.pone.0292939
3. Dev, P. S., & Eljo, J. J. G. (2024). Ethical considerations for older adults. Nusantara Journal of Behavioral and Social Science, 3(1), 1-8.
4. Kumar, N. A. (2022). Think Write: A Theological Handbook for Critical Thinking, Research Methodology, and Academic Writing. SAIACS Press.
5. Liu, Y., & Jiang, H. (2025). The impact of social isolation on subjective cognitive decline in older adults: A study based on network analysis and longitudinal model. arXiv.
6. Madigele, T. J., & Baloyi, G. T. (2023). Health determinants on healthy ageing in Sub-Saharan Africa: A psychosocial and theo-gerontology perspective. HTS Teologiese Studies/Theological Studies, 79(1).
7. Mantula, F., Mpofu, A. C., Mpofu, F. Y., & Shava, G. N. (2024). Qualitative research approach in higher education: Application, challenges and opportunities. East African Journal of Education and Social Sciences, 5(1), 1-10.
8. Mazhar, S. A., Anjum, R., Anwar, A. I., & Khan, A. A. (2021). Methods of data collection: A fundamental tool of research. Journal of Integrated Community Health, 10(1), 6-10.
9. Oranga, J., & Matere, A. (2023). Qualitative Research: Essence, Types and Advantages. Open Access Library Journal, 10, e11001.
10. Rosenberg, M., Cenzer, I., Smith, A. K., & Kotwal, A. A. (2026). End-of-life loneliness, social isolation, and symptom burden among older adults. Journal of the American Geriatrics Society.
11. Seiler, A., Evstigneev, S. R., Hepp, Z., Hertler, C., Peng-Keller, S., & Blum, D. (2024). Loneliness at the end of life. Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz, 67(10), 1144.
12. Squires, V. (2023). Thematic analysis. In Varieties of qualitative research methods: Selected contextual perspectives (pp. 463-468). Cham: Springer International Publishing.
13. Takona, J. P. (2024). Research design: qualitative, quantitative, and mixed methods approaches. Quality & Quantity, 58(1), 1011-1013.