

The Effects of Social Isolation on the Psychological Wellbeing of the Elderly in Mezam Division of the Northwest Region of Cameroon

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ABSTRACT

The main objective of this study was to investigate the effects of social isolation on the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon. More specifically, the study sought to assess the extent to which reduced mobility and lack of preparedness for retirement affect the psychological wellbeing of the elderly in the Division. The target population of the study consisted of 7026 elderly persons. The study employed a concurrent parallel mixed methods research design. Quantitative data was collected through a questionnaire while a semi-structured interview guide was used to collect qualitative data from a sample of 300 participants. Questionnaires were completed by 275 elderly persons while 25 others were interviewed. The purposive and snowball sampling techniques were used to select the sample of the study. Data was analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 26.0 for Windows. Descriptive statistics such as simple percentages, mean scores and standard deviation, and inferential statistics such as the Pearson Product Moment Correlation test was used to analyze quantitative data while qualitative data was analyzed using content analysis with the support of ATLAS.ti software version 8.0. The findings revealed that reduced mobility, and lack of preparedness for retirement have a significant correlation with psychological wellbeing among elderly persons in Mezam. Based on the findings, it was recommended that applied developmental psychologists and counsellors should develop and enhance their knowledge and competencies on mechanisms to detect and systematically rehabilitate elderly persons suffering from social isolation in order to improve their psychological wellbeing and functioning within communities.

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KEYWORDS: *Social Isolation, Reduced Mobility, Retirement, and Psychological Wellbeing*

INTRODUCTION

According to Dahlberg (2021), human beings are fundamentally social animals. To have survived for millennia in often harsh environments, individuals have depended for their lives on strong bonds with tightly knit social groups. High-quality social connections are essential for our mental and physical health and our wellbeing – at all ages.

Social isolation among older people is a growing public health and public policy concern that has been made more salient with the coming of the COVID-19 pandemic. According to the World Health Organization (2021), social isolation and loneliness among older people are widespread. For instance, 20–34% of older people in China, Europe, Latin America, and the United States of America and Africa are

lonely. Social isolation and loneliness are harmful. They shorten older people's lives and damage their mental and physical health and quality of life.

It is evident that social isolation does not only have physical harmful effects, but it greatly affects the psychological wellbeing of the elderly as well in our communities. In terms of physical health, in older age, social isolation and loneliness increase the risks of cardiovascular disease, stroke, diabetes, cognitive decline, and dementia, (The United States National Academies Press, 2020). With respect to psychological wellbeing, the American Psychological Association (APA, 2022) posits that social isolation and loneliness leads to depression, anxiety and suicide, thereby having serious consequences for

longevity, health, and wellbeing. They also shorten lives and reduce the quality of life. Life transitions and disruptive life events (such as retirement; loss of a spouse, partner or friends; migration of children or migration to join children; and disability or loss of mobility),

which are more likely to affect older people, put them at particular risk.

Despite all these, social isolation can be reduced. This can be done through face-to-face or digital interventions such as cognitive behaviour therapy, social skills training and befriending (Cotterell, Buffel, Phillipson, 2018). They can also be improved by improving infrastructure such as transport, digital inclusion, built environment and promoting age-friendly communities. It can also be done through laws and policies to address, for instance, ageism, inequality and the digital divide.

It is important that strategies be adopted to reduce social isolation among the elderly in our society. Holt-Lunstad (2021) submits that a strategy for reducing social isolation and loneliness among older people should aim to implement and scale up effective interventions to reduce social isolation and loneliness; improve research and strengthen the evidence for what works; and create a global coalition to increase the political priority of social isolation and loneliness among older people. This study focused on social isolation and sought to investigate the relationship between social isolation and the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon.

STATEMENT OF THE PROBLEM

From observation, elderly persons in our society suffer from varied psychological challenges which greatly impinge on their psychological wellbeing. These psychological challenges often include anxiety, depression, and sometimes suicide. This often results in physical illness, frustration, and untimely deaths. Usually when people experience long periods of illness, they tend to experience psychological challenges. Clearly, other psychological challenges experienced by older or elderly people are a lack of preparedness for life transitions such as retirement which may lead to a sense of low self-esteem because of their inability to face what lies ahead. In addition to the unprepared-for retirement landscape, there are challenging experiences for some such as reduced mobility due to ageing and old age. It was based on this premise that this researcher sought to investigate the effects of social isolation on the psychological

wellbeing of the elderly in Mezam Division of the Northwest region of Cameroon.

Specific Objectives:

- To find out how reduced mobility affects the psychological wellbeing of the elderly in Mezam.
- To examine how lack of preparedness for retirement affects the psychological wellbeing of the elderly in Mezam.

METHODOLOGY

The concurrent parallel mixed methods research design was used in this study wherein both quantitative and qualitative techniques were used to manage the data collected for the study. Mezam Division of the Northwest Region of Cameroon were chosen for this research due to the presence of many elderly persons residing in the various subdivisions across Mezam Division. The researcher felt this offered an opportunity for her to benefit from this fact and use the opinions of the elderly of this target area in her study. Given that the researcher is a student within Mezam division, the researcher believed she would have few problems gaining access to elderly persons for information to be used in the study. Finally, the working language in Mezam Division is English and pidgin and the researcher felt she could use this to access elderly persons in Mezam regardless of the Subdivision where they reside. The researcher believed it was easier to carry out the research in this Division than elsewhere in the country. The study targeted 7026 elderly persons residing in Mezam Division of the Northwest Region of Cameroon. The choice of this division was based on convenience and the inaccessibility of other divisions in the NW Region due to the present socio-political crisis in the two English speaking regions of the country. Meanwhile, the accessible population included 2166 elderly persons. The accessible population was based on accessibility given the ongoing Anglophone Crisis in the two Regions. The choice of Mezam was based on convenience. The sample consisted of 300 elderly persons aged 60 who showcased signs of social isolation and above who were perceived to be suffering from social isolation drawn from all the seven Subdivisions of Mezam Divisions namely Bali, Santa, Tubah, Bafut, Bamenda I, Bamenda II, and Bamenda III. Purposive and snowball sampling techniques were used to attain the sample size which was judged appropriate based on the Krejcie and Morgan (1970) table. A questionnaire and a semi-structured interview guide were used as instruments for data collection.

Table 1: Study population

Subdivision	Target population of the elderly	Accessible population of the elderly	Sample
Bali	632	321	50
Bafut	577	234	50
Santa	834	119	50
Tubah	1245	421	50
Bamenda I	773	208	25
Bamenda II	1598	353	25
Bamenda III	1367	510	50
Total	7026	2166	300

Source: Mezam Division Delegation of Housing and Urban Development, Statistics, based on 2005 Population Census, Researcher's survey, 2022.

Validation of the instruments was done by the researcher, the supervisor and the statistician so as to ensure validity through face validity, content validity and construct validity. A pilot study was carried out on 10 elderly persons in Kumbo of the Northwest Region, who were not part of the sample to ensure reliability of the instruments. Reliability of the instruments was computed and obtained using the Cronbach Alpha coefficient of internal consistency using the Statistical Package for Social Sciences (SPSS) software version 26.0. After the instruments were constructed and their validity and reliability was ascertained, the researcher proceeded to collect data immediately using personally (self-delivery) method.

Data was analyzed quantitatively using the Statistical Package for Social Sciences (SPSS) software version 26.0. Descriptive statistics such as frequencies tables containing the various weighted responses, percentages, measures of central tendencies (mean), and dispersion (standard deviation) were generally used to provide answers to the research questions. The Pearson product moment correlation test was also used to compare means within the variables under investigation, thereby supplying the inferential statistics for this study. The Pearson product moment correlation was used to determine the magnitude and direction of the relationship between telephones and the provision of community-based mental health services. Qualitative data obtained from the interviews were analyzed using the technique of content analysis and the ATLAS.ti software version 8.0 (Friese, 2011). Ethical issues such as informed consent, voluntary participation, confidentiality, access to the community, and creation of friendly rapport were taken into consideration during data collection and analysis.

RESULTS

Research question one: What are the effects of reduced mobility on the psychological wellbeing of the elderly in Mezam?

Table 2 Questionnaire responses on reduced mobility and psychological wellbeing of the elderly

Items	Alternatives %				Collapsed %		N	Mean	St.d	Rank
	SD	D	A	SA	SD+D	A+SA				
I tend to take slower walks due to muscle aches and this causes me psychological distress.	2	4	51	43	6	94	275	1.54	.66	3
I tend to suffer from sudden trips and falls due to lack of stability and this causes me psychological agony.	6	1	52	41	7	93	275	1.72	.69	1
I have vision problems and this affects my mobility and this causes me psychological pain.	4	1	57	38	5	95	275	1.46	.62	4
I tend to use a stick or crutches to support my mobility and this causes me psychological distress.	7	2	46	45	9	91	275	1.61	.68	2
I have difficulty running or climbing stairs due to rheumatism and arthritis and this causes me psychological anguish.	2	8	58	32	10	90	275	1.22	.57	5
Multiple Response Set (MRS)	5	3	44	48	8	92	275	1.18	.63	

SD-strongly Disagree; D-Disagree; A-Agree; SA-Strongly Agree

Source: Researcher's field survey, 2023.

Table 2 shows the distribution of the responses according to old age and reduced mobility and psychological wellbeing of the elderly. Based on the collapsed responses, majority of the elderly persons ((94%) indicated that they tend to take slower walks due to muscle aches and this causes them psychological distress as opposed to those that disagreed (6%). Most of them ((93%) acknowledged that they tend to suffer from sudden trips and falls due to lack of stability and this causes them psychological agony as opposed to those that disagreed (7%). Most of them (95%) agreed that they have vision problems and this affects my mobility and this causes me psychological pain as opposed to those that disagreed (5%). Furthermore, the majority (91%) said that they tend to use a stick or crutches to support my mobility and this causes them psychological distress as opposed to those that disagreed (9%). Finally, most of them (90%) specified that they have difficulty running or climbing stairs due to rheumatism and arthritis and this causes them psychological anguish as opposed to those that disagreed (10%).

Cumulatively, the majority of the respondents therefore agreed (92%) that Reduced mobility affected the psychological wellbeing of the elderly line with their experiences as opposed to those that disagreed (8%). This therefore revealed that old age and reduced mobility affects the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon.

Analysis of the interview responses

Based on the interview responses gathered from twenty-five (25) participants namely elderly persons in Mezam, their views on Reduced mobility with respect to the psychological wellbeing of the elderly are presented in line with their responses analyzed following qualitative content analysis method with the aid of ATLAS.ti software version 8.0.

Participants were asked about their opinions on how old age has affected and reduced their mobility and their responses were as follows:

Table 3 Views on how old age has affected and reduced the mobility among elderly persons

Themes	Quotations
Prone to constant falls	“As an elderly person, I can no longer walk in an agile manner like I used to when I was younger and these days, I am prone to constant falls that affect my mobility from one place to another”.
Cannot walk straight	“Elderly persons such as myself can barely walk straight because of weakened bones and vertebrae. In order to support our movement, we now have to use sticks commonly known as mbang”.

Based on the respondents' views on how old age has affected and reduced their mobility, majority of them said they are now prone to constant falls that limit their mobility. Most of the respondents were also of the opinion that their bones are now weak and they can barely walk in an upright manner and have to use 'mbang' to support their mobility.

Participants were also asked this reduced mobility affected their psychological wellbeing and their responses were as follows:

Table 4 Views on how reduced mobility affects the psychological wellbeing of elderly persons

Themes	Quotations
Makes me extremely sad and depressive	“I am an old man and the fact that I cannot walk upright like I used to make me extremely sad and depressive. Even to leave from the parlour to the kitchen to go grab a cup of coffee is a hardship and this makes me extremely sad”.
Causes excessive worrying and anxiety problems	“I tend to suffer from excessive worrying because of my reduced mobility. I sometimes get extremely upset and suffer from anxiety problems because I can no longer take a brisk walk for fear of falling down and injuring myself. ”

Based on the respondents' views on how old age and reduced mobility has affected their psychological wellbeing, majority of them said they tend to suffer from Depression and extreme sadness as a result of their reduced mobility. Most of the respondents were also of the opinion that the fact that they can no longer causes them anxiety-related problems leading to excessive worrying.

Verification of hypothesis one

Ho2: There is no significant relationship between old age and reduced mobility and psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon.

Table 5 Correlation between reduced mobility and psychological wellbeing of the elderly

Variable	Old age and reduced mobility		Psychological wellbeing	
Old age and reduced mobility	Pearson Correlation	1	-.701**	
	p-value		.001	
	N	275	275	
Psychological wellbeing	Pearson Correlation	-.701**	1	
	p-value	.001		
	N	275	275	

NB: Correlation is significant at the 0.05 level (2-tailed).

There is a significant relationship between old age and reduced mobility and the psychological wellbeing of the elderly ($r = -.701$, $df = 273$, $p = .001$, $far < 0.05$). Based on the fact that the significance level of the hypothesis is above 0, the null hypothesis was rejected while the alternative hypothesis was retained. This provided supportive inferential evidence to conclude that there is a significant negative relationship between old age and reduced mobility and the psychological wellbeing of the elderly in Mezam Division of the Northwest Region. This means that a unit increase in old age and reduced mobility leads to a corresponding unit decrease in the psychological wellbeing of the elderly.

Research question two: What are the effects of lack of preparedness for retirement on the psychological wellbeing of the elderly in Mezam?

Table 6 Questionnaire responses on lack of preparedness for retirement and psychological wellbeing of the elderly

Items	Alternatives %				Collapsed %		N	Mean	St.d	Rank
	SD	D	A	SA	SD+D	A+SA				
I am duly retired from active service but I tend to do side jobs just to make ends meet and this causes me psychological distress.	3	1	56	40	4	96	275	1.36	.57	2
I do not have adequate resources to fend for myself, children and grandchildren and this causes me psychological pain.	8	2	44	46	10	90	275	1.34	.73	4
I suffer from indebtedness and this causes me psychological agony.	3	9	34	54	12	88	275	1.41	.76	1
I do not have enough assets that yield monthly profits for my sustenance and this causes me psychological problems.	1	12	39	48	13	87	275	1.35	.73	3
My pension does not cover my monthly expenses and this causes me psychological distress.	9	3	57	32	12	88	275	1.18	.71	5
Multiple Response Set (MRS)	5	6	46	43	11	89	275	1.30	.62	

SD-strongly Disagree; D-Disagree; A-Agree; SA-Strongly Agree

Source: Researcher's field survey, 2023.

Table 6 shows the distribution of the responses according to lack of preparedness for retirement and psychological wellbeing of the elderly. Based on the collapsed responses, majority of the elderly persons (96%) indicated that they are duly retired from active service but they tend to do side jobs just to make ends meet and this causes them psychological distress as opposed to those that disagreed (4%). Most of them ((90%) acknowledged that they do not have adequate resources to fend for themselves, their children and grandchildren and this causes them psychological pain opposed to those that disagreed (10%). Most of them (88%) agreed that they suffer from indebtedness and this causes them psychological agony as opposed to those that disagreed (12%). Furthermore, the majority (87%) said that they do not have enough assets that yield monthly profits for my sustenance and this causes them psychological problems as opposed to those that disagreed (13%). Finally, most of them (88%) specified that their pension does not cover their monthly expenses and this causes them psychological distress as opposed to those that disagreed (12%).

Cumulatively, the majority of the respondents therefore agreed (89%) that lack of preparedness for retirement affected the psychological wellbeing of the elderly line with their experiences as opposed to those that disagreed (11%). This therefore revealed that lack of preparedness for retirement affects the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon.

Analysis of the interview responses

Based on the interview responses gathered from twenty-five (25) participants namely elderly persons in Mezam, their views on lack of preparedness for retirement with respect to the psychological wellbeing of the elderly are presented in line with their responses analyzed following qualitative content analysis method with the aid of ATLAS.ti software version 8.0.

Participants were asked about their opinions on how lack of preparedness for retirement affected them and their responses were as follows:

Table 7 Views on how lack on preparedness for retirement affects elderly persons

Themes	Quotations
Low self-esteem in the community	“Because I did not fully prepare for retirement, I do not have a house or a car and so when I look at my peers who have made it in life, I tend to have low self-esteem issues around them”.
Poor motivation to face life challenges	“As a result of my lack of preparedness for retirement, I do not possess any assets such real estate and savings and as a consequence, I have poor motivation to face emerging challenges that are associated with life moving forward”.

Based on the respondents' views on how lack of preparedness for retirement has affected the elderly, majority of them they are now suffering from low self-esteem because they have not achieved in life as much as their peers. Most of the respondents were also of the opinion that they now have poor motivation to tackle emerging challenges due to limited assets and savings.

Participants were also asked how this lack of preparedness for retirement affected their psychological wellbeing and their responses were as follows:

Table 8 Views on how lack of preparedness for retirement affects the psychological wellbeing of elderly persons

Themes	Quotations
Makes me feel worthless as a human	“Due to the fact that I didn't adequately prepare for my retirement, I now feel worthless as a human being with nothing to offer to my peers, my family and the next generation as legacy. I feel like I have lived a failed life”.
Causes me to withdraw into my shell	“I tend to withdraw into my shell because of lack of preparedness for retirement. I no longer have the zest to participate in everyday activities of life like I used to. In fact, let me just stay on my own. ”

Based on the respondents' views on how this lack of preparedness for retirement has affected their psychological wellbeing, majority of them said they now suffer from worthlessness as human beings. Most of the respondents were also of the opinion that they have now withdrawn not just physically but also mentally from daily life activities and they are filled with regrets.

Verification of hypothesis two

Ho2: There is no significant relationship between lack of preparedness for retirement and psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon.

Table 9 Correlation between lack of preparedness for retirement and psychological wellbeing of the elderly

Variable	Lack of preparedness for retirement	Psychological wellbeing
Lack of preparedness for retirement	Pearson Correlation	1
	p-value	-.798**
	N	.001
Psychological wellbeing	Pearson Correlation	275
	p-value	-.798**
	N	.001
		1
		275
		275

NB: Correlation is significant at the 0.05 level (2-tailed).

There is a significant relationship between lack of preparedness for retirement and the psychological wellbeing of the elderly ($r=.798$, $df=273$, $p=.001$, $far < 0.05$). Based on the fact that the significance level of the hypothesis is above 0, the null hypothesis was rejected while the alternative hypothesis was retained. This provided supportive inferential evidence to conclude that there is a significant negative relationship between lack of preparedness for

retirement and the psychological wellbeing of the elderly in Mezam Division of the Northwest Region. This means that a unit lack of preparedness for retirement leads to a corresponding unit decrease in the psychological wellbeing of the elderly.

DISCUSSION

Reduced mobility, and the psychological wellbeing of the elderly

Hypothesis 1 intended to examine whether there is a significant relationship between reduced mobility and the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon. The findings indicated that there is a significant correlation between reduced mobility and the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon. This finding is in line with Whelan, Langford, Oxley, Koppel and Charlton (2006) who asserted that as we age, muscles, bones and joints undergo physiological changes that affect mobility and which can ultimately impact our independence. With respect to muscle health, the age-related loss of muscle may decrease mobility. Loss of muscle mass can begin as early as 30 years and it can become more prominent from the age of 50 onwards. The rate of muscle loss is influenced by the amount of regular physical activity people do throughout their lives. An injury or temporary illness can also affect the amount of skeletal muscle mass. Bone health is also important at any age. The reduction in bone density that is common in older age makes bones weaker which in turn may lead to increased risk of fractures. Concerning joint health, joints become more vulnerable to damages as the cartilage that lines them becomes thinner and the lubricating (synovial) fluid is reduced as we age. This means that joint surfaces are not able to slide as smoothly over one another, causing discomfort. Joints become stiffer as the ligaments and tendons become more rigid and muscle tone and bone strength is reduced. These changes make physical tasks more and more difficult.

The finding is also in line with Rantakokko, Mänty and Rantanen (2012) who underscored that ageing undoubtedly results in higher levels of physical and cognitive disabilities that result from the aging process and chronic disease conditions that plague older adults. Mobility impairments in community dwelling older adults represent a pre-clinical transitional stage in the pathway to disability. Those who lose independent mobility are less likely to remain in the community, have higher rates of disease, have a poorer quality of life and greater likelihood of social isolation. The researchers suggest that efforts must be made to provide useful targets for interventions to treat and prevent mobility impairments and the onset of physical disability in older adults.

Lack of preparedness for retirement and the psychological wellbeing of the elderly

Hypothesis 2 intended to examine whether there is a significant relationship between lack of preparedness for retirement and the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon. The findings presented in Chapter Four revealed that there is a significant correlation between lack of preparedness for retirement and the psychological wellbeing of the elderly in Mezam Division of the Northwest Region of Cameroon. This finding is in agreement with Sayed and Refaat (2016) who observed that retirement generality refers to the act of leaving a position of employment upon reaching a particular stipulated age the withdrawal from paid working life. According to the researchers, it is one of the main transitions in life that symbolizes the individual leaving one part of a significant activity and entering into a new period in life. Usually, this transition often many life domains and is often accompanied by a decline in life satisfaction, self-evaluation, and quality of life. Growing old is not easy and encompasses numerous life deviations which demand multiple adjustments, requiring endurance, ability and flexibility. The loss of work through retirement is one of the fundamental changes for elderly persons. For many, this is the first symbol of the effect of ageing.

This finding is also in consonance with Ndoumbe (2019) who underlined that retirement in Cameroon just like in other countries is besieged with many challenges. However, this is sharply felt in Cameroon due to the low levels of income and poor savings attitude. Added to this is the issue of extended family ties and social responsibilities. Cameroonians have large families and are predominantly extended. There is also the challenge of inadequate medical facilities and housing. There is no social or welfare system for the senior citizens who have served the country meritoriously, the unemployed youths or the physically challenged people. The result is that all these categories of people are additional responsibility to the worker and his/her meager resources leaving him/her with nothing to put aside for retirement saving or investment. Another challenge is the dehumanizing suffering of the retirees and the plight of the pensioners and the inadequacy, shoddy and irregular payment of their pension benefits. One of the problems associated with retirement is that the retirees are under severe psychological and mental pressure in trying to strike a balance between an

idealized and realist departure from the job market to retirement.

CONCLUSIONS

Social isolation has proven to impinge heavily and negatively on the elderly in Mezam Divisions of the Northwest Region of Cameroon. It was recommended that with regards to reduced mobility and the psychological wellbeing of the elderly, elderly persons should monitor themselves and check for signs of social isolation. Should they notice challenges associated with social isolation, they should not hesitate to seek the services of counsellors and psychologists immediately to redress the situation. These would go a long way to salvage their problem and maintain good psychological balance. In relation to lack of preparedness for retirement and the psychological wellbeing of the elderly, it was recommended that caregivers and guardians of elderly persons should take note of elderly persons who showcase signs and symptoms of social isolation at home. Should they realize that these signs and symptoms are persistent, these elderly persons should be immediately referred to psychologists and counsellors for rehabilitation. Through this, the elderly would continue to maintain good health and psychological wellbeing. Further research should be carried out to investigate the effect of social isolation on the psychological wellbeing of the elderly in other Divisions of the Northwest Region with a larger

sample size of say 800 in order to compare the findings against this one.

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