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Loneliness, Social Connectedness, and Mental Health Across the life Course: A Comparative Qualitative Study of Children, Women, and Older Adults

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Abstract

Loneliness is increasingly recognised as a critical social determinant of mental health with consequences spanning the entire life course. Yet comparative qualitative evidence examining how loneliness manifests across children, women, and older adults within a single integrated framework remains sparse, particularly from sub-Saharan African contexts. This manuscript presents the conceptual and methodological architecture for a comparative qualitative study examining experiences of loneliness and social connectedness and their mental health consequences across three life-stage groups. Adopting a comparative qualitative research design informed by Life Course Theory (Elder, 1998), Social Convoy Theory (Antonucci, 2001), and Social Capital Theory (Putnam, 2000), the study employs purposive and maximum variation sampling. Data are collected through in-depth interviews, focus group discussions, and key informant interviews, analysed using Reflexive Thematic Analysis (Braun & Clarke, 2006, 2021) and cross-case comparative analysis. Five thematic domains are anticipated: (1) experiences and meanings of loneliness across the life course; (2) sources of social connectedness; (3) mental health consequences of loneliness; (4) protective relationships and resilience factors; and (5) comparative experiences across children, women, and older adults. The study advances social work and public mental health knowledge by integrating life-stage-sensitive insights into loneliness, demonstrating that its antecedents, manifestations, and consequences are profoundly shaped by developmental stage, gender, and structural context. Implications for social work

practice, child welfare, women's wellbeing, healthy ageing, and community mental health policy are discussed. A comparative life-course approach is essential for designing responsive, equitable, and contextually grounded interventions addressing loneliness and its mental health squeal.

Keywords: Loneliness, Social Connectedness, Mental Health, Life Course, Children, Women, Older Adults,

Introduction

Loneliness has emerged as one of the most pressing public health concerns of the twenty-first century. The World Health Organization (2023) identifies social isolation and loneliness as significant global health threats, with estimates suggesting that between 20% and 34% of adults across high-income nations report frequent loneliness. Yet the burden is not restricted to affluent societies; evidence from sub-Saharan Africa, including Nigeria, reveals comparably high prevalence rates exacerbated by rapid urbanisation, household economic pressure, and the erosion of traditional kinship structures (Fatoye, 2023; Fatoye & Fatunbi, 2026).

Loneliness is defined as a subjective, aversive experience arising from perceived deficiencies in one's social relationships, encompassing both quantitative insufficiency (social loneliness) and qualitative dissatisfaction (emotional loneliness) (Cacioppo & Cacioppo, 2018; Perlman & Peplau, 1981). Distinct from objective social isolation, loneliness is fundamentally a psychological phenomenon whose consequences traverse biological, psychological, and social domains (Victor & Yang, 2012; Holt-Lunstad, 2022). It operates as a potent social determinant of mental health, predicting elevated risks of depression, anxiety, stress-related disorders, and diminished subjective wellbeing across the life span (Afolabi, 2020; Cacioppo et al., 2015; Matthews et al., 2019).

The relational architecture of human life changes profoundly across developmental stages. Children are particularly vulnerable during formative peer socialisation periods, where perceived rejection or exclusion can generate lasting psychological sequelae (Ladd et al., 2017; Afolabi, 2023). For women, loneliness intersects with gendered social roles motherhood, caregiving, spousal relationships, and employment creating complex, context-sensitive experiences that are often rendered invisible by normative social scripts (Fatoye & Fatunbi, 2026; Victor & Yang, 2012). Older adults, confronting retirement, bereavement, physical decline, and ageism, face

structural vulnerabilities that compound subjective isolation and erode social participation (Fatoye, 2022; Udeme *et al.*, 2024).

The COVID-19 pandemic dramatically restructured social connectivity across all population groups, accelerating existing inequalities in social participation and amplifying mental health consequences. Afolabi (2020) documented significant mental health implications of pandemic-related lockdowns among adults in Ibadan, Nigeria, while Fatoye (2020a) demonstrated heightened vulnerability of women to social welfare disruption during the same period. These findings underscore the urgency of life-course-sensitive inquiry into loneliness and its mental health consequences beyond high-income contexts.

Comparative life-course approaches are particularly valuable because they illuminate how social structures and developmental transitions interact to shape mental health trajectories. Yet most existing studies adopt single-group designs focused either on children, women, or older adults in isolation, foreclosing comparative insight. This manuscript addresses that gap by articulating a comprehensive framework for a comparative qualitative study examining loneliness, social connectedness, and mental health consequences simultaneously across three critical life-stage groups within a Nigerian context. Despite a rapidly expanding global literature on loneliness and mental health, several critical lacunae persist. First, while quantitative studies have established robust statistical associations between loneliness and adverse mental health outcomes, the phenomenological texture of loneliness remains underexplored across diverse life stages (Qualter et al., 2015; Maes et al., 2019). Second, comparative qualitative investigations that simultaneously examine children, adult women, and older adults within a single integrative framework are conspicuously rare, limiting the capacity to generate life-course-sensitive theory and practice guidance (Rokach, 2019).

Third, social work and mental health interventions addressing loneliness have overwhelmingly been designed in and for high-income Western contexts, leaving significant gaps in understanding how loneliness manifests within African relational ecologies shaped by collectivist values, intergenerational household structures, and community-embedded social capital (Fatoye, 2020b; Afolabi & Hendricks, 2025). Fourth, existing interventions inadequately account for the intersection of loneliness with gender, poverty, disability, and ageism structural factors that mediate vulnerability across the life course (Fatoye & Fatunbi, 2026; Afolabi et al., 2024).

This study responds to these gaps by generating contextually grounded, comparative qualitative evidence capable of informing social work practice, mental health promotion, child welfare, women's wellbeing, healthy ageing policy, and community development programming within sub-Saharan African settings.

The study is guided by the following research questions:

1. How do children experience loneliness and social connectedness within family, peer, and school contexts?
2. How do women experience loneliness across different social and family roles, including marriage, motherhood, caregiving, and employment?
3. How do older adults perceive and experience social isolation and connectedness in the context of ageing, bereavement, and reduced social participation?
4. What mental health consequences are associated with loneliness across children, women, and older adults?
5. What similarities and differences exist across the three groups regarding the sources, manifestations, and mental health sequelae of loneliness, and what comparative insights do these generate for theory and practice?

Literature Review

Conceptualising Loneliness and Social Connectedness

The conceptual landscape of loneliness encompasses overlapping but analytically distinct constructs. Drawing on the cognitive model proposed by Perlman and Peplau (1981) and extended by Cacioppo and colleagues (2015), loneliness arises when perceived social relationships fall below desired levels in quantity or quality. Emotional loneliness refers to the absence of intimate attachment relationships characterised by feelings of emptiness; social loneliness reflects the absence of a satisfying social network producing feelings of boredom and marginality (Weiss, 1973). Perceived isolation the subjective sense of disconnection from one's social environment must be distinguished from objective social isolation, which represents a measurable reduction in social contact frequency. Research consistently demonstrates that perceived isolation is a stronger predictor of adverse mental health outcomes than objective isolation (Holt-Lunstad, 2022; Victor & Yang, 2012). Conversely, social integration meaningful participation in diverse social roles and relationships — constitutes a fundamental dimension of mental health and subjective wellbeing

(Berkman *et al.*, 2020). Social support, encompassing instrumental, informational, emotional, and appraisal dimensions, moderates the relationship between loneliness and mental health outcomes (Afolabi & Salami, 2022). Belongingness the fundamental human need for positive, stable social bonds (Baumeister & Leary, 1995) represents the motivational core of social connectedness whose violation underlies much of the psychological distress associated with loneliness across the life course.

Loneliness among Children

Childhood loneliness is a well-documented phenomenon with significant developmental consequences. Peer relationships constitute the primary arena for social learning, emotional regulation, and identity formation during childhood and adolescence. Peer rejection, exclusion, and victimisation including bullying are robust predictors of loneliness in school-aged children, with consequences extending to internalising symptoms including anxiety and depression (Ladd et al., 2017; Qualter et al., 2015). Afolabi (2023) argues that social work theory and practice must be mobilised to protect girl-child wellbeing and educational engagement, demonstrating that social exclusion within school settings generates compounding mental health risks for vulnerable girls in Nigeria. School connectedness the sense of belonging and positive relationships with peers and teachers functions as a critical protective factor against childhood loneliness (Wang & Eccles, 2013).

Family functioning also powerfully shapes children's social development; Fatoye (2021) found that parental separation significantly impairs the psychosocial wellbeing of children in secondary schools in Ibadan, Nigeria, illustrating how family disruption erodes the relational security that buffers against loneliness. Digital socialisation presents a contemporary paradox: while online platforms can extend social networks and reduce isolation for children with limited offline social access, excessive or unsupervised digital engagement may displace face-to-face interaction and amplify social comparison, contributing to loneliness and psychological distress (Coyne et al., 2020).

Women's Experiences of Loneliness

Women's loneliness is shaped by a complex interplay of relational, structural, and cultural factors that vary across the life course. Within marriage, women may experience profound loneliness even in the presence of a partner arising from emotional disconnection, power asymmetry, and unfulfilled intimacy needs (Rokach, 2019). Motherhood introduces paradoxical social dynamics: while integrating women into new social networks, it simultaneously imposes

caregiving demands that constrain time for peer relationships and personal identity (Victor & Yang, 2012). Caregiving responsibilities disproportionately burden women and are associated with chronic stress, social restriction, and heightened loneliness (Afolabi & Salami, 2022). Fatoye and Fatunbi (2026) compellingly argue that gender inequality constitutes a root cause of poverty and constrains women's social wellbeing in Nigerian society, with direct implications for welfare policy design.

Reproductive transitions including pregnancy, postpartum adjustment, and menopause — introduce additional vulnerabilities to loneliness. Widowhood, which disproportionately affects older women, precipitates severe social isolation and grief-related depression, particularly where cultural norms restrict women's post-marital social participation (Fatoye, 2019). Fatoye and Fatunbi (2024) further demonstrate the adverse wellbeing effects of intimate partner violence among adults in Ibadan, illustrating how relational violence amplifies social isolation and mental health vulnerability among women. Afolabi and Hendricks (2025) highlight how socio-cultural factors constrain reproductive health and social agency among female teenagers in Nigeria, demonstrating that gendered cultural structures generate loneliness across the life course from adolescence.

Loneliness and Social Isolation among Older Adults

The epidemiology of loneliness among older adults reveals marked elevation in risk following key life transitions. Retirement removes the occupational identity and structured social contact that sustain relational networks across decades of working life (Adewole & Afolabi, 2020). Bereavement progressively diminishes the social convoy that portable network of close relationships accompanying individuals through life. Reduced physical mobility constrains community participation, while ageism erodes social inclusion and psychological dignity (Fatoye, 2024). Fatoye (2019) documented the victimological and psychosocial dimensions of elder marginalisation in Iwaya community, Nigeria, revealing how structural neglect and social exclusion generate distress among older adults. Fatoye (2020a) subsequently demonstrated that family support functions as a significant predictor of psychological wellbeing among the elderly, affirming the centrality of relational support for ageing populations. Social participation through community groups, religious engagement, and voluntary activity is consistently identified as a protective factor against loneliness and its cognitive-emotional consequences in later life (Fatoye, 2022; Udeme et al., 2024). Udeme and colleagues (2024) demonstrate that psychotherapy meaningfully improves quality of life among older persons, indicating that therapeutic intervention can complement social participation in buffering against age-related isolation.

Mental Health Consequences across the Life Course

The relationship between loneliness and mental health is both robust and bidirectional. Depression represents the most extensively documented mental health consequence of loneliness across all life stages, with loneliness predicting depressive onset, severity, and chronicity in children, adults, and older adults alike (Cacioppo et al., 2015; Matthews et al., 2019; Afolabi, 2020). Anxiety disorders, particularly social anxiety, are simultaneously antecedents and consequences of loneliness, creating reinforcing cycles of avoidance, diminished social skill, and deepening isolation (Qualter et al., 2015). Chronic psychological stress generated by the persistent hypervigilance associated with perceived social threat mediates the pathway between loneliness and both mental and physical health deterioration (Afolabi & Salami, 2022; Holt-Lunstad, 2022). Afolabi (2024) identifies psychological stress as a significant predictor of mental disorders among students, illustrating how academic and social pressures converge to generate clinically significant distress. Emotional wellbeing, self-esteem, and quality of life are each independently compromised by chronic loneliness, with effects amplified by poverty, gender disadvantage, and structural marginalisation (Afolabi et al., 2024; Fatoye & Fatunbi, 2026).

Afolabi and Bakare (2023) demonstrate how discriminatory attitudes toward mental illness compound the social wellbeing of affected individuals in Nigeria, creating intersecting layers of stigma and isolation that intensify the mental health burden of loneliness. Afolabi (2021) showed that drug compliance among patients with mental illness in Ibadan is significantly shaped by psychosocial wellbeing, demonstrating reciprocal pathways between social connection, mental health treatment engagement, and recovery outcomes. The implications for social work and mental health practice are profound: addressing loneliness is not peripheral but central to effective mental health intervention across the life course.

Social Connectedness as a Protective Factor

Social connectedness exerts protective effects on mental health through multiple pathways. Family support provides emotional buffering, practical assistance, and a sense of belonging that moderates the impact of stressors across the life course (Fatoye, 2020a; Afolabi & Salami, 2022). Community participation expands social networks, provides meaningful roles, and generates a sense of civic belonging that supports psychological wellbeing (Fatoye, 2022). Social capital — the aggregate of social networks, norms of reciprocity, and trust that facilitate collective action (Putnam, 2000) enables individuals to access both tangible resources and intangible relational goods that buffer against adversity. Fatoye and Oyeleke (2022) demonstrate how cooperative

societies function as informal insurance and social support structures in Ibadan, illustrating how institutional social capital can mitigate vulnerability. Fatoye and Afolabi (2022) further document the role of support group systems in improving the psychosocial wellbeing of people living with HIV in Oyo State, demonstrating how structured social support generates protective effects for marginalised populations. Faith-based engagement, particularly salient in Nigerian contexts, provides spiritual meaning, social community, and practical support that meaningfully reduce loneliness risk. Digital connectedness can supplement in-person social contact for those with mobility limitations, though it may not fully replicate the psychological benefits of face-to-face interaction in deepening emotional intimacy (Coyne *et al*., 2020).

Theoretical Framework

Life Course Theory

Life Course Theory (Elder, 1998) provides the overarching framework for this study. Elder's model conceptualises human development as a sequence of socially embedded, historically conditioned pathways, with life transitions functioning as pivotal moments that reshape social relationships, roles, and identity. The theory's central propositions including linked lives, timing of events, human agency, and historical context are directly relevant to understanding how loneliness and social connectedness are shaped differently at different life stages (Elder, 1998). This framework enables comparative analysis by situating the experiences of children, adult women, and older adults within their distinct developmental contexts while acknowledging structural forces including gender, poverty, and ageism that constrain agency and shape relational experience.

Social Convoy Theory

Social Convoy Theory (Antonucci, 2001) conceptualises the social network as a convoy of close relationships that moves with the individual through life, with the composition, closeness, and supportiveness of that convoy evolving through developmental transitions. The theory foregrounds the quality not merely quantity of social relationships as determinants of wellbeing, and predicts that convoy shrinkage through bereavement, retirement, or migration heightens vulnerability to loneliness. This theory is particularly generative for understanding age-related social isolation and the differential meanings of relational loss across life stages, as evidenced in Fatoye (2019, 2022) and Udeme et al. (2024).

Social Capital Theory

Social Capital Theory (Putnam, 2000) distinguishes between bonding capital (dense ties within homogeneous groups), bridging capital (connections across diverse social groups), and linking capital (vertical ties to institutions and resources). Applied to loneliness research, the theory illuminates how deficits in social capital at community level amplify individual vulnerability to social isolation. The empirical contributions of Fatoye and Oyeleke (2022) on cooperative societies and Fatoye (2022) on social support and quality of life among the elderly demonstrate the practical salience of this theoretical lens within the Nigerian context.

Integrated Conceptual Framework

Integrating these three theoretical traditions, this study adopts a conceptual framework in which life-stage position (determined by age, developmental transition, and social role) moderates the relationship between structural risk factors (poverty, gender inequality, ageism, social isolation) and individual experience of loneliness. Loneliness, in turn, mediates the pathway between structural risk and mental health outcomes including depression, anxiety, stress, and diminished wellbeing. Social connectedness — at family, peer, community, faith-based, and digital levels — functions as a protective moderator that disrupts this pathway. The framework situates all processes within historical and cultural context, acknowledging that Nigerian collectivist traditions, postcolonial economic structures, and the disruptive legacy of COVID-19 shape the relational landscape within which loneliness and connectedness are experienced (Afolabi, 2020; Fatoye, 2020a, 2020b).

Methodology

Research Design

This study adopts a Comparative Qualitative Research Design, selected for its capacity to generate depth-rich, context-sensitive understanding of complex social phenomena while enabling systematic comparison across distinct participant groups (Bryman, 2016; Ritchie *et al*., 2014). Qualitative methodology is epistemologically aligned with the study's constructivist orientation, which holds that experiences of loneliness and social connectedness are subjectively constructed, culturally mediated, and contextually contingent properties that resist adequate capture through quantitative instrumentation alone (Braun & Clarke, 2021). The comparative dimension enables cross-case analysis that generates conceptual insights about how life-stage position, gender, and

developmental transition differentially shape loneliness experience and mental health consequence.

Population and Sampling

Participants were drawn from three life-stage groups: children aged 10 to 17 years; adult women aged 18 to 59 years; and older adults aged 60 years and above. Purposive sampling and maximum variation sampling ensured that the sample reflects meaningful diversity within each group on dimensions including socioeconomic status, educational level, family structure, residential setting (urban/peri-urban), and loneliness experience. Maximum variation sampling is particularly appropriate because it generates detailed information about central themes appearing across diverse cases, producing more transferable and theoretically generative findings than homogeneous samples (Patton, 2015). For children, school-based and community-based recruitment through head-teachers and school counsellors was employed. For adult women, community health centres, women's associations, and faith-based organisations serve as recruitment sites. Older adults were recruited through community day centres, faith organisations, and household-based community outreach.

Sample size was guided by the principle of data saturation the point at which no substantively new themes emerge from additional data collection (Braun & Clarke, 2021; Fusch & Ness, 2015). Based on methodological literature, saturation is anticipated with approximately 12 to 15 in-depth interview participants per group (36 to 45 total), supplemented by three focus group discussions per group (three to eight participants each) and 12 to 15 key informant interviews. Reflexive saturation checking will be embedded throughout data collection through regular research team debriefing.

Data Collection Methods

In-Depth Interviews

Semi-structured in-depth interviews was conducted with children, adult women, and older adults individually. Interview guides was tailored to each group's developmental context and communication capacities, with child-sensitive adaptations including shorter sessions, visual prompts, and age-appropriate language. Interviews explored: subjective definitions and experiences of loneliness; perceived sources of social connectedness; emotional and psychological consequences of loneliness; coping strategies; and experiences of formal and informal support. Interviews was audio-recorded with participant consent, transcribed verbatim, and member-checked to ensure interpretive accuracy.

Focus Group Discussions

Separate focus group discussions (FGDs) were conducted with each participant group, offering complementary advantages by generating data about shared social norms, collective sense-making, and the social validation or contestation of experiences. Child FGDs employ participatory methods including narrative cards and small group activities. Women's FGDs explored shared relational scripts around marriage, motherhood, and caregiving. Older adults' FGDs examined generational narratives of social participation and loss.

Key Informant Interviews

Key informant interviews (KIIs) were conducted with professionals working directly with study populations, including social workers, teachers, school counsellors, caregivers, community leaders, and mental health professionals. KIIs provide institutional and professional perspectives on loneliness, enriching participant-generated data with service-level insight. They also enable triangulation of participant accounts with professional observation, strengthening analytical depth and credibility (Creswell & Poth, 2018).

Data Analysis

Reflexive Thematic Analysis

The primary analytical approach is Reflexive Thematic Analysis (Braun & Clarke, 2006, 2021). The six-phase process proceeds as follows:

Phase 1: Familiarisation: Immersive, repeated reading of transcripts and field notes to develop an intimate understanding of the data corpus.

Phase 2: Coding: Systematic generation of initial codes capturing both semantic content and latent meanings, employing NVivo software to facilitate management.

Phase 3: Theme Generation: Collation of codes into candidate themes, mapping relationships between codes and developing preliminary thematic structure.

Phase 4 : Theme Review: Active interrogation of candidate themes against the full dataset to assess coherence, internal homogeneity, and external heterogeneity.

Phase 5: Theme Definition and Naming: Development of analytically precise definitions for each theme articulating its scope, boundaries, and contribution to the research narrative.

Phase 6: Report Writing: Production of a rich, analytic account integrating data extracts with interpretive commentary that advances understanding of the research questions.

Framework and Cross-Case Comparative Analysis

Framework Analysis (Ritchie *et al*., 2014) was applied to develop thematic matrices enabling systematic comparison across the three participant groups on shared dimensions: sources of loneliness; manifestations; coping strategies; sources of social connectedness; mental health consequences; and resilience factors. Cross-case comparative analysis will identify patterns of similarity and difference across groups, generating comparative insights that transcend what single-group analysis could produce (Bryman, 2016).

Trustworthiness

Trustworthiness was established using Lincoln and Guba's (1985) criteria. Credibility was pursued through prolonged engagement, member checking, and peer debriefing. Dependability was secured through detailed methodological documentation enabling audit trail review. Confirmability was supported by systematic reflexivity journaling and transparent documentation of analytical decisions. Transferability was achieved through thick description of context, participants, and processes. The lead researchers' extensive background in social work and mental health research within Nigerian contexts constitutes a relevant reflexive resource to be explicitly acknowledged and critically examined throughout the analytical process.

Ethical Considerations

Informed consent was obtained from all adult participants prior to data collection. Parental/guardian consent and child assent was obtained for all child participants aged 10 to 17, in compliance with ethical principles governing research with minors. All participants were assured of confidentiality and anonymity; identifying information was removed from all transcripts and outputs. Participants were aware of their right to withdraw at any point without consequence. Psychologically sensitive topics including mental health distress, grief, trauma, and abuse was approached with careful facilitation, with referral pathways to mental health professionals established prior to data collection. Ethical approval was sought from relevant institutional review boards and the University Research Ethics Committee (NHREC) prior to fieldwork, in adherence to the ethical guidelines of the social work and psychology professional associations.

Expected Findings Structure

Anticipated Thematic Architecture

Drawing on Reflexive Thematic Analysis (Braun & Clarke, 2006, 2021), five overarching themes are anticipated to structure the findings, with subthemes emerging inductively from participant narratives.

Theme 1: Experiences and Meanings of Loneliness across the Life Course

This theme will capture the phenomenological richness of loneliness as experienced across the three groups. Children are expected to narrate loneliness primarily through the language of peer exclusion, playground rejection, and academic disconnection, with family disruption as a significant contextual factor (Fatoye, 2021; Afolabi, 2023). Adult women are anticipated to describe loneliness embedded within relational contexts marriages marked by emotional distance, the isolation of intensive caregiving, and the loss of pre-maternal social networks reflecting the structural analysis in Fatoye and Fatunbi (2026) on gender inequality and women's social wellbeing. Older adults are expected to articulate loneliness as a cumulative experience of social attrition: the progressive loss of contemporaries through death, the geographical dispersal of adult children, and the existential isolation accompanying physical decline and social devaluation (Fatoye, 2019, 2022; Udeme *et al*., 2024).

Theme 2: Sources of Social Connectedness

Participants across all groups are expected to identify multiple overlapping sources of social connectedness buffering against loneliness. Family relationships particularly emotional intimacy with partners, parents, or adult children are anticipated as primary sources of belonging. Peer friendship networks, community belonging, and faith-based community engagement are expected as significant secondary sources, consistent with Fatoye (2022) and Afolabi and Salami (2022). The role of cooperative societies, community groups, and neighbourhood networks as institutional social capital will be explored (Fatoye & Oyeleke, 2022; Fatoye & Afolabi, 2022). Digital communication tools may feature prominently for younger participants and increasingly for older adults with limited mobility.

Theme 3: Mental Health Consequences of Loneliness

Across all three groups, chronic loneliness is anticipated to be associated with depressive symptoms, anxiety, psychological stress, and diminished self-esteem and quality of life. For children, loneliness-related mental health consequences are expected to include academic disengagement, internalising behaviours, and diminished self-worth (Afolabi, 2023; Ladd et al., 2017). For adult women, depression and emotional exhaustion associated with relational loneliness and caregiving burden are anticipated, consistent with Fatoye (2020a, 2020b) and Fatoye and Fatunbi (2024). For older adults, late-life depression, cognitive decline-adjacent worry, and grief-complicated bereavement responses are expected (Fatoye, 2019; Udeme et al., 2024). Afolabi (2020, 2021) provide additional grounding for understanding how social isolation compounds mental health challenges and treatment disengagement.

Theme 4: Protective Relationships and Resilience Factors

This theme will examine the mechanisms through which participants resist, manage, and transcend loneliness. Resilience narratives are expected to highlight the role of strong family bonds, faith communities, community organisations, and personal agency in maintaining connectedness despite adverse circumstances. The role of psychosocial support and professional intervention including social work, counselling, and peer support will be examined as formal protective resources (Afolabi & Bakare, 2023; Udeme et al., 2024; Fatoye & Afolabi, 2022). Indigenous coping resources including cultural practices, communal mourning rituals, and elder respect norms are expected to feature in older adults' resilience narratives, reflecting the contextually grounded social capital of Nigerian community life.

Theme 5: Comparative Experiences across Children, Women, and Older Adults

Cross-case comparative analysis will generate the most theoretically significant contribution of the study. While loneliness is anticipated to be a shared experience across all three groups, its antecedents, meanings, manifestations, and mental health consequences are expected to differ systematically. Children's loneliness is primarily peer-relational and embedded in developmental socialisation; women's loneliness is relational-structural, shaped by gender roles and caregiving demands; older adults' loneliness is cumulative-transitional, shaped by loss, role exit, and social devaluation. Shared factors including the importance of belonging, the pain of exclusion, and the protective power of authentic social connection was theorised within the integrative Life Course, Social Convoy, and Social Capital framework developed in Chapter Two.

Discussion and Implications

Theoretical Contributions

This study makes a substantive contribution to life-course theory by generating comparative qualitative evidence that tests and extends theoretical propositions across three life-stage groups simultaneously. By demonstrating empirically how the social convoy is differently constituted and threatened at different life stages and with what differential mental health consequences — the study advances the explanatory reach of Antonucci's (2001) model beyond its predominantly older adult empirical base. It enriches Elder's (1998) Life Course Theory by foregrounding how structural factors gender inequality, poverty, ageism — constrain agency and shape relational experience within specific developmental transitions. The Social Capital framework (Putnam, 2000) is extended by the study's attention to community-embedded, faith-

grounded, and cooperative social capital resources in a Nigerian setting, as demonstrated empirically by Fatoye and Oyeleke (2022) and Fatoye (2022).

Implications for Social Work Practice

For social work practice, findings will inform life-stage-sensitive, culturally grounded assessment and intervention frameworks for addressing loneliness-related mental health consequences. Social workers engaging with children experiencing peer exclusion or family disruption require tools for assessing loneliness as a discrete psychosocial risk factor and for facilitating school-based connectedness interventions. The documented impact of parental separation on child wellbeing (Fatoye, 2021) and the protective role of girl-child education (Afolabi, 2023) indicate concrete practice priorities. For women, social work practice must address the structural dimensions of loneliness including gender inequality, intimate partner violence, and caregiving burden rather than reducing intervention to individual-level coping skill development (Fatoye, 2020a, 2020b; Fatoye & Fatunbi, 2026). For older adults, community-based social participation programming, supported by geriatric social work practice sensitive to grief, loss, and ageism, represents a priority intervention domain (Fatoye, 2024; Udeme et al., 2024).

Implications for Mental Health and Public Policy

The study's findings will advance the case for integrating loneliness reduction as an explicit objective of Nigerian mental health policy, child welfare policy, women's welfare policy, and healthy ageing strategy. Comparative life-course evidence uniquely positions this study to argue for cross-departmental, whole-of-government responses coordinating action across education, health, social welfare, and community development. The public health implications of loneliness elevated risks of depression, anxiety, diminished physical health, and mortality documented by Afolabi (2020), Holt-Lunstad (2022), and Fatoye and Fatunbi (2026) justify investment in population-level loneliness prevention and management at a scale commensurate with other major public health priorities.

Conclusion

Loneliness is not a uniform experience but a life-stage-sensitive, gender-mediated, structurally conditioned phenomenon whose mental health consequences require comparative qualitative investigation to be fully understood. This manuscript has articulated the conceptual, theoretical, and methodological architecture of a comparative qualitative study that simultaneously examines loneliness, social connectedness, and mental health across children, women, and older adults within a Nigerian social work and mental health context. By integrating Life Course Theory,

Social Convoy Theory, and Social Capital Theory within a Reflexive Thematic Analysis framework, the study is positioned to generate theoretically significant and practice-relevant contributions to international scholarship on loneliness and mental health across the life course. The extensive body of contextually grounded scholarship produced by Fatoye (2019–2026), Afolabi (2020–2025), and their collaborators provides an empirically rich foundation upon which this comparative investigation builds, advancing a distinctively African and social-work-centred contribution to global loneliness scholarship.

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