The Role of Community Support in Mitigating Loneliness Among Retired Ghanaians

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***Abstract*—Loneliness among retired older adults is an emerging public health and social concern in Ghana, yet research has predominantly relied on quantitative scales developed in Western individualistic contexts. These instruments may fail to capture how Ghanaian retirees experience and mitigate loneliness through culturally specific community support mechanisms. This qualitative comparative study investigates how findings about loneliness and community support differ when examined through individual interviews versus community focus group discussions, and assesses how community support functions differently in urban and rural retirement contexts. Grounded in Social Convoy Theory and Cultural Models of Social Support, the study draws on semi-structured interviews and focus group discussions with 36 retired Ghanaians (18 urban, 18 rural) aged 60 to 82 years. Thematic analysis revealed five major themes: (1) the invisibility of loneliness in individual interviews versus its collective acknowledgment in focus groups, (2) family proximity as necessary but insufficient without active community engagement, (3) religious networks as the primary loneliness buffer in both settings, (4) urban retirees' paradox of physical proximity but social distance, and (5) rural retirees' integration of work-like roles into post-retirement community participation. Direct quotations illuminate how community support operates through reciprocal obligations, elder reverence practices, and shared economic coping. The findings inform interventions for reducing loneliness among Ghanaian retirees and challenge Western-derived assumptions about older adult social isolation.**

***Index Terms*—Loneliness, retirement, community support, Ghana, older adults, qualitative methods, social networks, urban-rural comparison**

I. INTRODUCTION

Retirement in Ghana is not merely the cessation of paid employment. It is a transition that reconfigures social identity, daily structure, and access to community resources. For many older Ghanaians, the workplace provided not only income but also social connection, purpose, and a recognised position within a network of colleagues. When that network dissolves, loneliness can emerge. Yet the question of how retired Ghanaians experience and mitigate loneliness cannot be adequately answered through Western-derived survey instruments alone. A Likert-scale response to "I feel isolated from others" carries different meaning in a Ghanaian context, where extended family compounds, religious congregations, and age-grade associations create dense but sometimes fragile support webs. Understanding loneliness among retired Ghanaians requires a method that captures not only individual feelings but also the community mechanisms that either buffer or fail to buffer those feelings.

Community support in the Ghanaian context is not a simple variable. It includes material assistance (shared food, financial help during illness), emotional affirmation (visits, greetings, inclusion in decision-making), and existential presence (being remembered, having one's advice sought). These forms of support are embedded in reciprocal obligations: the retired elder who once supported others now depends on being supported in return. When reciprocity breaks down, loneliness intensifies. But loneliness itself is stigmatised. Retired Ghanaians may be reluctant to admit feeling lonely because loneliness implies abandonment, and abandonment implies failed relationships. This stigma shapes what people say in research contexts, and it shapes how different research methods capture or fail to capture the phenomenon.

This study adopts a qualitative comparative approach to examine how community support mitigates loneliness among retired Ghanaians. By comparing individual interviews with focus group discussions, and by comparing urban and rural retirement contexts, the study aims to produce a culturally grounded

understanding of loneliness mitigation. The individual interview provides private space for disclosure. The focus group enables collective elaboration and the surfacing of community norms. Together, they reveal not only whether community support matters but how it matters, when it fails, and what distinguishes effective from ineffective support networks in the Ghanaian retirement experience.

III. STATEMENT OF THE PROBLEM

Despite growing recognition of loneliness as a significant health risk for older adults globally, research on loneliness among retired Ghanaians remains underdeveloped in several critical respects.

First, the existing literature on older adult loneliness in Ghana has relied heavily on quantitative instruments adapted from Western contexts. Scales such as the UCLA Loneliness Scale (Russell, 1996) have been administered to Ghanaian samples with minimal cultural validation. These instruments assume that loneliness is an individual emotional state that can be captured through decontextualized self-report items. They do not capture the communal dimensions of loneliness in collectivist cultural contexts, where loneliness may be experienced as relational deficit rather than individual distress.

Second, the specific role of community support mechanisms in mitigating loneliness among retired Ghanaians has not been systematically examined. While extended family has been identified as important (Van der Geest, 2002), the distinction between family proximity and meaningful community engagement remains unexplored. A retired person may live in the same compound as adult children yet experience profound loneliness if those children are absent, preoccupied, or economically stressed. Conversely, a retiree with no surviving family may thrive through church membership and age-group associations. The conditions under which community support effectively buffers loneliness are unknown.

Third, urban-rural differences in post-retirement loneliness have been asserted but not empirically compared. Rural retirees are often assumed to have stronger community ties, while urban retirees are assumed to face greater isolation. However, urban Ghanaian retirement communities may offer access to church networks, professional associations, and organised social groups that rural areas lack. These competing hypotheses require direct comparison within a single study.

Fourth, the methodological question of how loneliness is best measured in the Ghanaian context has not been addressed. Individual interviews may underreport loneliness because of stigma. Focus groups may overreport or underreport depending on group dynamics. No study has compared findings from both methods administered to the same retired Ghanaian participants.

This study addresses these gaps by asking: How does community support mitigate loneliness among retired Ghanaians, and how do findings differ when examined through individual interviews versus focus group discussions? What community mechanisms are most effective in urban versus rural retirement contexts? What do retired Ghanaians themselves identify as the conditions under which community support succeeds or fails?

IV. PURPOSE OF THE STUDY

The purpose of this study is to examine the role of community support in mitigating loneliness among retired Ghanaians, comparing findings generated from individual interviews and focus group discussions, and assessing how urban and rural retirement contexts shape the availability and effectiveness of community support mechanisms.

V. OBJECTIVES OF THE STUDY

General Objective

To understand how community support functions to mitigate loneliness among retired Ghanaians, and to compare how individual interview and focus group methods produce different or convergent findings on this phenomenon.

Specific Objectives

- To identify the specific community support mechanisms that retired Ghanaians report as most effective in reducing loneliness.
- To compare findings on loneliness prevalence and mitigation strategies between individual interviews and focus group discussions.
- To examine how urban retirement contexts shape access to and effectiveness of community support compared to rural contexts.

- To identify the conditions under which family proximity fails to prevent loneliness among retired Ghanaians.
- To explore how religious networks, age-group associations, and neighborhood relationships each contribute to loneliness mitigation.
- To describe how retired Ghanaians themselves account for any discrepancies between what they say about loneliness in individual versus group settings.

VI. LITERATURE REVIEW

Theoretical Review

This study is guided by two complementary theoretical frameworks: Social Convoy Theory (Kahn & Antonucci, 1980) and Cultural Models of Social Support (Taylor et al., 2004).

Social Convoy Theory posits that individuals are surrounded throughout life by a network of family, friends, and acquaintances who accompany them across the life course. This "convoy" provides protection, assistance, and social integration. In retirement, the convoy typically shrinks as work-based relationships dissolve. However, the theory predicts that those who maintain a diverse convoy including family, religious affiliates, and community age-mates experience better adjustment and lower loneliness. This study applies Convoy Theory to understand how the composition and quality of retired Ghanaians' social networks predict loneliness mitigation.

Cultural Models of Social Support challenge Western assumptions about what constitutes effective support. Taylor and colleagues (2004) demonstrated that East Asian and collectivist cultural contexts prefer implicit, non-disruptive support (simply spending time together) over explicit, problem-focused support (direct advice or emotional disclosure). This study extends this framework to the Ghanaian context, where support may be communicated through shared meals, co-presence during funerals, or indirect financial assistance through family intermediaries. The focus group method is particularly suited to surfacing these culturally patterned support preferences, which individual surveys typically miss.

VII. CONCEPTUAL REVIEW

Loneliness is defined as the subjective distress arising from a discrepancy between desired and actual social relationships (Peplau & Perlman, 1982). This definition distinguishes loneliness from social isolation: a person can have many social contacts yet feel lonely if those contacts lack emotional depth, and a person can have few contacts yet not feel lonely if those few contacts are meaningful. This distinction is critical for the Ghanaian context, where extended family compounds create high physical proximity but not necessarily high emotional intimacy.

Community support refers to the tangible and intangible resources provided through informal networks of family, neighbours, religious congregations, and voluntary associations. In Ghana, community support includes material assistance (food sharing, funeral contributions, school fees for grandchildren), emotional support (visiting, greeting, including in ceremonies), and informational support (advice on health, family disputes, financial decisions). Critically, community support in Ghana is governed by reciprocity norms: those who received support in their working years are expected to provide support in retirement, and those who provide support to retirees gain social credit.

Retirement is defined not only by cessation of formal employment but by loss of the social roles and daily structures that employment provided. For many Ghanaian retirees, retirement may be partial: they continue informal economic activities, care for grandchildren, or take on community leadership roles. These partial retirements complicate measurement but also provide resilience resources.

VIII. EMPIRICAL REVIEW

Research on loneliness among older adults in sub-Saharan Africa is limited but growing. A study by Mba (2010) using Ghanaian census data found that older adults living alone reported higher distress, but the study could not distinguish loneliness from isolation. Van der Geest (2004) conducted ethnographic research in Kwahu-Tafo, Ghana, and found that older adults who were excluded from family decision-making experienced profound loneliness despite co-residence with relatives. This finding challenges the

assumption that family proximity guarantees emotional well-being.

Comparative research on urban and rural older adults in Ghana (Awuviry-Newton et al., 2020) found that rural older adults reported higher social integration but also higher material poverty, creating a trade-off between community connection and economic security. Urban older adults reported more access to formal social services but weaker neighborhood ties. These studies suggest that community support cannot be understood without attending to the economic constraints that shape whether families can provide support.

Studies on religious participation among Ghanaian older adults have consistently found protective effects against loneliness (Crentsil, 2017). Pentecostal and charismatic churches, in particular, organise regular meetings, home visits, and mutual aid schemes that provide both social contact and practical assistance. However, these studies have relied on survey measures of church attendance frequency, which do not capture whether attendance translates into meaningful support relationships.

No published study was found that directly compares individual interview and focus group findings on loneliness among retired Ghanaians, or that systematically compares urban and rural retirement contexts using the same methodology. This study therefore represents an original contribution to the gerontological and cross-cultural research literature.

IX. METHODOLOGY

Research Design

This study adopted a qualitative comparative design with two data collection phases and two sampling strata. All 36 participants first completed individual semi-structured interviews. Two weeks later, the same participants took part in focus group discussions stratified by urban or rural location. The sequential design enabled comparison of individual and group accounts from identical participants, isolating method effects from sample differences.

Research Approach

An interpretive phenomenological approach guided the study. This approach prioritises understanding how retired Ghanaians' experience loneliness and community support as lived phenomena, and how those experiences are narrated differently depending on whether the audience is a single researcher or a group of peers.

Study Setting

The study was conducted in two contrasting settings in Ghana: Accra Metropolitan Area (urban) and Kwahu Traditional Area in the Eastern Region (rural). The urban setting was characterised by nuclear family structures, higher economic diversity, and access to organised retiree associations. The rural setting was characterised by extended family compounds, lower formal employment rates, and stronger age-grade community organisations.

Study Population

The study population comprised Ghanaian citizens aged 60 years or older who had formally retired from paid employment at least 12 months prior to data collection. Participants were required to be resident in the study setting for at least five years prior to retirement. Exclusion criteria included diagnosed cognitive impairment and relocation from another region within the past two years.

Sampling Technique

Purposive sampling was employed to ensure representation across gender, age categories (60-69, 70-79, 80+), living arrangement (alone, with spouse, with adult children, with extended family), and retirement duration (1-5 years, 6-10 years, 11+ years). Initial participants were recruited through church retirement fellowships, age-group associations, and snowball sampling from retired teacher and civil servant networks.

Sample Size

Thirty-six retired Ghanaians participated: 18 from Accra (urban) and 18 from Kwahu (rural). Each stratum included 10 women and 8 men. Ages ranged from 60 to 82 years (mean 70.2 years). Retirement duration ranged from 1 to 22 years (mean 8.4 years). Participants were divided into six focus groups: three urban (6 participants each) and three rural (6 participants each).

Data Collection Method

Phase 1: Individual Semi-Structured Interviews. Each participant completed a 45- to 75-minute individual

interview in their preferred language (Twi or English). The interview guide addressed: daily routines after retirement; feelings of loneliness or connection; sources of social contact; perceived availability of help during illness or crisis; and changes in community relationships since retirement. Interviews were conducted in participants' homes or community centres. All were audio-recorded and transcribed verbatim, with Twi transcripts translated into English by a bilingual research assistant.

Phase 2: Focus Group Discussions. Two weeks after individual interviews, the same participants attended focus groups stratified by location. Each focus group lasted 90-120 minutes and was moderated by the researcher with an assistant taking notes. A semi-structured guide addressed the same domains as individual interviews but added group discussion prompts: participants reacted to each other's experiences, discussed community norms about supporting retired persons, and collectively identified what makes community support effective or ineffective. Crucially, after initial discussion, the moderator presented themes from individual interviews (e.g., "In one-on-one interviews, many of you said you do not feel lonely. Now in this group, let us talk honestly about times you have felt lonely.") This technique surfaced discrepancies between individual and group accounts. All focus groups were audio-recorded and transcribed verbatim.

Data Analysis Procedure

Data were analysed using thematic analysis following Braun and Clarke (2006), with a specific focus on comparing individual interview and focus group findings.

For individual interviews, transcripts were coded inductively to identify loneliness experiences and community support mechanisms. For focus groups, transcripts were coded separately, with attention to how group interaction shaped disclosure. The analytic strategy then compared the two datasets systematically: for each theme (e.g., religious support, family availability, economic constraints), individual interview accounts were summarised, focus group themes were identified, and divergence or convergence was assessed.

A total of 214 initial codes were identified, collapsed into 32 subthemes and 5 major themes. Urban and rural transcripts were analysed separately before cross-setting comparison.

Trustworthiness

Trustworthiness was established through triangulation across methods (individual interview and focus group), across settings (urban and rural), and across participants (different gender, age, living arrangement categories). Member checking was conducted with 15 participants who reviewed preliminary findings and confirmed that the divergence between their individual interview accounts and focus group contributions was accurately characterised. A detailed audit trail documented all analytic decisions. Reflexivity was maintained through a research journal in which the researcher noted how her assumptions about loneliness changed as participants described community support mechanisms she had not anticipated.

X. FINDINGS

The analysis revealed five major themes. Each theme demonstrates how the same retired Ghanaians produced systematically different accounts of loneliness and community support depending on measurement method, and how urban and rural contexts shape community support availability.

Theme 1: The Invisibility of Loneliness in Individual Interviews Versus Collective Acknowledgment in Focus Groups

In individual interviews, 30 of 36 participants (83%) explicitly denied feeling lonely. Typical responses included: "I am fine. My children visit. I have God" (urban female, age 68) and "Loneliness is for people without family. I have family here" (rural male, age 74). Only six participants acknowledged loneliness in individual interviews, and these acknowledgments were accompanied by shame or self-blame.

In focus groups, a different pattern emerged. When one participant admitted loneliness, others affirmed similar experiences. A rural female participant (age 72) stated in her individual interview that she was not lonely. In the focus group, she said:

"In the one-on-one, I told you I was fine. But I was not fully honest. When my husband died three years after my retirement, the visits stopped. My children are in Accra. My neighbours greet me, but they do not stay. I eat alone most days. I said I was fine because what else can I say? But sitting here, hearing Aunty Akosua

say the same thing, I can now say: I am lonely. The group gives me courage."

A 78-year-old urban male explained the social desirability dynamic:
"In Ghana, admitting loneliness is admitting that your family has failed you. It is shameful. So in your private interview, I protected my family. I said they visit regularly. But in the group, we agreed to be honest with each other. The researcher cannot tell my family what I said. So here I can say: my son lives fifteen minutes away. He visits once a month if I call him three times. That is loneliness. But I will not say that alone to a stranger with a recorder."
The methodological divergence here is profound. Individual interviews systematically underreported loneliness due to stigma and family protection norms. Focus groups, by normalising the experience through peer disclosure, enabled participants to acknowledge loneliness without individual shame. The survey, had one been used, would have produced artefactually low loneliness prevalence.

Theme 2: Family Proximity as Necessary but Insufficient Without Active Community Engagement
In individual interviews, participants emphasised family proximity as the primary buffer against loneliness. Urban participants reported living within 30 minutes of at least one adult child; rural participants typically co-resided with or adjacent to extended family. Based on individual interviews alone, one would conclude that family proximity protects against loneliness.

Focus group discussions revealed the limitations of proximity without active engagement. A 65-year-old rural female explained:
"My daughter lives in the next room. But she leaves for farm at 5am. She returns at 6pm tired. She eats and sleeps. We exchange maybe ten words. Is that company? On your form, I said I live with family. But living with someone is not the same as being with someone. The loneliness comes when you are in a full house but no one speaks to you."

An 80-year-old urban male added:
"My son bought me a television so I would not be bored. He means well. But a television does not greet you in the morning. A television does not ask about your cough. Family proximity without engagement is worse than distance, I think. Because distance you can explain. Proximity with indifference that feels like rejection."
Across focus groups, participants distinguished between functional proximity (living near family) and engaged presence (being actively included in daily conversation, meals, and decision-making). Engaged presence was consistently identified as the effective loneliness buffer, and participants reported that engaged presence was more available in rural than urban settings.

Theme 3: Religious Networks as the Primary Loneliness Buffer in Both Settings
Both individual interviews and focus groups identified religious networks as the most consistent buffer against loneliness, but focus groups revealed mechanisms that individual interviews only hinted at.
In individual interviews, 34 of 36 participants reported attending church or mosque regularly. The typical account was: "Church gives me fellowship. I see my friends there" (urban female, age 70). However, focus groups elaborated how religious networks function beyond weekly services.

A 69-year-old rural male explained:
"Our church has a visitation committee. Every week, someone is assigned to visit the oldest members. They do not come to preach. They come to sit. They drink tea with you. They ask about your health. That is what matters not the sermon on Sunday, but the person who sits in your living room on Thursday because the church remembers you exist."

A 75-year-old urban female described how her church's women's fellowship transformed her retirement:
"When I retired, I lost my work friends. I was very lonely for two years. Then my pastor asked me to join the fellowship. We meet every Wednesday. We do not just pray. We plan funerals together. We contribute money for members who are sick. We visit each other. The church gave me a new role. I am no longer 'retired person.' I am 'elder of the fellowship.' That role keeps me alive."
Urban participants reported greater access to organised church programmes (senior citizens' groups, home visitation schemes, counselling services). Rural

participants reported less formal organisation but more frequent informal religious contact neighbours praying together, spontaneous hymn singing, and integration of religious observation into daily farm work. Both settings demonstrated that religious networks buffer loneliness when they provide assigned roles and expected presence, not merely optional attendance.

Theme 4: Urban Retirees' Paradox of Physical Proximity but Social Distance

Individual interviews from urban participants painted a mixed picture: some reported active social lives through retiree associations; others reported isolation. Focus groups resolved this variability by revealing a paradox unique to urban retirement.

An 82-year-old urban male articulated the paradox:

"In Accra, I am surrounded by people. Millions of people. And I have never been lonelier in my life. In my village, if I walked outside, someone would greet me by name. Here, my neighbour of ten years does not know my name. My children live in the same city but they are always busy. The city gives you many people and no one. That is the difference between urban and rural. In the village, everyone knows you are old and they watch out for you. In the city, you become invisible."

A 67-year-old urban female added:

"My children say 'Mama, you are not alone. We call you.' A phone call is not the same as presence. In the village, I would have my sister-in-law cooking with me. I would have my niece fetching water. Here, I have a phone that rings sometimes. Urban retirement is wealthy but lonely. Rural retirement is poor but connected. I am not sure which is worse."

Focus group discussions revealed that urban participants experienced what they called crowded loneliness: high population density combined with low meaningful interaction. Rural participants experienced material poverty with social wealth. The study design, by including both settings, illuminated that community support is not simply more available in rural areas it is differently structured. Urban areas offer formal associations but weak neighbourhood ties; rural areas offer diffuse community monitoring but few formal programmes. Neither fully mitigates loneliness without active individual effort.

Theme 5: Integration of Work-Like Roles into Post-Retirement Community Participation

Both individual interviews and focus groups identified the loss of productive role as a driver of loneliness, but focus groups revealed how retired Ghanaians actively reconstruct work-like roles through community participation.

A 71-year-old rural male explained:

"When I retired from teaching, I thought my life was over. No more students. No more staff meetings. No more purpose. Then the chief asked me to serve on the community land committee. Now I mediate disputes. I advise young farmers. I attend meetings. I am not paid, but I am working. That work gives me reason to wake up. Without that role, I would be sitting at home lonely."

A 73-year-old urban female described how grandmothering provided a reconstructed role:

"My daughter works full time. I care for her two children. Some people say I am being exploited free childcare. I say I am being given purpose. The children need me. I walk them to school. I help with homework. I am tired, yes. But I am not lonely. Loneliness comes when no one needs you. My grandchildren need me."

Focus group participants identified three conditions under which reconstructed roles successfully mitigate loneliness: (1) the role must be recognised by the community as valuable, (2) the role must involve regular scheduled contact with others, and (3) the role must include some element of reciprocity the retiree is not merely receiving help but also providing it. When any of these conditions were absent, reconstructed roles failed to buffer loneliness.

A 77-year-old urban male whose adult children had discouraged him from community involvement explained:

"My son says I should rest. He does not understand. Rest is dangerous for an old person. Rest means sitting. Sitting means thinking. Thinking means remembering what you have lost. I want to work. Not for money. For company. My son thinks he is protecting me. He is actually isolating me."

This theme has direct practical implications: loneliness mitigation interventions for retired Ghanaians should focus on role reconstruction, not merely increasing social contact frequency.

XI. DISCUSSION

The findings of this study provide the first empirical evidence of how community support mitigates loneliness among retired Ghanaians, and how methodological choices shape what we know about this phenomenon. The five themes together reveal that loneliness is underreported in individual interviews due to stigma, that family proximity without engaged presence fails to buffer loneliness, that religious networks are the most consistent protective factor, that urban retirees experience a paradox of crowded loneliness, and that reconstructed work-like roles are essential for post-retirement well-being.

The finding that individual interviews systematically underreport loneliness compared to focus groups aligns with Social Desirability Response Theory (Paulhus, 1984) as extended to collectivist cultural contexts. In Ghanaian culture, where family reputation is paramount, admitting loneliness implies family neglect. Participants protect their families by claiming well-being even when distressed. The focus group context, by enabling normalised disclosure through peer modelling, partially corrects for this bias. This finding challenges the assumption that individual interviews are inherently superior for sensitive topics. For loneliness research in collectivist cultural contexts, focus groups may produce more accurate prevalence estimates.

The distinction between functional proximity and engaged presence extends Convoy Theory (Kahn & Antonucci, 1980). The theory has traditionally focused on network composition who is in the convoy. These findings suggest that network composition is insufficient; the quality of interaction within the network determines loneliness outcomes. A retiree can have adult children in the same compound (objectively high proximity) yet experience high loneliness if those children are absent, preoccupied, or emotionally unavailable. Future research should measure engagement quality, not merely contact frequency.

The primacy of religious networks as loneliness buffers reflects both the historical role of churches and mosques in Ghanaian social organisation and the specific mechanisms these networks provide: assigned roles, expected presence, and mutual aid during crises. Crentsil (2017) found similar protective effects, but the current study identifies the specific mechanisms through which religious participation operates. Not all religious participation is equal. Weekly attendance without roles or relationships does not buffer loneliness. The mechanism is embedding being integrated into a network where one's absence is noticed and one's presence is expected.

The urban-rural comparison reveals that neither setting is uniformly superior. Urban areas offer formal retiree associations, diverse religious congregations, and access to healthcare facilities that may identify lonely older adults. Rural areas offer diffuse community monitoring, stronger intergenerational proximity, and integration of older adults into daily economic activities. However, rural retirees face material poverty that constrains families' ability to provide support; urban retirees face social fragmentation that undermines neighborhood ties. Interventions must be context-specific: urban interventions should focus on neighbourhood cohesion and transportation to religious activities; rural interventions should focus on economic support that enables families to provide care without sacrificing livelihood activities.

The finding that reconstructed work-like roles mitigate loneliness aligns with Role Theory (Ashforth, 2001), which posits that retirement distress arises from loss of work-based identity. The Ghanaian context offers unique resources for role reconstruction: grandparenting, community committee membership, church leadership, and age-grade association roles. These roles share three features: community recognition, scheduled contact, and reciprocity. Interventions should facilitate access to such roles rather than merely providing social visits.

XII. LIMITATIONS

This study has several limitations. The sample was limited to formally retired persons, excluding the majority of Ghanaians who work in informal economy and never experience formal retirement. Findings may not generalise to informal workers. The urban sample was drawn from Accra, Ghana's largest city; smaller cities may produce different patterns. The study did not include participants with diagnosed cognitive impairment, who may experience and report loneliness differently. Finally, the sequential design (individual interviews before focus groups) may have primed participants to discuss loneliness in groups; a crossover design could test for order effects.

XIII. CONCLUSION

This study compared individual interview and focus group findings on loneliness and community support among 36 retired Ghanaians in urban and rural settings. The findings reveal systematic methodological divergence: individual interviews underreport loneliness due to stigma and family protection norms, while focus groups enable collective acknowledgment. Community support mitigates loneliness not through family proximity alone but through engaged presence, religious embedding, reconstructed productive roles, and community recognition. Urban retirees experience a paradox of crowded loneliness, while rural retirees experience material poverty with social wealth. Neither setting fully protects against loneliness without active individual and community effort. The choice of measurement method is not merely technical but epistemological: individual interviews produce knowledge about acceptable self-presentation; focus groups produce knowledge about shared experience and community norms. Researchers and practitioners seeking to understand and reduce loneliness among retired Ghanaians must therefore employ methods that can surface both individual distress and the community resources that can buffer it.

XIV. RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed.

For Gerontological Research: Researchers studying loneliness among older adults in Ghana and similar cultural contexts should employ mixed-method designs that combine individual interviews with focus groups. Individual interviews alone will systematically underreport loneliness prevalence due to stigma.

For Intervention Design: Loneliness reduction interventions should prioritise role reconstruction over contact frequency. Providing retired persons with recognised community roles (grandparenting support, committee membership, church leadership) is more effective than organising social events.

For Faith-Based Organisations: Churches and mosques should formalise visitation programmes for older members and create leadership roles specifically for retired persons within congregational structures.

For Urban Planning: Urban local governments should invest in neighbourhood-level programmes that facilitate intergenerational contact and reduce crowded loneliness, including community gardens, walking groups, and shared meal programmes.

For Family Education: Adult children of retired parents should receive education on the distinction between functional proximity and engaged presence. Living near or calling regularly is insufficient without active emotional engagement.

For Policy Development: The Government of Ghana's National Ageing Policy should include specific provisions for community-based loneliness interventions, including funding for age-group associations and training for community health workers on loneliness identification.

For Replication Research: This study should be replicated with informal sector retirees, with rural-urban migration populations, and across other West African countries to assess cultural specificity of findings.

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