

**SOCIAL SUPPORT AND THE WELLBEING OF THE ELDERLY: A STUDY OF  
BUTIITI SUB-COUNTY IN KYENJONJO COUNTY, KYENJONJO DISTRICT**

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**UGANDA CHRISTIAN  
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## DECLARATION

I, Ninsiima Vivian declare that this research report titled “Social support and the wellbeing of the elderly’: A study of Butiiti Sub-County in Kyenjojo county in Kyenjojo District” is my original work and has never been presented to any institution of higher learning for any award.

**NINSIIMA VIVIAN**

Signature 

Date: 11.05.2026

## APPROVAL

This is to certify that this research report titled “Social support and the wellbeing of the elderly: A study of Butiiti Sub-County in Kyenjojo county in Kyenjojo District” has been conducted under my supervision and is now ready for submission to Uganda Christian University with my approval.

Signature:  Date: 11/05/2026

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## LIST OF ABBREVIATIONS/ACRONYMS

DFID	Department for International Development
HIV/AIDS	Human immune virus/acquired immune deficiency syndrome
MGLSD	Ministry of Gender, Labour and Social Development
MURBS	Makerere University Retirement Benefits
NGOs	Non-Governmental Organisations
NSSF	National Social Security Fund
OPCT	Operations Planning and Control Team
OVC	Orphans and Vulnerable Children
QoL	Quality of Life
SAGE	Social Assistance Grants for Empowerment
UBOS	Uganda Bureau of Statistics
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
USA	United States of America

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## ABSTRACT

The purpose of this study was to examine the contribution of social support on wellbeing of the elderly people in Butiiti Sub County in Kyenjojo District, Uganda. The study objectives were; 1) to identify the contribution of emotional on wellbeing of elderly, 2) to examine the contribution of instrumental support on wellbeing of elderly, and 3) to establish the contribution of informational on wellbeing of elderly. The study used questionnaires to collect quantitative data from a sample size of 96 elderly civil servants and interviews to collect qualitative data from key informants who included; social workers, religious leaders, MoGLSD officials and local chiefs/leaders. Findings revealed that the elderly receive emotional support in form of re-assurance, advice, being listened to and encouragement to keep on moving which promotes their wellbeing. However, majority of the elderly reported lack of emotional support as most of them reported to be neglected by their family members and stay alone in the house that causes stress, depression, lack of materials to use and with no access to information hence reducing their wellbeing. Instrumental support informal of decent housing, food and drinks and clothing were found to improve the physical well-being of elderly however, majority of the elderly reported poor housing and lack of food and drinks and clothing due to lack of support from family members and community. One of the key informants indicated that instrumental support in form of proper housing/shelter and clothing helps the elderly to live a dignified life which improves their wellbeing. Majority of the elderly reported lack of informational support since they lacked television sets, radios, newspapers and are usually alone in houses without any one to share information with. They reported to feel being outside Uganda as they don't know what is always happening which was affecting their emotional and psychological wellbeing. It was generally concluded that social support improves wellbeing of elderly; however, the elderly lack enough social support especially from their family members. The study recommended that Similar research should be done on the same topic but covering the whole district of Kyenjojo so as to get enough data that when analysed can generate results helpful in generalizing the role of social support on wellbeing of elderly so as to make informed planning of the district for social support

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Introduction

The study is about influence of social support on wellbeing of elderly civil servants in Butiiti sub-county in Kyenjojo District. This chapter highlights the background to the study, the problem statement, and purpose of the study, objectives, and research questions, scope of the study, justification and the significance of the study.

#### 1.1 Background to the Study

Globally, 11% of the population is 60 and over, and experts predict that number will double by 2050. (United Nations Department of Economic and Social Affairs, 2013). Nearly 80% of the world's elderly population is expected to reside in developing nations, according to projections made by the UN in 2017. For seniors, traditional family support is the sole kind of universal social security and safety. Most of the time, conventional wisdom and practises shape this kind of familial support (Okoye, 2012).

Approximately 5% of the population in sub-Saharan Africa is 65 and over (UNFPA, 2012). Undesa (2014) projects that by 2050, Africa's percentage of the elderly population would have risen from 5.1% in 2000 to 10.4%. As a result of factors including a lack of healthcare facilities and personnel, sub-Saharan Africa is seeing an aging population (Aboderin and Beard, 2015). The increasing prevalence of chronic illnesses, such as cancer, heart disease, and other disorders affecting the elderly, is exacerbating this problem (UN World Population Aging, 2013; UNFPA & HAI, 2012).

There were 686,000 people in Uganda aged 60 and above in 1991; by 2002, that number had risen to 1.1 million; and by 2014, it had risen to 1.6 million (UBOS, 2016). Populations over 65 years old make about 4% of all populations (UBOS, 2014). There are three modes of social protection in Uganda: non-contributory, obligatory, and supplementary. Public Service Pensions Scheme (PSPS), National Social Security Fund (NSSF), and Parliamentary Pensions Scheme are the three official social protection strategies in Uganda (MGLSD, 2015). Those in need, as well as seniors 80 and above are the focus of a government initiative called Social Assistance Grant for

Empowerment (SAGE), which is being administered out by the Ministry of Gender, Labor and Social Development. Part of this scheme is the implementation of non-contributory transfers. A public service pension plan covers all public officials, while the National Social Security Fund (NSSF) covers formal workers in the private sector, which are contributory and/or mandatory social security plans. Pensions offered by the military, the legislature, and private, voluntary programs like MURBS (Makerere University Retirement Benefits Scheme) are among the other options. Fewer than 10% of the working-age population is covered by this social insurance. Survivors', invalidity, withdrawal, emigration, and old-age benefits are all provided by them. As it is, Uganda's social security programs do not include those who work in the informal economy (Bukuluki and Watson, 2012).

Social support refers to the availability and quality of relationships that provide emotional, instrumental, and informational assistance, particularly during times of need. It includes care, companionship, financial help, and guidance offered by family members, friends, and the broader community, all of which are essential for coping with the challenges associated with aging (Drageset, 2021; Zhang & Sun, 2024). Wellbeing, on the other hand, is a multidimensional construct that encompasses an individual's overall quality of life. It includes physical health, psychological state, level of independence, social relationships, and access to basic resources (Shafi et al., 2020). Among the elderly, wellbeing is not only defined by the absence of disease but also by the ability to maintain functional capacity, social engagement, dignity, and life satisfaction. Strong social support systems are therefore fundamental in promoting wellbeing, as they enhance resilience, reduce vulnerability to stress, and contribute to better health outcomes and improved quality of life in old age (Farriol-Baroni et al., 2021).

Having social support implies that you have people in your life, such as family and friends, who you can lean on in tough times, who can help you see the bigger picture and boost your confidence. Support from friends and family, whether it's emotional (making someone feel loved), practical (helping out around the home or with finances), or informational (sharing knowledge to improve someone's situation), improves quality of life and protects against setbacks. An essential role of social connections is providing social support (Thoits, 2011). A high quality of life in terms of social interactions may improve the mental and physical health of the elderly by reducing stress and aiding in the treatment of mental health concerns like depression and anxiety. Getting involved

with community programs, where you may find supportive people, can be a great assistance at times.

When it comes to the care and support of the elderly, family members play a crucial role as primary suppliers of material assistance and instrumental assistance (Moen and Wethington, 1992). On the one hand, there is overwhelming evidence that social support from family and friends mitigates the negative effects of aging, and this impact is larger than that from friends and acquaintances. Happiness with family support was more strongly associated with less depressive symptoms than with objective network links in a study of Chinese older adults (Chou and Chi, 2003).

In contrast, other research has shown that the elderly are more likely to have a beneficial impact when they have the support of their families. Communicating with loved ones more often boosted morale, according to one American research (Litwin, 2001), but only to a lesser extent than communicating with friends. This quality of family support could be useful in determining how it affects the health and happiness of the elderly.

Contrasting with the growth of the elderly population, the social and familial networks that ensure their physical health are deteriorating (MoGLSD, 2013). Moreover, families' abilities to provide healthcare for older adults in rural areas are limited by pre-existing socioeconomic difficulties including unemployment (UNFPA & HAI, 2012; MoGLSD, 2013). Even though Uganda has a National Plan for Older Persons—one of the few in Sub-Saharan Africa—the dispersion of services and lack of support for this demographic have resulted from decentralization (UBOS, 2015). The goal of this plan is to provide older people with the resources they need to live independently and with respect by addressing their needs in the following areas: housing, food, nutrition, healthcare, education, psychological support, water, sanitation, and economic empowerment.

Physical health among the elderly is the key factor for their successful aging. Although research underscores the importance of physical health for -old persons, this area remains understudied in Uganda (UNDESA, 2017). This research builds on earlier studies (Nzabona, NtoziandRutaremw, 2015; Golaz and Rutaremwa, 2011). Therefore, this study intends to investigate the effect of social support on the wellbeing of the elderly in Butiiti Subcounty in Kyenjojo District.

## **1.2 Statement of the Problem**

The world's population is steadily aging, making the care, security, and social support of older persons a critical global concern (Beard et al., 2015). Ideally, elderly individuals should live in conditions where their basic needs are met through reliable social protection systems, access to healthcare, financial security, and strong social support networks that ensure dignity, independence, and a good quality of life. In such a setting, both formal systems (such as pensions and government programs) and informal systems (family and community support) work together to promote holistic wellbeing. However, the reality in developing countries like Uganda contrasts sharply with this ideal. Evidence shows that up to 98% of older persons lack financial security (Mugisha et al., 2013), with more than 85% depending on subsistence farming or informal social support from family and community networks (Seeley, Dercon and Barnett, 2010). Access to formal social protection remains extremely limited, with only about 7.1% of older persons receiving pensions (MoGLSD, 2013). This makes it difficult for many elderly individuals to meet their basic needs, undermining their physical, economic, and psychological wellbeing. Although the Government of Uganda has introduced policies and programs aimed at improving the wellbeing of older persons, existing formal and informal social support systems whether emotional, instrumental, or informational remain insufficient, particularly in areas such as Butiiti Sub-county in Kyenjojo District. This study was thus conducted to analyze the role of social support systems in influencing the wellbeing of older persons, with the aim of generating evidence-based recommendations to improve their quality of life.

## **1.3 Purpose of the Study**

The purpose of the study is to assess the contribution of social support on the wellbeing of the elderly people in Butiiti Sub County in Kyenjojo District, Uganda.

## **1.4 Objectives of the study**

- i. To identify the contribution of emotional support such as care, love, empathy and companionship on wellbeing of elderly civil servants.

- ii. To examine the contribution of instrumental support including tangible assistance such as financial help, provision of basic needs and care giving on wellbeing of elderly civil servants.
- iii. To establish the contribution of informational support such as advice, guidance and access to relevant knowledge on wellbeing of elderly civil servants.

## **1.5 Research questions**

- (i) What is the contribution of emotional support such as care, love and companionship on wellbeing of elderly?
- (ii) What is the contribution of instrumental support including tangible assistance such as financial help, provision of basic needs and care giving on wellbeing of elderly?
- (iii) What is the contribution of information support such as advice, guidance and access to relevant knowledge on wellbeing of elderly?

## **1.6 Scope of the Study**

The scope of the study is in three aspects: geographical scope, content scope and time scope.

### **1.6.1 Geographical scope**

The study was conducted in Butiiti Sub-County located in Mwenge County, Butiiti Kyenjojo District. Butiiti Sub County has six parishes which include Butiiti, Kabirizi, Kaihura, Mbale Mukunyu and Nyakarongo and a total of 45 villages with a total population of approximately 41,800. In this sub-county, there are various categories of old persons including teachers under pension, farmers and so forth who need to have a successful aging.

### **1.6.2 Content scope**

In terms of its content, the study specifically focused on social support and wellbeing of elderly people in the sub county as defined by Government of Uganda as people who are sixty years and above. The study confined itself on contribution of emotional, informational and instrumental support on wellbeing of elderly civil servants

### **1.6.3 Time scope**

To have a sufficient coverage, a period of three years, from 2019-2021 was considered. This timeframe was sufficient enough to generate adequate results on the welfare of elderly people in Butiiti Sub County, Kyenjojo District.

### **1.7 Justification of the study**

Concern about the world's aging population has grown in the last 20 years (Beard et al., 2015). The rapid rise of elderly people in Uganda has been a major concern for policy makers and practitioners and academicians. It is possible to tap into the wisdom, experience, and expertise of the elderly for the betterment of our nation as a whole. Ranzijn, Harford, and Gary (2002) found this to be true in their research on the ways in which the elderly may improve the quality of life in their communities. Meanwhile, social changes have disrupted the traditional support structures that ensured that the elderly persons were taken care of within their own communities.

Social support systems are so effective that they have made problems of the elderly insignificant as revealed by the study of Haifeng (2014) on the roles of Different Sources of Social Support on Emotional Well-Being among Chinese Elderly. The emphasis on nuclear family as opposed to extended family, the reduced fertility rate, migration and effects of HIV/AIDS have reduced population of the caregivers for the elderly. This is compounded by lack of comprehensive social support structures. The prevailing poverty affecting most of the families has reduced the ability of the families to care for the elderly.

Therefore, the wellbeing of elderly person in Uganda has attracted attention of policy makers both in public and private sector necessitating the formulation of various policies and programmes to address the welfare of elderly people in the country. However, little is known on the welfare of elderly people in Butiiti Sub County, Kyenjojo District and how it is affected by the social support mechanisms

### **1.8 Significance of the study**

By carrying out this study, it will have policy, practice and academic significance. This research is particularly pertinent given the current climate of public investment in Uganda, as the government seeks to raise living standards across the board via a variety of social and human

welfare initiatives. This study's findings will thereby aid policymakers in developing and enforcing measures to improve the health of the elderly that are grounded in reality.

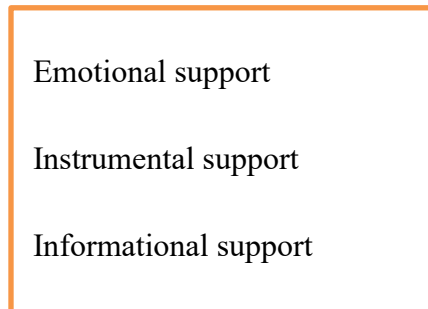
The findings of this study will also be of significance to social worker, NGOs, Churches, Development partners and other institutions that are involved in the welfare of the elderly people in Uganda. As a consequence of implementing the suggestion, these companies and institutions would be better able to oversee the well-being of their senior citizens, and improvements in management practice would eventually reach those citizens. This will raise living conditions for everyone, including the aged, their families, and the nation as a whole.

Also, future researchers interested in this area might benefit from the study's findings by taking into account the suggestions for other studies that this one might not have covered everything.

## **1.9 Conceptual framework**

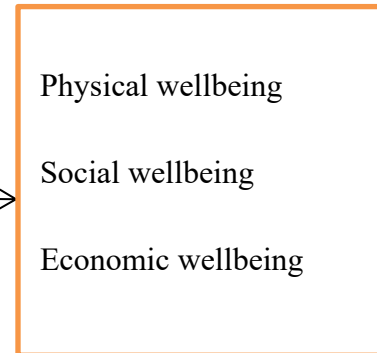
## Independent Variables

### Social support

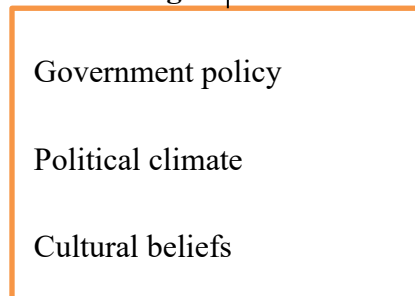


## Dependent Variables

### Wellbeing of elderly



### Intervening variables



**Source: Jenkins, (1999) and modified by the researcher**

In accordance with the aforementioned conceptual framework, social support has an effect on the health of the elderly. The concept of (Jenkins, 2009), which is central to Figure 1.1 of the conceptual framework, states that in order to properly portray the relationship between a study's independent and dependent variables, a conceptual framework must be of sufficient relevance. This study was conceived around the assumptions that, social support has a variety of roles to play in order to foster the wellbeing of the elderly such as physical, psychological, economic and social wellbeing. Thus, the dependent variable is the wellbeing of the elderly indicated by the outcome that includes; improved physical, economical and the social wellbeing of the elderly.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter comprises of the theoretical framework underpinning wellbeing of elderly people and social support. Social support systems for the elderly people and lastly the effect of social support physical wellbeing of elderly, economic wellbeing of elderly and psychological wellbeing of elderly.

#### 2.1 Theoretical Framework

##### 2.1.1 Disengagement Theory of Ageing

The concept of disengagement theory might also shed light on the well-being of the elderly. Cumming and Henry (in 1961) put out this theoretical framework. The findings came from many investigations carried out in Kansas City, USA. According to the hypothesis, there are certain aspects of aging that are constant across all cultures and stages of development. Cumming and Henry discovered that as people become older, they spend less and are less likely to fulfill their social obligations. The theory explains that as people grow older “there is a mutual withdrawal between the social context and the ageing person, seen in the decreased interaction or activity outside the primary family group” (Marshall, 1986:307).

There are two tiers to the disengagement process that affects the elderly: social and personal. When people move their jobs away from providing a financial benefit to society, it's called societal disengagement. This often occurs as a result of a person's usual retirement upon reaching the required age of sixty-five in Kenya and sixty-five in most other nations. When a person retires, they no longer have to worry about contributing to society and are free to focus on other interests. For the elderly, this has a psychological effect; they may begin to doubt their own value and withdraw from a culture that values and evaluates people based on their job status. Personal or individual disengagement is the name given to this kind of disengagement. After retiring, a person reaches the second degree of individual disengagement when they regress and become less engaged in the society in which they were formerly quite involved.

The consequences of forced disengagement on the elderly are far-reaching. It lowers their self-esteem and morale, which in turn causes them to feel lonely and depressed. The elderly can find themselves economically disadvantaged and even dependent on others. The loss of social roles leads to a decline in self-esteem and confidence, which in turn causes older persons to experience depression due to societal disengagement. The reason for this is because they are often neglected, no longer seen as valuable resources, and not given the respect they really deserve.

Since the theory contends that people's abilities to earn a living decline with age, it suggests that social support programs and other forms of intervention could be useful in ensuring that the elderly are not left behind economically. Once again, this theory is applicable to this study because it explains how social support programs can encourage people to help out at home with basic needs, which in turn confirms that they are actively involved in family affairs and relieves stress caused by a lack of participation syndrome.

Optimal ageing is associated with continued physical activity, according to Harvighust (2007). When people's responsibilities shift, they often must find new ways to fill the void, most significantly by contributing to the cost of basic requirements such as food, shelter, and healthcare. Opponents of the disengagement strategy argue that it downplays the significance of socioeconomic status in relation to aging. This is due to the fact that social class plays a significant role in every community and that some seniors have social incentives that allow them to be supplied with their fundamental necessities. For instance, according to Laura Olson (1982), the free-market conservative perspective of the theory fails to address the fact that most older people are unable to take advantage of a range of options due to the interplay between social class and the theory.

### **2.1.2 Social Support Theory**

Don Drennon-Gala and Francis Cullen, who combined ideas from several theoretical frameworks in their writings, laid the groundwork for social support theory. Based on the theory's central tenet, instrumental, informational, and emotional supports mitigate the probability of criminal behavior and delinquency. The idea takes into account both large-scale and small-scale influences, highlighting the ways in which supportive cultures and relationships may enhance people's well-being and that of the less fortunate. Effective social control and aid are founded on social support,

which may come from families, friends, non-governmental organizations (NGOs), or government programs. This suggests that social support is also involved in the processes of social control. Evidence reveals that people tend to be healthier and happier in places where they have access to strong social networks. Hence, social assistance plays a crucial role in the welfare of the elderly and is an essential component of their whole well-being.

### **2.1.3 Concept of Social Support**

A person's social support system is a component that affects their well-being as they age. The term "social support" describes the web of resources that a person's interpersonal connections provide. According to Böhm, Mielke, da Cruz, Ramires, and Wehrmeister (2016), people may also acquire knowledge, emotional support, considerable assistance, and self-sufficiency via their interactions with others.

A person's and their family's health may benefit greatly from strong social ties. Social relationships, interactions, and the sharing of social resources do not always lead to better health outcomes, and not all types of social contacts have the same effects (Thoits, 2011). According to Crawford (2004), there are good and bad effects of interpersonal connections on health and wellbeing, and according to Berkman and Glass (2000), supportive behavior improves physical and mental health. Social scientists have poured a lot of time and energy into studying the concept of social support, which includes both official and informal networks, since the 1970s.

Since the mid-1970s, the idea of social support has gained a lot of traction (Song, Son & Lin, 2011). The causes and effects of social integration, networks, and support on wellbeing require further theoretical and empirical investigation. It is also important to pay attention to macro social structures and processes as possible factors. The presence of a social network does not ensure that a person will get social support, even while such support does originate from the people to whom that individual belongs. Simply said, social support arises when other people significantly help with one's informational, emotional, material, or companionship requirements, and both the giver and the receiver acknowledge this as support. The quantity of a person's network is less important than the quality, willingness, and strength of their links (Burke & Kraut, 2014).

The availability of assistance during times of stress is not guaranteed just because someone has social capital. In addition, the density of an individual's social network, the amount and quality of interactions, the number and types of social positions, and the frequency of contact are all aspects of social integration (Cattell, 2011). People with stronger social networks are more likely to provide support, but it doesn't imply they'll automatically help others in need. The costs and advantages of social integration are also not without consideration. For example, it lessens personal agency and encourages reliance.

There are several methods to classify social support. For instance, according to House (1981), social support may be categorized based on its content: instrumental (i.e. commodities and services), emotional (i.e. liking, affection, empathy), informational (i.e. environmental knowledge), or appraisal (i.e. information pertinent to self-evaluation). Perceived support and objective or real support are the two extremes of social support with respect to the subjectivity of each (Dunkel-Schetter, 2007). Social support may come from either close relatives (such as parents, spouses, children, and siblings) or distant ones (such as acquaintances, neighbours, and colleagues) depending on the nature of the role connection between the giver and the receiver (Thoits, 2012). According to Weil et al. (2012), social assistance may be either normal in everyday life or non-routine at times of crisis. Therefore, there are several facets to the concept of social support.

Perceived social support, sometimes referred to as subjective support, is the extent to which a person perceives understanding, appreciation, and support from their social network. (Ilyas, Shahed, & Hussain, 2020). How much a person values safety and companionship is reflected in it. There are three subcategories of perceived social support: support from family and friends, support from significant others, and support from other friends and acquaintances. There is some evidence that the relationship between physical handicap and depressive symptoms may be mitigated or at least moderated by improved levels of perceived social support, which acts as a potent stress reduction. According to Schulz and Schwarzer (2004), people feel supported when someone close to them provide them emotional (like love and care), informational (like counsel), or instrumental (like financial assistance) assistance. This support may come from anybody, including family, friends, or coworkers. Among the elderly, the importance of social assistance becomes more apparent than anywhere else. Over time, this population often sees a deterioration in their support

networks and health, which may be both slow and abrupt. People will have more faith in community leaders and fewer social issues will arise if social assistance does, in fact, affect the well-being of the elderly and the handicapped.

#### **2.1.4 Concepts of Wellbeing**

Gough et al. (2006) noted that in recent years, the idea of wellbeing has begun to make its way into development practice, expanding beyond just economic ideas to incorporate broader concepts of participation and freedom that encompass human development. However, it is difficult to agree on a single definition of wellbeing, and the phrase is often used interchangeably with other vague concepts like happiness, life satisfaction, and quality of life (QoL) (Stanley & Cheek, 2003). According to Bevan and Jeeawody, "it is essential that professional providers of care to elderly people and political decision makers, as well as society in general, understand clearly the relationship between ageing, health and wellbeing." This points out that health and social policy, especially as it pertains to the elderly, have begun to prioritize their well-being. The National Framework for Older People DH, 2001 and Opportunity Age DWP, 2005 both relate well-being to notions of "active ageing" and independence. Social care reaffirmed the link between health and autonomy. Report on the future of adult social care in England: a green paper titled "Independence, Well-Being and Choice" (DH 2005).

It is crucial to prioritize the well-being of the elderly. Immediate and unprecedented attention is needed to address the cross-sectoral consequences of ageing on policies and development programs, particularly as they pertain to developing nations' senior populations. As a result of modernization and globalization, family structures and values are crumbling, and individualism is on the rise, making the elderly, and older women in particular, even more vulnerable. The biological features of aging remain constant throughout all populations, yet it would be a mistake to ignore the diversity among the old. From the youngest to the oldest, their demands vary according to social setting, background, and age group. How well people in their golden years are taken care of—physically and mentally, socially and economically, in terms of housing and personal needs—is directly related to the quality of care they get in their homes. Depending on one's socioeconomic standing, one's demands for survival, security, and improved quality of life are often placed in that order.

Unnecessary incapacity due to age is a typical consequence of chronic physical conditions such as cancer, heart disease, stroke, lung disease, eye impairment, and hearing loss. Many elderly people in low-income nations and disadvantaged parts of wealthy nations become crippled due to avoidable reasons like certain types of injuries or sensory impairments. They suffer a marked decline in quality of life and total loss of function due to a lack of access to fundamental therapies like corrective lenses, cataract surgery, hearing aids, etc. Both the general public and the elderly individuals tend to downplay the impact that HIV has on their health. Because their families often ignore them because they don't think they're contributing much to their well-being, many people mistakenly assume that the elderly have little chance of living long.

A state of complete health, contentment, and material success is known as well-being. Having a strong sense of purpose in life, being able to cope with stress, being mentally well, and having a high level of life satisfaction are all part of it. In 1999, Kahneman and colleagues performed research. In contrast, eudaimonic theory views happiness as an ongoing process whose measurement depends on a wide range of markers, the specifics of which are subject to variation between models (Huta and Waterman, 2014). Psychological well-being, which is comprised of six dimensions—self-acceptance, environmental mastery, autonomy, good connections, personal progress, and life purposes—is the most often used measure in therapeutic treatments (Ryff, 1989). Constructed with the aspects of perceived social coherence, actualization, integration, acceptance, and contribution, Social Well-Being (Keyes, 1998) is a further expansion of the eudaimonia approach.

## **2.2 Empirical Literature Review**

The study will review literature related to study objectives which include

### **2.2.1 Emotional support and wellbeing**

Atoum (2018) found that the elderly in Jordan had a high degree of emotional support from their families, teachers, friends, and networks, and that this support was positively correlated with their wellbeing. Using the theoretical frameworks of socio-emotional selectivity and exchange, researchers in a 2011 study looked at the effects of emotional support exchange on participants' well-being. The results showed that older persons fared better when they had a balanced and

reciprocal interchange of emotional support, and that both giving and receiving such assistance declined with age. According to Ho-tang et al. (2016), there is a link between a positive outlook on life and the support and affection from family.

One of the most popular ways to measure people's happiness is by looking at their physical health. Some individuals may feel that their physical health (as measured by things like the frequency of chronic diseases) is worse now than it was when they were younger. Research on the health of the elderly, particularly those with long-term health concerns, was highlighted in a study of Danes who lived beyond 100 years of age. Few centenarians were in good health, and the majority of those living over 100 in Denmark suffered from many chronic illnesses and disorders, including cardiovascular disease (72%), osteoarthritis (54%), hypertension (52%), dementia (51%), and ischemic heart disease (28%). Staying healthy until you're 100 is no easy feat, according to Andersen-Ranberg et al. (2003). Yet another centenarian research corroborated this claim. Despite the fact that 19% of the 424 centenarians studied by Evert et al. were deemed "escapers"—that is, having reached their 100th birthday without the diagnosis of common age-related diseases—81.1% of the centenarians were not free from these prevalent ailments. As a result, the oldest individuals reported living with long-term health issues.

Biological health indicators, freedom from physical limits and suffering, and the capacity to engage in physical activities and fulfil social responsibilities are all components of physical wellness (Kibret, and Tarek, 2017). A healthy body is one that does not just lack illness. Choosing a healthy lifestyle involves making decisions about one's food, exercise, and other habits in order to maintain a harmonious relationship with one's physical, mental, and spiritual selves.

A decline in quality of life is common among the elderly. Chronic illnesses have emerged as a significant concern with the increasing lifespan. Most chronic illnesses do not have a full cure, and often debilitate the physical parts of life for the aged, necessitating extensive periods of care and rehabilitation. According to research (Unser, Erol, & Sut, 2016), the quality of life was poorer for older adults with chronic illnesses compared to those without such conditions.

For elderly people dealing with impairments caused by long-term health conditions or social isolation after a partner's death, social assistance is essential. Physical health issues may manifest

in the elderly due to a loss of social support networks and the absence of family or significant others (Shin & Sok 2012).

The variables linked to physical health among rural Ugandan seniors were investigated by Maniragaba et al. (2019). Older adults (Ops) who were either directly or indirectly involved in managing the household's assets were more likely to be in excellent physical condition than those whose offspring were in charge of such assets. Those who regularly engage in physical activities—such as exercising, walking, and other forms of fitness—are more likely to have excellent physical health than those who do not (Keyes, 1998). When researchers in Nairobi, Kenya, surveyed the elderly, they found that 55.6% of them had some kind of age-related disability, such as impaired eyesight, memory loss, or restricted dexterity of hand and wrist motions. In addition, research by Kimani, Mwangi, Oteyo, and Ngugi (2017) revealed that the shrinking size of mobile devices poses difficulties for the elderly.

Scholars have put a lot of effort into studying how social support affects the health of the elderly. Researchers in the United States found that older adults whose social networks were strong had slower rates of health decline (Segrin and Domschke, 2011). Using information gathered from families and village cadres, Bai, Bian, Zhang, and Cao (2020) examined the effect of social assistance on the physical health of rural elderly people in China. According to the results, some of the elderly living in rural areas are not very healthy. Those living in western regions and older women tend to have lower physical health.

Social Support and the Health of China's Elderly were the Primary Focus of Zhang (2017). In this study, social support was perceived as financial support from family members and perceived instrumental support to those family members who may be in need of such support. Older physical health included functional decline, frailty, and all-cause mortality. Results showing a correlation between social support and various favorable health outcomes provide further evidence that interpersonal connections play a significant role in health outcomes.

Physical and mental health was positively impacted by social support, according to cross-sectional research conducted by Mendoza-Nunez et al. (2017). The study included a convenience sample of 150 elderly Mexicans living in the community. On the other hand, social ties don't necessarily promote good health; in fact, some families have become problems, particularly for the elderly,

and there's no guarantee that they always do. This is why Smith and Christakis (2008) found that social ties don't always improve health, wellbeing, and quality of life. Apart from this, it has also been noted that their effects might be mixed.

To learn more about the connection between social support and physical health, as well as the quality of life and social support of older persons in Turkey, Unsar, Erol, and Sut (2016) conducted an investigation. Participants were 108 individuals (60 and over) admitted to one of two Edirne family health clinics for this descriptive cross-sectional research. Research on the effects of social assistance programs on the physical health of the elderly has shown promising results. Nurses, medical therapists, educators, and counsellors might greatly enhance the lives of the elderly, particularly widows, those who are on many drugs, and those who have trouble sleeping.

In their 2018 study, Tajvar, Grundy, and Fletcher found that physical disability and depressive symptoms are associated with the level of support one receives from family, friends, and significant others. Support from friends and family was more strongly linked to depressive symptoms than support from significant others. In Pakistan's Punjab province, a total of 100 people were surveyed from three major cities: Lahore, Faisalabad, and Multan.

Results from a cross-sectional stratified random poll of 800 Tehran residents aged 60 and higher showed a favourable correlation between the amount of social support that older adults felt they had and their actual physical health (Tajvar, Arab, and Montazeri, 2008). While social support may alleviate some of the emotional and psychological strain associated with physical impairments, the research did not discover conclusive proof of this. Source of support was also shown to be unimportant by the findings.

Among the elderly, Böhm, Mielke, and Wehrmeister (2016) outlined and examined the link between social support and physical health. Among 1,285 adults (60 and above) residing in a city in southern Brazil, researchers conducted a cross-sectional study in 2014. Among the elderly, the frequency of meeting the guidelines for physical well-being was 2.45 times greater while walking with the company of family or friends. Encouragement of physical activity during leisure time should center on strategies that incentivize friends and family to socially support the elderly in their exercise efforts, with a particular emphasis on joint practice.

Minhat and Amin (2012) examined the relationship between the elderly's perceptions of social support and their participation in certain leisure activities. Participants in the cross-sectional research were chosen at random from eight health clinics in the Selangor state; all participants were 60 and over. It was shown that the primary determinant for leisure engagement across all categories was the amount of social support obtained from friends. A significant indicator of physical health is the amount of social support that people feel they get from friends and family.

Using information gathered from homes and village cadres, Bai, Bian, Zhang, and Cao (2020) explored the effect of social assistance on the physical health of rural elderly people in China. Findings from the research indicate that some rural seniors are not in good health. The senior female population and those residing in western regions have the worse physical health. Research has shown that the mental health of rural old people is much enhanced when they have pensions, care for grandkids, and communicate with their offspring virtually. Improved public health services, higher pensions, free cell phones for low-income seniors, and calls for younger people to provide emotional support might all go a long way toward helping rural seniors maintain good mental health.

### **2.2.2 Instrumental support and Wellbeing of Elderly**

Instrumental support involves financial or economic, food, housing, shelter etc. support. Financial stability, both now and in the future, is a hallmark of economic well-being (Selvaratnam, Bakar, and Idris, 2010). When people, families, and communities are financially secure in the here and now, they are able to take charge of their own financial situation and reliably cover their essential living expenses, such as food, shelter, utilities, healthcare, transportation, education, child care, clothes, and paid taxes. Having control over one's own financial situation and the opportunity to achieve personal fulfilment via one's work are both components of economic freedom. The capacity to weather financial storms, achieve financial objectives, accumulate financial assets, and sustain a sufficient income throughout one's life is all part of future financial stability.

This issue manifests itself when the elderly are unable to maintain their economic independence. Their ability to be productive is diminished or they are no longer given the same opportunities as previously. They become less self-reliant as a result of societal attitudes, slow physical and mental abilities, hunger, less access to resources, and a general lack of knowledge about their rights and

entitlements as a result of the passage of time. All of these things contribute significantly to the decline in the elderly's capacity to continue being economically productive.

Because they are unable to afford better housing, many elderly people live in terrible conditions and sometimes alone. Due to a decline in income and an increase in consumer expenditure (mostly for healthcare), old age poverty becomes more of a problem as people become older (Mahal and Berman 2001). Health care costs, especially those that families must pay out of pocket, have a profound impact on family budgets, leading to less spending on non-essential goods and services, less access to health care, and, for many, a fate worse than medical poverty (Whithead et al. 2001).

The economy well-being of elderly has attracted attention of scholars and policy makers due to reduced resources especially in developing countries. Studies done in developed countries revealed that low socio-economic status moves hand in hand with old age (Duflo, 2012). It is common for the elderly to have poor socioeconomic status in developing nations. According to Khayesi (20 II), emerging nations' economic growth is either stagnant or falling, which in turn causes poverty and ill health among the elderly. A significant degree of dependence is seen among the elderly when they lack adequate housing, food, education, healthcare, and informational resources. For older women in particular, disputes about inheritance and property rights are common (Help Age, 2012).

The lack of a pension fund for the jobless and those working as self-employed was highlighted by Walaba (2014) in his research. Employed people also face problems when trying to access their pension funds. Retrenchment has been happening in Uganda, and the elderly are the first to lose their jobs and benefits (Najjumba-Mulindwa, 2003). Older people are systematically underrepresented in the workforce, according to research by Bloom (2011), San Bilal (2014), and Ikaria (2009). Maybe it's because they're not very good workers or because their abilities have become obsolete because of all the new technologies.

The viral epidemic of HIV/AIDS is another factor that has impacted the financial security of the elderly. Even among the continent's elderly, the HIV/AIDS pandemic has claimed lives (Abrahams and Pia, 2002). Older people are forced to fend for themselves because HIV/AIDS has put a burden on already-scarce resources, particularly in rural regions. Additional consequences included the child's inability to contribute financially to the family, the high expense of caring for an orphan, and the possibility of financial hardship in old life (Knodel, 2008).

The elderly who are still able-bodied should be encouraged and, if required, assisted in finding economically beneficial activities to pursue. Everyone should be guaranteed some kind of social welfare basic assistance if they are unable to provide for themselves. Families and communities should be encouraged to help seniors via self-governance and counselling, since this is where the initial impetus comes from.

Old age poverty is similar to general poverty rates in nations without strong social security systems, according to research by Gasparini et al. (2007). In contrast, nations with robust pension systems had lower rates of poverty for the elderly compared to other age groups. Among the elderly in rural Orissa, Panda (1998) discovered that families headed by lone women had the lowest levels of economic welfare and were in dire need of government assistance (Alam and Barrientos 2010).

In two pilot projects in Zambia, notably the social safety net pilot in Kalomo District, which targeted homes led by elderly adults caring for OVC's beneficiaries, Schubert (2005) and Wietler (2007) discovered that. They improved their personal and their family's financial situation with the transfers, according to the pilot study, and the kids reaped special advantages in the areas of nutrition, schooling, and health. According to those involved, the most crucial aspects of the system are the adaptability, consistency, and dependability of the financial payments.

The National Old-Age Pension in India helps 96% of its recipients significantly raise their standard of living and cover their basic living expenses, according to research by Kumar and Anand (2006). In 2011, the Department for International Development (DFID) and Adato and Bassett (2008) said that funding from the Operations Planning and Control Team (OPCT) enhances food security and supports nutritional outcomes for older adults. Spending habits showed that almost all OPCT grant beneficiaries met their daily consumption requirements, according to the Bangladesh Rural Advancement Committees (2007) analysis of the funds. Compared to non-beneficiaries, older beneficiaries had a greater percentage of improved body-weight indices. Among the primary categories where recipients of cash transfers tend to spend more, as shown by Sakunphanit and Suwanrada (2011), is medical. Among the elderly, the subsidies cover transportation expenses to public health services and emergency private care in the event that public facilities are unavailable.

Funds from the OPCT alleviated money-metric poverty for elderly families in Nepal, which was the most noticeable effect (Irudaya and Palacios, 2008). There was a 1% narrowing of the poverty

gap in Nepal as a result of the fast changes occurring in the lives of the elderly. UNFPA, MOSWL (2007), and Mujahidet et al. (2008) all state that OPCT funds have helped lower poverty and increase economic well-being in Vietnam by bolstering the purchasing power of the elderly, especially those who live alone. The research of Giang and Pfau (2009) found that a universal pension for all rural residents aged 60 and above would lower the poverty gap for families receiving benefits by 59.7 percent, but it would cost one percent of GDP.

Studies conducted by Uprety (2010) and Devereux et al. (2001) shown that most families choose to spend their grants on food grains, resulting in better health for older individuals. The elderly who were able to access OPCT money in Lesotho never went hungry, according to research by Croome and Nyanguru (2007). The number of these individuals rose from 19% before the pension was implemented to 48% thereafter. Research from South Africa, Brazil, and Namibia shows that retirement benefits without educational requirements greatly improve economic well-being (Samson, Van and Quene, 2006). Research conducted in Bangladesh (Paul-Majumder and Begum, 2008) found that recipients of social pensions allocate a portion of their funds towards their grandchildren's education. As a result, almost 50% of beneficiary families see an improvement in educational results.

It is more likely that older people will live with their children when they receive these funds, which raises their status within the larger household, as pointed out by Paul-Majumder and Begum (2008). This, in turn, helps to prevent the decline of traditional family values and norms. Additionally, recipients reported feeling "happy and satisfied" due to the fact that the benefit allows them to feel financially secure, spend money as they want, and fulfil their personal requirements while simultaneously contributing to household resources. Children of low-income seniors are more than happy to help out with their care and move in with them now that they have an allowance to live off of. In addition to helping seniors reconnect with their grandkids, this program helps seniors reassume their traditional roles as wise counselors and stewards of family values.

A study conducted by Mertens et al. (2016) assessed the SAGE program in Uganda. They discover that families headed by older recipients spent a disproportionate amount of their transfers on food and other necessities, with only productive investments, health care, and education accounting for

the remaining substantial amounts (about 54% vs. 75%). Foods high in protein, such as meat, fish, and milk, as well as necessities like clothes and toiletries, which families had trouble affording before, were often purchased with the majority of the grant. A beneficiary's respect from others may have increased as a result of the boost to their self-esteem and psychological health. Instead of taking on new debt, recipients used their Ushs50,000 to pay off existing debt (AIR, 2014; Merttens et al., 2016). They also used the money to buy necessities and luxuries, or even invest in small animals.

Meanwhile, consumption per capita rose over time, the poverty headcount decreased from 49% to 33% for families headed by the elderly and from 44% to 31% for households headed by family grant recipients, and welfare grew by 9.5% for both the comparison and treatment groups (Merttens et al., 2016).

Financial assistance significantly impacts the economic well-being of Nigerian seniors living in and around old people's homes, according to Oligemia (2016). Three Ibadan nursing facilities that provide both residential and non-residential care for the elderly were randomly selected to provide 122 participants in the study. All participants were 65 and above. Research by Togonu-Bickersteth (2014) shows that seniors encounter a number of financial and economic challenges unless they are regularly receiving a pension, have a stable source of income from another source, and have assets such as savings, membership in a credit and thrift group, stocks, insurance, an endowment, etc.

### **2.2.3 Informational support and wellbeing of Elderly.**

According to Wu et al. (2020), people who get informational assistance are better able to solve difficulties, come up with fresh ideas, and make wise judgments. When individuals keep getting helpful recommendations or immediate assistance from people in their network or online groups, they are more inclined to be helpful, honest, and competent themselves, which builds trust with the people who gave them the information. For the sake of the elderly, it is essential that they maintain romantic interest. According to Mckinley & Wright (2014), older adults may be more likely to seek out health information online as a result of informational support, which in turn may lead to a better lifestyle.

The importance of elements pertaining to good aging is growing as life expectancy continues to rise. Optimal mental health is associated with a longer and healthier life span (Tamosiunas et al., 2019). According to Steptoe et al. (2015), a person's psychological health depends on their level of independence, self-acceptance, sense of purpose, ability to control their surroundings, quality of relationships, and rate of personal progress. A person's outlook on life and their level of well-being are reflected in it (Huppert, 2009). Priorities in social work have shifted in recent decades to include ensuring the mental health of the elderly (Adler & Seligman, 2016). Zani Noto et al. (2016) found that PWB is linked to both better health and a higher life expectancy.

Maintaining a state of mental health is essential for longevity, and research has linked mental illness to increased risk of illness and death. Unfortunately, many individuals see the aging process through the lens of decreases and losses in physical, cognitive, and social dimensions, which may lead to feelings of loneliness, depression, and unhappiness. Researchers have looked at mental health as a measure of adaptability in the elderly and extremely old.

According to Larson's (2008) review of research on psychological well-being spanning 30 years, there is a strong correlation between this concept and functional status, as well as socio-demographic variables like occupation, income, education level, and the amount of social interaction, as well as social support. Several characteristics, including social support, age, marital status, profession, and economic position, have an impact on psychological well-being (more particularly, quality of life), according to Golubeva (2016), who reviewed prior research on this topic in Japan.

There is some evidence that shows that psychological discomfort is also linked to elder abuse. Physical, sexual, emotional, financial, and neglect (caregiver and self-neglect) are all forms of elder abuse, making it a complex and widespread public health problem. In a 2010 study, Acierno et al. This is quite concerning since reports of elder abuse to the Arizona Department of Public Safety have been on the rise over the last decade. According to the research, there is a correlation between elder abuse and an increased risk of premature morbidity and death (Dong, 2009). This means that any kind of abuse against older persons may be a stressful life experience.

Discrimination based on a person's age is a direct result of ageism, which is defined as bias and prejudice against older people. Many harmful preconceptions form the basis of ageism. Many

people's preconceived notions about the elderly are based on false assumptions about their mental and physical health, their level of inactivity, and their reliance on others (King's Fund, 2000).

Predicting the association between psychological well-being, social support, and stress management was the goal of Moatamedy, Bijali, and Sadeqpur (2018). The Philips social support scale (1977), the Kalzbyk stress management scale (1990), and the short version of the Rif psychological well-being measure (1989) were used in this study. According to the findings, factors like social support and stress management skills might foretell how well an older person's mental health would do. Consequently, proactive coping mechanisms are suggested.

Whether they live with family or on their own, socially isolated seniors are more prone to depression and future anxiety, according to research by Kobayashi, Nishi, and Shinka (2011). The findings revealed that there are several issues with daily living and mental health.

Financial help from children improved the mental health of the elderly compared to those who did not. An reason for this might be because the elderly's health, financial, and other requirements can be adequately met with the financial aid they get from their offspring. Their mental health might perhaps improve as a result of this. As an example, one research that looked at the connection between intergenerational social support and the mental health of Chinese parents in their twilight years discovered that financial assistance across generations improved the health state that the elderly reported (Zeng, 2008).

Kibret and Tareke (2017) looked at the current state of this mental health and potential existential religious social support among people aged 60–89. There was a statistically significant relationship between spirituality and the elderly's levels of autonomy, despair, and self-esteem. Additionally, although autonomy was not much impacted, religious participation was shown to significantly add to the variation in self-esteem and sadness.

In their 2010 study, Stone, Schwartz, Broderick, and Deaton looked at the impact of mental health on 200 older adults in the Lucknow region. The participants included those residing in nursing facilities, those living with family, and those living alone. Individuals' mental health varied significantly depending on whether they lived with family, in an old age home, or on their own, as predicted.

Researchers Liu, Dupre, Gu, Mair, and Chen (2012) looked studied the relationship between institutionalized and non-institutionalized older adults' psychological well-being and depression. Findings showed that institutionalized and non-institutionalized seniors varied significantly with regard to psychological wellness and depression. The mental health of the elderly living in institutions differed significantly from that of those residing in non-institutions, according to research by Devi and Roopa (2013).

Oluwagbemiga (2016) looked at how social support affected the mental health of seniors in Ibadan's nursing facilities. An individual's psychological and social health may be significantly improved by providing them with social support in the form of companionship, emotional support, information access, and financial assistance while they are living in an assisted living facility. Emotional support significantly impacted the psychological welfare of the elderly in Lagos State, according to Sijuwade (2008). According to Ajomale (2007), the lack of emotional support from family members, government agencies, and NGOs is like emotional abuse, which is defined as the intentional infliction of mental pain, suffering, or distress on an older person by verbal or nonverbal means.

In their study of older individuals, Ilyas, Shahed, and Hussain (2020) looked at how spirituality, self-esteem, and ego integrity moderated the relationship between social support and psychological health. The influence of friends on one's spirituality is detrimental, but the influence of family and a particular someone is good for one's psychological health. When it comes to self-respect and ego integrity, spirituality is modestly beneficial. When it comes to one's physical and physiological health, self-esteem and ego integrity are good, but ego integrity is bad.

### **2.3 Summary and Research Gaps**

Social support has received sufficient attention because of its function of enhancing well-being. This chapter has captured theoretical framework and empirical literature as per the study objectives. In particular the chapter has examined disengagement theory of aging, social support theory concept of social support and wellbeing. Key attention has directed toward engagement theory of ageing and social support theory as they explain in detail welfare of elderly people in relation to society. In this regard, the study will attempt to fill the theoretical gaps that are existing as far as sociology and gerontology is concerned.

Detailed empirical literature review has been conducted to examine the study objectives in particular establishing influence of social support on wellbeing of elderly people not only in Uganda but also from global perspective. In this regard, various studies from developing countries have indicated that condition of elderly is inferior in relation to psychological, physical and economic wellbeing.

Prior study on the issue of social support and the wellness of the elderly has mostly concentrated on Western civilizations, with very little investigation into the subject conducted in non-Western nations until very recently (Tajvar et al., 2013). It is probably not possible to generalize research results from Western nations to other nations and people due to cultural, socioeconomic, and environmental variations. One example is the belief that Asian societies place a higher value on interdependence, support exchanges, and family togetherness than Western societies do. This could explain why a lack of support has a more detrimental impact on the mental health of older people in Asia compared to Western societies (Lim & Kua, 2011).

Even though social support has been associated with wellbeing of elderly people, there is glaring gaps in literature that require research attention. The conceptualization of social supports has been blamed for these inconsistencies. The study discovered a negative correlation between well-being, specifically psychological wellbeing, and the three aspects of perceived social support: support from family, friends, and significant others. According to research, the support of loved ones and friends is more strongly linked to an older person's happiness than the support of a romantic partner.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This section details the procedures used to complete the research. It details the study's methodology, including its design, sampling, measurements, data collecting, management, and analysis; it also addresses ethical concerns and quality control.

#### **3.1 Research design**

This study adopted a mixed-methods research design, integrating both quantitative and qualitative approaches to provide a comprehensive understanding of the role of social support on the wellbeing of the elderly in Butiiti Sub-county, Kyenjojo District. Specifically, the study employed a descriptive cross-sectional design, which enabled the collection of data at a single point in time without manipulating the study environment. This design is appropriate for examining relationships between variables and describing the current conditions of a population. The quantitative approach involved the use of structured questionnaires to collect numerical data that could be analyzed statistically, particularly in assessing the contribution of emotional, instrumental, and informational support to wellbeing. The qualitative approach complemented this by using interviews to obtain in-depth insights into the experiences, perceptions, and lived realities of the elderly regarding social support.

### **3.2 Area of Study**

Researchers in the Kyenjojo district's Butiiti Sub County conducted the research. One of Uganda's oldest traditional kingdoms, the Kingdom of Toro, is conterminal with the district, which is located in the Toro sub-region. The district's 525,400 residents are experiencing one of the nation's fastest rates of population increase at 3.8% each year. As of the most recent census (1 July 2020), the district's total population was 525,400 (Wikipedia, 2021). Lufuno is one of the several sub-counties in the district. Kyarusenzi, Kyenjojo TC, Bugaaki, Katoke, Kihuura, Nyankwanzi, and Nyantungo. To the north, Kyenjojo District lies; to the east, Kamwenge District; to the south, Kabarole District; and to the west, Kibale District and Kyegegwa District form its borders. At 00:37N, 30:37E, you may find the district. With a total of 45 settlements and a population of over 40,000, Butiiti Sub County is home to six parishes: Butiiti, Kabirizi, Kaihura, Mbale Mukunyu, and Nyakarongo. The district of Kyenjojo is located in Uganda's Western Region.

The district's economy is based on agriculture. Coffee, cassava, sweet potatoes, potatoes, yams, millet, maize, and sorghum are some of the most important crops cultivated. Out of all individuals aged 15 and over, 88.6% have a least secondary school level below S.4. Among the illiterate, 60.7% are those aged 60 and over. The majority of households, namely 74.1%, reside in semi-permanent housing units. A whopping 68.7 percent of the households live at least 5 kilometres away from the closest public health facility. Water that is piped into homes is available to only

7.8% of households. A whopping 98.9% of the households do not have access to adequate housing, according to the 2014 National Population and Housing Census.

People aged 60 and over make up 5.0% of the population in the study region, making it the ideal location for the research. The area was one of the experimental sites for SAGE, and 17.1% of homes there are led by people aged 60 and over. The researcher's domains fall inside this particular district; thus, it was chosen on purpose.

### **3.3 Sources of Information**

The majority of the information used in this research came from first-hand accounts or other authentic sources. The researcher aimed to learn about the physical, financial, and mental health of the elderly in Butiiti Sub County, Kyenjojo District, therefore she employed research methods and instruments to gather information from primary sources. The parishes of Butiiti sub county number six. first-hand accounts are known as primary data since they are gathered from new sources and are therefore unique (Kothari, 2007).

### **3.4 Population for the Study**

Individuals who are 60 years of age and older are considered elderly by the United Nations. The United Nations' concept of senior people was accepted by Uganda. The study used the United Nations definition of "older person" as defined as 60 and above. The participants were adults in the age bracket of 60 and above living in the Butiiti Sub County of the Kyenjojo area. There are an estimated 2000 elderly previous civil servants in Butiiti Sub County. This information was obtained from Ministry of Gender Labour and Social Development SAGE program where Kyenjojo district was used as one of the pilot areas. Key informants such as area chief, village elder, officials from Ministry of Gender Labour and Social Development, social workers and religious leaders were also included in the study.

### **3.5 Sample size and sampling procedure**

The researcher adopted Glenn Table (Appendix 1) at 10% level of precision (error) to calculate the sample size of civil servants in the sub county as described in(Glenn, 2012). According to

Glenn Table if there are 2000 elderly civil servants in the sub-county, the sample size is 95 respondents at 10% level of precision

The study employed systematic random sampling technique to sample the 95 elderly civil servants because these know how to read and write which does not necessitated me to translate the research tools into local languages Butiiti Sub County. In the first stage, Butiiti Sub County was purposively selected from Kyenjojo District due to large number of elderly civil servants in the district. In the second stage, the elderly civil servants in the 6 parishes were selected through purposive sampling. In the third stage, from 45 villages, a third of them were also selected through purposive technique therefore, 15 villages were selected.

### 3.5.1 Sampling of Key Informants

Besides the elderly people, the study sampled key informants using purposive sampling technique. This included an official from the Ministry of Gender Labour and Social Development at district level, Kyenjojo District, chiefs, two religious' leaders, Christian and Muslim as well as Social Worker.

<b>Population Unit</b>	<b>Sample Size</b>	<b>Sampling Technique</b>	<b>Instrument</b>
Elderly People	95	Multi-Stage	Semi-Structure questionnaire
Social Worker	1	Purposive	Interviews
Religious Leaders	2	Purposive	Interviews
Ministry officials	1	Purposive	Interviews
Chiefs	6	Purposive	Interviews
<b>Total</b>	<b>105</b>		

### 3.6 Data Collection Techniques

The questionnaire method was used to gather data from the main source for this investigation. This technique included semi-structured questionnaires administered to elderly civil servants or their care giver and Key informants Interview guides. In this study questionnaires were used to collect quantitative information on various aspect of elderly people social support and well-being in regard

to social support. The questionnaire, which contained closed ended questions. One definition of an interview schedule is the questions that are pre-planned and administered by the interviewer (Mugenda & Mugenda, 1999). The surveys were supplemented with open-ended interviews. Interview schedules involved face to face meetings with the key informants such as official from the line ministry, village elders, chiefs, social worker and other organization which are responsible for elderly people wellbeing.

Direct observation was also included in the research to supplement the other methods of data collecting. This study's economic activities, the physical status of the primary respondents, and family engagement in helping the elderly were all able to be seen in the house because to the researcher's use of direct/personal techniques to data collecting.

### **3.7 Procedures of Data Collection**

The researcher ensured that the data collecting method followed all ethical criteria by getting consent from the school of postgraduate studies at Uganda Christian University, faculty of social sciences, via the university supervisor. Respondents and appropriate authorities were sent a letter from the university seeking their participation in the research in order to carry it out. We also promised the responders that their information would be kept private and that we would only utilize the data for academic reasons.

The researcher enlisted the help of four research assistants to simplify the process of gathering data. It was common practice to enlist the help of caregivers, particularly spouses, in situations when respondents were unable to participate in person.

Two days before the exercise, the researcher scheduled interviews with important informants and settled on a time and place. The interviewers gave the participants plenty of time to talk, so it lasted anything from an hour to two. Aside from the researcher, the research assistants also took notes throughout the interviews. Participant accounts of the health of the elderly in Butiiti Sub County were enriched by the interview format, which encouraged both conversation and narrative.

### **3.8 Quality/Error Control**

Borg and Gall (1989), state that validity is the extent to which a test assesses the variables that it claims to measure. In order to improve the instruments' validity, the researcher had research professionals evaluate them. In a preliminary study, the researcher also eliminated, reworded, or combined questions that were deemed unsuitable. The trial run was place in the same county, but in Kyenjojo Town Sub County. Ten percent of the whole sample was given the surveys.

The degree to which a research instrument consistently produces the same findings or data after several trials is referred to as dependability, according to Mugenda & Mugenda (1999). Research dependability is affected by the amount of random error; a large amount of random error indicates poor reliability. The test-retest approach was used to evaluate the dependability of the devices. During the pilot study, 10% of the sample was given the research instruments and their findings were recorded. Two weeks later, the same group was given the identical instruments and the data from both tests were correlated.

### **3.9 Data Analysis**

Data was analysed using both quantitative and qualitative techniques due to the research design as it used both qualitative and quantitative data. Data collected from the questionnaires was coded and entered into statistical software SPSS for analysis. Descriptive statistics and measures of central tendency were used. Inferential statistics correlations were used to measure the relationship between the dependent and independent variables

It was necessary to transcribe qualitative data obtained from KIIs and direct observation before it could be categorized according to underlying themes. Analyses were conducted in great detail, and the results were given via narratives and direct quotes. From what the participants said, qualitative information was mostly used to supplement the quantitative data via its triangulation.

### **3.10 Ethical Considerations**

All during this study, we kept an eye on ethical issues. The researcher ensured that the respondents' identity and privacy were safeguarded. We wanted to make sure the responders knew that their information would be utilized only for scholarly reasons. Respondents were neither coerced or

offered financial incentives in any way to take part in the survey. Anyone who does not want to participate might stop at any time. In order to gather data, the researcher adhered to the protocols established by the university and other government agencies.

### **3.11 Methodological Constraints**

The research was limited by time and geographical constraints due to the distributed families across the sub county. So, it was a costly and time-consuming process. In order to overcome this obstacle and finish the study within the given time frame, the researcher enlisted the help of investigation assistants who were well-versed in collecting data using questionnaires.

Some critical informants did not respond to the research, which negatively impacted the results. Data collection was impacted in several instances where respondents were anxious about the study's purpose. The researcher assured the participants that their information would be handled with the highest confidentiality and that their identities would remain anonymous throughout the study.

## CHAPTER FOUR

### ANALYSIS AND PRESENTATION OF FINDINGS

#### 4.0 Introduction

The purpose of this study was to assess the contribution of social support on the welfare of the elderly people in Butiiti Sub County in Kyenjojo District, Uganda. The study objectives were; 1) to identify the contribution of social support on physical wellbeing of elderly, 2) to examine the contribution of social support on economic wellbeing of elderly, and 3) to establish the contribution of social support on psychological wellbeing of elderly. The study used questionnaires to collect quantitative data from a sample size of 96 elderly civil servants and interviews to collect qualitative data from key informants who included; social workers, religious leaders, MoGLSD officials and local chiefs/leaders. The quantitative results are presented alongside qualitative findings in a process called triangulation in order to strengthen the research findings

#### 4.1 Socio-demographic characteristics

Majority of the respondents 56% were females while the least 44% are males, a big number 23.1% of the civil servants were 70-74 years and the least 8.8% were 60-64 years old. Majority 37.4% had completed college/university while the least 3.3% had primary completed. For religion, majority 39.6% were Catholics and the least 4.4% were others who include; the born again, Pentecostal and the SDA. Majority 35.2% had stayed in Kyenjojo for more than 10 years while the least 14.3% had stayed in the area since birth. More than 50% of the civil servants were married while the least 5.5% were separated and majority 38.5% while the least 2.2% had more than four children. Majority of the respondent were retired civil servants 90% while the least 10% had some form of employment. Details are indicated in Table 1

#### Response rate

The study aimed to interview 95 elderly civil servants, 6 chiefs, 2 religious' leaders, 1 social worker and one Gender ministry official, however 91 elderly civil servants were obtained, 4 chiefs, 1 religious leader and 1 social worker as indicated in the table below

#### Table 1 Response rate

<b>Population Unit</b>	<b>Sample Size</b>	<b>Response</b>	<b>Response rate</b>
Elderly People	95	91	95.7
Social Worker	1	1	100
Religious Leaders	2	1	50
Ministry officials	1	1	100
Chiefs	6	4	66.6
<b>Total</b>	<b>105</b>	<b>98</b>	
<b>Average</b>			<b>82.48</b>

Therefore, the overall response rate is 82.5% and according to (Mckinley & Wright, 2014) a response rate of 70% and above is acceptable to yield reliable results

*Table 2 Socio-demographic characteristics*

<b>Socio-demographic characteristics</b>		
<b>Gender</b>	<b>Frequency (N)</b>	<b>Percent (%)</b>
Male	40	44.0
Female	51	56.0
<b>Age group</b>		
60-64	8	8.8
65-69	18	19.8
70-74	21	23.1
75-79	9	9.9
80-84	9	9.9
85-89	16	17.6
90 and above	10	11.0
<b>Education level</b>		
Primary not completed	7	7.7
primary completed	3	3.3
secondary not completed	12	13.2
secondary completed	22	24.2
college/university not completed	13	14.3
college/university completed	34	37.4
<b>Religion</b>		
protestant	15	16.5
Catholic	36	39.6
Muslim	15	16.5
traditional	9	9.9
Orthodox	12	13.2
Others	4	4.4
<b>Length of stay</b>		
Since birth	13	14.3
Less than one year	17	18.7
1-5 years	14	15.4
6-10 years	15	16.5
More than 10 years	32	35.2
<b>Marital status</b>		
Single	15	16.5
Married	46	50.5

Divorced	12	12.1
Widowed	13	14.3
Separated	5	5.5
<b>Number of children</b>		
None	12	13.2
One	35	38.5
Two	20	22.0
Three	16	17.6
Four	6	6.6
More than four	2	2.2
<b>Employment status</b>		
Yes	9	9.9
No	82	90.1

**Source: Field data 2023** 4.2 Emotional support and wellbeing of the elderly

#### 4.2.1 Descriptive statistics on emotional support

A number of statements were formulated to assess emotional support given to elderly civil servants in Butiiti sub county Kyenjojo district and the findings are indicated in the table below

**Table 3 Descriptive statistics on emotional support**

<b>Emotional support indicators</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Std. Deviation</b>
People in my family listen attentively when am communicating something	1.00	5.00	3.42	1.33
People at my home always advise me on how to act on my experiences when troubled	1.00	5.00	2.29	1.12
People always tell me that they love me	1.00	5.00	2.31	1.16
I am cared for in this home	1.00	5.00	3.56	1.26
When am in poor emotions, people come and gives me some words of encouragement	1.00	5.00	3.83	1.09
Sometimes I get re-assurance and compassion	1.00	5.00	2.95	1.20

When communicating am always not judged	1.00	5.00	3.73	1.19
Am always asked what I want by people in this community	1.00	5.00	4.23	1.02

### **People in my family listen attentively when am communicating something**

Results indicated that most of the respondents in Butiiti sub county agreed that people in their families listen attentively when they are communicating something evidenced by a high mean of 3.42 in accordance with the scale adopted by (Rahman et al., 2011) and a high standard deviation of 1.33 indicating a relatively high variation in responses according to (Ayeni, 2014). The findings are in agreement with (Keyes, 2002) who found out that old age should be supported emotionally through talking sweetly to the aged and listening to their arguments that makes them feel valued

### **People at my home always advise me on how to act on my experiences when troubled**

Findings in Table 2 indicate that majority of the respondents disagree that People in their homes always advise them on how to act on their experiences when troubled evidenced by a low mean of 2.29 according to the scale adopted in (Rahman et al., 2011) and a slightly high standard deviation of 1.12 according to (Ayeni, 2014) this means there a relatively high variation in responses given. Help Age international, (2011) indicated that through giving advice on experiences the aged undergo shows them that the people around them still need them to live which keep their emotions at per which is in agreement with this study findings

### **People always tell me that they love me**

Majority of the elderly disagreed they are told that they are loved evidenced by a low mean of 2.31 according to the scale adopted in (Rahman et al., 2011) and a slightly high standard deviation of 1.16 indicating a slight high variation in responses given in accordance with the scale identified by (Ayeni, 2014). This is in agreement with the study conducted by (Kar, 2015)revealed that showing love is one of the emotional support approaches in caring for the elderly as love gives them hope to drive into the future. Love also gives the elderly a sense of belongingness and value

### **I am cared for in this home**

Majority of the elderly agreed that they are cared for in their homes evidenced by a high mean of 3.56 according to (Rahman et al., 2011) and a high variation in responses given as evidenced by a high standard deviation of 1.26 according to (Ayeni, 2014). The findings are in disagreement with a study conducted by (Kar, 2015) who revealed that the elderly need a lot of care in their homes such that they can live longer and be productive as senior citizens of the community

### **When am in poor emotions, people come and gives me some words of encouragement**

Majority of the elderly civil servants in Butiiti sub county agreed that when they in poor emotions, people come and gives them some words of encouragement evidenced by a high mean of 3.83 according to (Rahman et al., 2011) scale and slightly low standard deviation of 1.09 according to (Ayeni, 2014) revealing a slightly low variation in responses given. The findings are in agreement with who (World Health Organization (WHO), 2017) that revealed that older persons should be encouraged in different ways such as joining organisations of older persons such that they can get avenues for sharing common challenges and ideas with people a like

### **Sometimes I get re-assurance and compassion**

Most elderly civil servants disagreed that they sometimes get re-assurance and compassion evidenced by a low mean of 2.95 according to (Rahman et al., 2011) scale and a high standard deviation of 1.20 according to (Ayeni, 2014) indicating a high variation in responses given. The findings are in agreement with who indicated that words of re-assurance and acts of compassion are very vital in needy situations for example adult people need compassionate care to go through happily in their old age tenure (Akyirem et al., 2022)

### **When communicating am always not judged**

Majority of the elderly civil servants in Butiiti sub county agreed that when communicating something, they are always not judged evidenced by a high mean value of 3.73 according to (Rahman et al., 2011) scale and a slightly high standard deviation of 1.19 according to (Ayeni, 2014) indicating a high variation in responses given. The study findings are in agreement with

(Leyva et al., 2017) who revealed avoiding judgment from words said by the elderly motivates them and gives them positive thoughts about life and living with others

### **Am always asked what I want by people in this community**

Majority of the elderly civil servants in Butiiti sub county agreed that they are always asked what they want by people in their communities evidenced by a high mean value of 4.23 according to (Rahman et al., 2011) scale and a slightly high standard deviation of 1.02 according to (Ayeni, 2014) indicating a high variation in responses given. Because every person is different, the study's results corroborate those of (Wang, 2012), who found that the demands of the elderly are diverse. Generally speaking, the most fundamental requirements are those for survival, but there are other demands for family, communication, individualized activities, and encouragement that may help older persons enjoy their later years.

During the interview with one of the local chiefs (KI One), it was narrated as follows “

*“The most challenge I have seen with the elderly is the issue of being lonely because the relatives of these people are mostly all upcountry working which leaves these aged people without anyone to communicate to or share problems with, however, some of these old people have grandchildren but of course the grandchildren are young and cannot offer enough and valid emotional support like the mature persons”*

Another interview was conducted with one of the church priests (KI two) and this is what was given

*“We as church have played a very significant role in emotional support of the elderly in this sub county because these are the major abandoned people in the community as the community regards these people less productive and instrumental. On top of the relatives of these people care less about these people as they always look at them as burdens financially but we as the church we have always moved into their homes, prayed for them and given them the words of encouragement”*

Another chief (KI Three) explained as follows

*“These people like to be visited and when you visit them, they realize that they are loved and valued which supports them emotionally and as a result, me as a leader of this community every last Saturday of the month, I take an initiative to visit all the elderly in my community”*

Another parish chief narrated (KI four)

*“When you reach in a house of elderly, you are welcomed by complaints such as my children went to Kampala and they cannot even call me to see how I live except good Samaritans who come to check on me in this village after spending time without seeing me moving around the village. This makes me feel unhappy all the time and thinking that I will die from this house without even no one knowing”*

When interviewing the social worker from Butiiti sub county (KI five), it was reported as follows

*“The elderly face a lot of neglect especially from family members and this neglect if further increased by the poverty in the household. You find all family members are out there struggling to get only what to feed themselves which leaves these people at risk”*

Another chief indicated that

*“The elderly in my village lacks social support in various forms but the major social support they face is lack of material support in from of clothes, food, medical care, and housing. These people are living in very old houses to the extent that when it rains heavily their houses are washed away”*

#### **4.2.2 Descriptive statistics on contribution of instrumental support on wellbeing of elderly**

A number of statements were formulated to assess contribution of instrumental support on wellbeing of elderly and the findings are indicated in the table below

**Table 4 Contribution of instrumental support on wellbeing of elderly**

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<b>Statements</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Std. Deviation</b>
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I can get medical care in case in need it	1.00	5.00	3.57	1.15
When I want to go somewhere, it can get means of transport within the community	1.00	5.00	2.05	1.09
I have some people to prepare for me meals	1.00	5.00	3.74	1.17
I have access to finance from friends and relatives	1.00	5.00	3.36	1.16
My house is always renovated in case of worn out	1.00	5.00	2.01	0.91
I have access to clothing from family or friends in case the ones I have gets torn	1.00	5.00	3.97	1.11
I have people to wash for me clothes and keep hygiene for my residence	1.00	5.00	3.61	1.17
I have access to sanitation and hygiene facilities that is water and toilet	1.00	5.00	2.35	1.12

**Source: Field data (2022)**

### **I can get medical care in case in need it**

As indicated in table 3, majority of the elderly civil servants agreed that they can get medical care in case they need it evidenced by a high mean of 3.57 according to the mean scale used in (Rahman et al., 2011) and a high standard deviation of 1.15 according to (Ayeni, 2014) ) scale indicating a high variation in the responses given. The findings are in are in agreement with (Wandera et al., 2015) who indicated that more than three quarters (76%) of the older persons accessed healthcare in the last 30 days but access to healthcare in the last 30 days was reduced for older persons from poor households

### **When I want to go somewhere, it can get means of transport within the community**

Elderly civil servants in Butiiti sub county disagreed that when they want to go somewhere, they can get means of transport within the community evidenced by a low mean value of 2.05 according to the scale identified in (Rahman et al., 2011) and a high standard deviation of 1.09 indicating a high variation in the responses given to (Ayeni, 2014) scale. The findings are in agreement with

who indicated that for older persons to have influence in their societies, they should have access to basic needs including transport because these people have impaired physical mobility (HelpAge International, 2019)

### **I have some people to prepare for me meals**

Most of the elderly civil servants in Butiiti sub county agreed that they have some people to prepare for them meals evidenced by a low mean value of 3.74 according to the scale used in (Rahman et al., 2011) and a high standard deviation of 1.17 indicating high variation in the responses given according to (Ayeni, 2014) scale. The findings are in agreement with (Edfors & Westergren, 2012) who revealed that there is increased need for support for meals and food among the elderly because they are weak to prepare for themselves and even working to access food

### **I have access to finance from friends and relatives**

Findings of the study revealed that respondents agreed that they have access to finance from friends and relatives evidenced by a high mean according to 3.36 a scale used in (Rahman et al., 2011) and high standard deviation of 1.16 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings are in agreement with the study conducted by who revealed that access to finance among older persons has been a concern for governments and international development partners for example the government of Uganda introduced the Senior Citizen Grant (SAGE) as a social protection mechanism for elderly in financially impoverished districts (Kidd, 2016)

### **My house is always renovated in case of worn out**

Majority of the respondents disagreed that their houses are always renovated in case of worn out evidenced by a low mean value of 2.01 according to (Rahman et al., 2011) and a low standard deviation of 0.91 according to (Ayeni, 2014) scale indicating a low variation in the responses given. The findings are in disagreement with the study conducted by who indicated that most of the old people are living in dilapidated buildings making housing support to be one of the major social support needs (Wamara et al., 2022)

### **I have access to clothing from family or friends in case the ones I have gets torn**

Majority of the respondents agreed that they have access to clothing from family or friends in case the ones they have gets torn evidenced by a high mean of 3.97 according to the scale identified in to (Rahman et al., 2011) and a high standard deviation of 1.11 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings are in disagreement with (Krause & Shaw, 2002) who revealed that old people were unsatisfied with the social support they got from family and social networks as they reported lack of access to basic needs such as shelter, clothes and medical care

### **I have people to wash for me clothes and keep hygiene for my residence**

A great number of elderly civil servants agreed that they have people to wash for me clothes and keep hygiene for my residence evidenced by a high mean value of 3.61 according to (Rahman et al., 2011) scale and a high standard deviation of 1.17 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings are in agreement with (Gyasi et al., 2020) who revealed that old people need care in form of personal hygiene which takes forms of washing for them clothes, bathing, hair trimming among others and his study further indicated that 86% had access to personal hygiene services in Nigeria

### **I have access to sanitation and hygiene facilities that is water and toilet**

Majority of the respondents disagreed that they have access to sanitation and hygiene facilities that is water and toilet evidenced by a low mean value of 2.35 according to (Rahman et al., 2011) scale and a high standard deviation of 1.12 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings are in agreement with (Gaffan et al., 2022) who revealed that the richest households and few, and those headed by people aged 30 and over, female and with higher levels of education, were the most likely to have access to individual and combined basic WASH services

Furthermore, the study identified the qualitative findings from key informants included in the study

KI one reported

*Instrumental or material support is the most important challenge these old people face, remember they are already old and weak meaning they can't work to earn a living for*

*themselves and their hope is only in friends and relatives. This challenge becomes so intense when it comes to poor households and the challenges, they face include lack of food, drinks, medical care, transport, clothing and shelter”*

The social worker reported that

*“After realizing we as social workers in this sub county the hurdles the elderly goes through such as hunger and limited access to medical care, we have collected information about all the elderly from 70 years and above and submitted their lists for annual financial handouts, however this has not yet yielded any results”*

KI Two narrated as follows

*“Access to sanitation facilities especially toilets and clean water among the poor elderly households is a big challenge. This is compounded by low mobility by this elderly to reach these sanitation facilities or lack of money to bring closer these facilities and in my thinking, the local government should bring a program aimed at constructing toilets and bringing piped water to these elderly households because they are few meaning that the budget is small and can be borne by the local government”*

One of the church priests narrated that

*“In this parish we earmarked the households that contain elderly without help and every weekend we send either food stuffs or some money to buy for them what they want. Therefore, I can say that our elderly people in our community are able to access what they want”*

Another local chief reported that

*“Most of these old people in our community have children or grandchildren in Kampala and they send them money to help them buy what they want like sugar, bread and for clothes they bring them during Christmas season so these old people have no problem, they are supported by their family members”*

The officer from MoGLSD narrated as follows

*“We have social protection programs for the needy who includes the elderly in the sub county and among the support services is monthly cash transfers and provision of family handouts such as food items, soap, salt and sometimes beddings”*

### 4.2.3 Descriptive on informational support

As it has been seen in earlier sections, a number of statements were also were formulated to assess informational support among the elderly civil servants in Butiiti sub county Kyenjojo district

Table 5 Descriptive on informational support

<b>Statements</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Std. Deviation</b>
When troubled with issues I can get someone to help give me knowledge on how to solve it	1.00	21.00	3.39	2.44
I can get advice when face with challenging situations	1.00	5.00	4.23	0.97
When I seek for information from someone, I always get feedback	1.00	5.00	2.60	1.02
I have a radio or television where I can get information about what is taking place in the country	1.00	5.00	3.71	1.20
I can access newspapers, magazines and other print media materials for information	1.00	5.00	3.66	1.09
I am in a WhatsApp or Facebook group for our community	1.00	5.00	2.39	1.07
We have a local television or radio station which provides with news/information about daily happenings	1.00	5.00	1.70	1.07

**Source: Field data (2022)**

**When troubled with issues I can get someone to help give me knowledge on how to solve it**

As indicated in Table 4, majority of the respondents agreed that when they are troubled with issues they can get someone to help and give them knowledge on how to solve evidenced by a high mean value of 3.39 according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 2.44 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings of the study are in agreement with the study conducted by (Ijiekhuamhen et al., 2016) who indicated that informational needs of elderly civil servants include; knowledge about their pension, government policies, current affairs and transport, however the study highlighted that lack of information is a major challenge among the elderly as his study indicated that only 26% of the studied elderly had access to information they needed

### **I can get advice when faced with challenging situations**

As indicated in Table 4 most of the respondents strongly agreed that they can get advice when faced with challenging situations evidenced by a very high mean value of 4.23 according to the scale used in to (Rahman et al., 2011) and a low standard deviation of 0.97 according to (Ayeni, 2014) scale indicating a low variation in the responses given. The findings of the study are further in agreement with the study conducted by (Ritters & Davis, 2010) who revealed that there is improved access to advice on life threatening situations among the elderly in the UK from civil society organisations

### **When I seek for information from someone, I always get feedback**

Majority of the respondents disagreed that when they seek for information from someone, they always get feedback evidenced by a low mean of 2.60 according to the scale used in (Rahman et al., 2011) and a high standard deviation of 1.02 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings of the study are in contradiction with (Ijiekhuamhen et al., 2016) who found out that the elderly do not get feedback from their care takers as the care takers complain that they over ask about issues which are unnecessary

### **I have a radio or television where I can get information about what is taking place in the country**

Majority of the respondents agreed that they have a radio or television where they can get information about what is taking place in the country evidenced by a high mean value of 3.71

according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 1.20 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings of the study are in agreement with (Ijiekhuamhen et al., 2016) who indicated that 92% of the studied elderly people had access to information through radio and television

### **I can access newspapers, magazines and other print media materials for information**

Majority of the respondents agreed that they can access newspapers, magazines and other print media materials for information evidenced by a high mean of 3.66 according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 1.09 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings of the study are in agreement with the study conducted by (Wicks, 2008) who indicated that 67% the aged relied on print materials in Nigeria for their informational needs

### **I am in a WhatsApp or Facebook group for our community**

Majority of the respondents strongly disagreed that they are in WhatsApp or Facebook group for our community Budget monitoring and review is done by the hospital's management evidenced by a very low mean of 2.39 according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 1.07 according to (Ayeni, 2014) scale indicating a high variation in the responses given. Consistent with (Wicks, 2008), the results show that people of all ages face societal and technological shifts that impact their capacity to collect and share knowledge, for better or worse. Not only do older individuals need to adapt their information-seeking behavior to new jobs, technologies, and other aspects of their life, but the organizations that cater to this demographic should also consider whether they need to modify the ways information is delivered to them.

### **We have a local television or radio station which provides with news/information about daily happenings**

Majority of the respondents strongly disagreed that there is a local television or radio station which provides with news/information about daily happenings evidenced by a very low mean of 1.70 according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 1.07 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings

are in agreement with (Ijiekhuamhen et al., 2016) who indicated that the aged have access to radio station but scanty of access to television services.

The local chief KI one narrated as follows

*“The elderly are faced with the issue of access of information on the current matters in regard to health and finance because these days most of the information is disseminated through the TV, radio, wahtsaap, facebook, instagram among others and the elderly have no access to these”*

The social worker rpeorted that

*“We have plans to buy each elderly person 60 years and above a small radio set where they can access information about what is going on around the sub county and to keep them engaged because when they are not engaged they experience psychological torture”*

Another local chief reported

*“ These pipo have little or no access to information because they live deep in villages and nework is a challenge, some of them are already visually impaired and even though given a newspaper or television they cannot see or read”*

#### 4.3.4 Descriptive statistics on wellbeing

A number of statements were also were formulated to assess wellbeing elderly civil servants and the findings are indicated in the table below

Table 6Descriptive statistics on the dependent variable (wellbeing)

<b>Wellbeing</b>	<b>Min</b>	<b>Max</b>	<b>Mean</b>	<b>Std. Deviation</b>
I am physically feeling okay	1.00	5.00	3.53	1.16
Emotionally am feeling fine	1.00	5.00	1.84	1.10

I have no social issues with my relatives or community members	1.00	3.00	1.42	0.55
Psychosocially am feeling undisturbed	1.00	5.00	3.53	1.03

### **I am physically feeling okay**

Majority of the elderly civil servants agreed that they are physically feeling evidenced by a high mean of 3.53 according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 1.16 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings are in agreement with the study conducted by (Wiliyanarti et al., 2020) who indicated that in his study asseing the wellbeing of elderly in nigeria, 46% reported to have physical wellbeig as one of the indicators of wellbeing

### **Emotionally am feeling fine**

Most of the respondents strongly disagreed that they are emotionally am feeling fine evidenced by a very low mean of 1.84 according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 1.10 according to (Ayeni, 2014) scale indicating a high variation in the respnses given. The findings of the study are in agreement with (Gyasi et al., 2020)who found out in his study that majority of the elderly were in a state of unconsciousness indicating that that the elderly are always with poor emotions

### **I have no social issues with my relatives or community members**

Most of the respondents strongly disagreed that they have no social issues with their relatives or community members evidenced by a low mean of 1.42 according to the scale used in to (Rahman et al., 2011) and a low standard deviation of 0.55 according to (Ayeni, 2014) scale indicating a low variation in the responses given. The findings are in agreement with who revealed four social relationship types in old age ‘poor’; ‘frequent and emotionally close’; ‘frequent, emotionally close, and supportive’; and ‘frequent, emotionally close, and active(Lestari et al., 2022), however majority of the elderly had poor social relationships with their close members

### **Psychosocially am feeling undisturbed**

Majority of the respondents agreed that they are psychosocially feeling undisturbed evidenced by a high mean value of 3.53 according to the scale used in to (Rahman et al., 2011) and a high standard deviation of 1.03 according to (Ayeni, 2014) scale indicating a high variation in the responses given. The findings of the study are in agreement with the (Güven & Şener, 2010) indicated that most of the elderly are mentally upright due to the available psycho-social support services available in the area

The social worker only gave views on the wellbeing of the elderly and she narrated as follows

*“ generally the wellbeing of elderly in this sub county is not good because most of the elderly persons lack materials, finance, live alone in households and lack access to medical care incase they are sick”*

### 4.3 Correlation Analysis

Correlation is a statistical measure that expresses the extent to which two variables are linearly related. It’s a common tool for describing simple relationships without making a statement about cause and effect. The sample correlation coefficient,  $r$ , quantifies the strength of the relationship. Correlations are also tested for statistical significance.

Pearson correlation coefficient was employed to establish the relationship between the independent variables and the dependent variable. The findings are presented in form of tables below

#### 4.4.1 Pearson Correlation between emotional support and wellbeing

**Table 7**Correlation between emotional support and wellbeing

		Emotional support	Wellbeing
Emotional support	Pearson Correlation	1	.298*
	Sig. (2-tailed)		.012
	N	71	71

Wellbeing	Pearson Correlation	.298*	1
	Sig. (2-tailed)	.012	
	N	71	71

\*. Correlation is significant at the 0.05 level (2-tailed).

Correlation analysis in table 6 indicates that there is a positive significant relationship between emotional support and wellbeing ( $r= 0.298^*P=0.012$ ). This means that emotional support becomes efficient, the wellbeing of elderly civil servants increases. The findings of the study are in agreement (Gyasi et al., 2020)who revealed that social support increases the wellbeing of the aged in Nigeria

#### 4.4.2 Pearson correlation between emotional support and wellbeing

Table 8 Pearson correlation between emotional support and wellbeing

		Emotional support	Wellbeing
Emotional support	Pearson Correlation	1	.802**
	Sig. (2-tailed)		.000
	N	71	71
Wellbeing	Pearson Correlation	.802**	1
	Sig. (2-tailed)	.000	
	N	71	71

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

Correlation analysis in table 7 indicates that there is a positive significant relationship between emotional support and wellbeing of elderly civil servant in Butiiti sub county ( $r= .802^{**} P=0.000$ ). This means that as the budget approval and implementation is handled and done in a positive way, financial performance increases positively. The findings of the study are in agreement with (Yang et al., 2022)who found out that providing social support is reported to have positive effects on psychological well-being of old people.

#### 4.4.3 Pearson Correlation between informational support and wellbeing

**Table 9 Pearson correlation between informational support and wellbeing**

		Informational support	Wellbeing
Informational support	Pearson Correlation	1	.522**
	Sig. (2-tailed)		.000
	N	71	71
Wellbeing	Pearson Correlation	.522**	1
	Sig. (2-tailed)	.000	
	N	71	71

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

Correlation analysis in table 8 indicates that there is a positive significant relationship between informational support and wellbeing of elderly civil servants ( $r= 0.522^{**}P=0.000$ ). This means that when the instrumental support is provided, the wellbeing increases. The findings are in agreement with (Oyinlola, 2017) study showed that, there is a significant effect of information access on the psychosocial well-being of the elderly

#### 4.5. Regression Analysis

Regression analysis was done to establish the effect of emotional, instrumental and informational support on wellbeing of elderly civil servants in Butiiti Kyenjojo district. The findings are indicated in the Tables below

Table 10 Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.904 <sup>a</sup>	.817	.809	.54615

a. Predictors: (Constant), emotional, instrumental and informational support

The model table 9 above shows the adjusted  $R^2$  of 0.809 which implies that about 80.9% variations in wellbeing is explained by emotional, instrumental and informational support and this also indicates the fitness of the model. This implies that social support significantly influences the wellbeing of the elderly

*Table 11 ANOVA*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	89.255	3	29.752	99.744	.000 <sup>b</sup>
	Residual	19.985	67	.298		
	Total	109.239	70			
a. Dependent Variable: wellbeing						
b. Predictors: (Constant), emotional, instrumental and informational support						

In addition, the strength of the model is reconfirmed by the probability sig = 0.0000, this shows that the model is acceptable

*Table 12 Model coefficients*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		

1	(Constant)	-.315	.195		-1.616	.111
	Emotional support	.428	.068	.407	6.321	.000
	Instrumental support	.487	.062	.506	7.898	.000
	Informational support	.183	.053	.196	3.437	.001
a. Dependent Variable: wellbeing						

For every one unit increase in emotional support, the wellbeing of the elderly increases by 0.407 times. This implies that emotional support increases wellbeing of elderly by 40.7%.

For every one unit increase in instrumental support, the wellbeing of the elderly civil servants increases by 0.506times. This implies that efforts aimed at improving instrumental support will eventually increase wellbeing of elderly civil servants by 50.6%.

For every one unit increase in informational support, the wellbeing increases by 0.196 times. This implies that informational support is important in improving wellbeing of the elderly by 19.6%.

#### 4.6 Conclusion

This chapter presented the analysis and findings in accordance with the set study objectives of the study. The socio-demographic characteristics of study participants set stage for the study, and then followed by the descriptive statistics on each of the dependent variables, correlations and finally regression analysis as indicated in tables above

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter gives a summary, conclusion and recommendations of the main findings in relation to the stated objectives and results obtained from chapter four.

#### 5.2 Summary

The summary of the results is in line with the stated specific objectives of this study which are;

- (i) To identify the contribution of emotional support such as care, love, empathy and companionship and wellbeing of elderly.
- (ii) To examine the contribution of instrumental support including tangible assistance such as financial help, provision of basic needs and care giving on wellbeing of elderly.
- (iii) To explore the contribution of informational support such as advice, guidance and access to relevant knowledge and wellbeing of elderly.

##### 5.2.1 Contribution of emotional support and wellbeing of elderly

Findings revealed that the elderly receive emotional support in form of re-assurance, advice, being listened to and encouragement to keep on moving which promotes their wellbeing. However, majority of the elderly reported lack of emotional support as most of them reported to be neglected by their family members and stay alone in the house that causes stress, depression, lack of materials to use and with no access to information hence reducing their wellbeing. There is a positive significant relationship between emotional support and wellbeing ( $r= 0.298^*P=0.012$ ). Regression findings also indicated that for every one unit increase in emotional support, the wellbeing of elderly increases by 0.407 times. This implies that emotional support increases wellbeing of elderly by 40.7%.

### **5.2.2 Contribution of instrumental support and wellbeing of elderly.**

Instruments such as houses, food and drinks and clothing were found to improve the physical wellbeing of elderly however, majority of the elderly reported poor housing and lack of , food and drinks and clothing due to lack of support from family members and community. One of the key informants indicated that instrumental support in form of proper housing/shelter and clothing helps the elderly to live a dignified life which improves their wellbeing. There is a positive significant relationship between emotional support and wellbeing of elderly civil servant in Butiiti Sub County according to correlation analysis. Regression analysis indicates that instrumental support increases the wellbeing of the elderly civil servants by 0.506 times. This implies that efforts aimed at improving instrumental support will eventually increase wellbeing of elderly civil servants by 50.6%.

### **5.2.3 Contribution of informational support and wellbeing of elderly**

Findings revealed that majority of the elderly get information from friends and family regarding life issues such as health. The health information they get always relates to where to get medical care, source of medicine and health life style that improves their physical wellbeing. Information they get from radios and televisions helps them to know about the important economic ventures and when to access cash transfers in the SAGE program which has improved their wellbeing. There is a positive significant relationship between informational support and wellbeing of elderly civil servants in correlation analysis. Regression findings also indicate that one unit increase in informational support, the wellbeing increases by 0.196 times. This implies that informational support is important in improving wellbeing of the elderly by 19.6%.

## **5.3 Conclusion**

The conclusions are in line with study objectives and it is concluded that emotional, instrumental, and informational support significantly influence the wellbeing of elderly civil servants. Based on ANOVA results, social support positively contributes to the wellbeing of elderly civil servants

### **5.3 Recommendations**

Since emotional has been found strongly improve the wellbeing of the elderly, it is imperative that Butiiti local government should always set aside resources such as workforce to offer emotional support to the elderly in the sub county

Instrumental support has been found to have a strong positive correlation with wellbeing of elderly in Butiiti sub county and therefore it is important that Kyenjojo district local government set aside funds other and material resources necessary for instrumental support of the elderly

Informational support was found to significantly wellbeing of elderly persons and therefore it is recommended that the Kyenjojo district local government should adhere to approaches aimed at providing information to the elderly such as setting up local radio and TV stations

### **5.5 Areas for further study**

Similar research should be done on the same topic but covering the whole district of Kyenjojo so as to get enough data that when analysed can generate results helpful in generalizing the role of social support on wellbeing of elderly so as to make informed planning of the district for social support

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## APPENDIX I: QUESTIONNAIRE

Respondent

Self.....

Care Giver.....

No.	Question and filters	Coding categories
1	SEX	Male 1 Female 2
2	Age group of the elderly	60-64 years 1 65-69 years 2 70-74 years 3 75-79 years 4 80-84 years 5 85-89 years 6 90 and above 7
3	Have you ever attended school? If yes: What was the highest level that you completed')	NONE 1 Primary not completed 2 Primary completed 3 Secondary not completed .4 Secondary completed 5 College/University not completed 6 College/university completed 7
4	What is your religion?	Protestant 1 Catholic 2 Muslim 3 Traditional 4 Orthodox 5 Others specific 6
5	How long have you been living here	Since birth 1 Less than a year 2 1-5 years 3 6-10 years 4 More than 10 years 5
6	Marital status	Married 1 Divorced 2 Single 3 Widowed 4 Separated 5
7	How many children do you have?	None 1 One 2

		Two 3 Three 4 Four 5 More than four 6
8	Are any of the children employed?	Yes 1 No 2

<b>Emotional support</b>	SD	D	N	A	SA
People in my family listen attentively when am communicating something					
People at my home always advise me on how to act on my experiences when troubled					
People always tell me that they love me					
I am cared for in this home					
When am in poor emotions, people come and gives me some words of encouragement					
Sometimes I get re-assurance and compassion					
When communicating am always not judged					
Am always asked what I want by people in this community					

<b>Instrumental support/material support</b>	SD	D	N	A	SA
I can get medical care in case in need it					
When I want to go somewhere, it can get means of transport within the community					
I have some people to prepare for me meals					
I have access to finance from friends and relatives					
My house is always renovated in case of worn out					
I have access to clothing from family or friends in case the ones I have gets torn					
I have people to wash for me clothes and keep hygiene for my residence					
I have access to sanitation and hygiene facilities that is water and toilet					
<b>Informational support</b>					
When troubled with issues I can get someone to help give me knowledge on how to solve it					
I can get advice when face with challenging situations					

When I seek for information from someone, I always get feedback					
I have a radio or television where I can get information about what is taking place in the country					
I can access newspapers, magazines and other print media materials for information					
I am in a WhatsApp or Facebook group for our community					
We have a local television or radio station which provides with news/information about daily happenings					
<b>Wellbeing</b>					
I am physically feeling okay					
Emotionally am feeling fine					
I have no social issues with my relatives or community members					
Psychosocially am feeling undisturbed					

## **APPENDIX II: INTERVIEW SCHEDULE (Social Workers/Religious Leaders)**

As Social Worker/Religious Leaders you interact a lot with elderly people and are in a position to give some contribution on the social support available for the elderly. I would tape what we discuss with you so that we spend less time. The information you give me will be held in confidence.

1. What is the contribution of emotional support on wellbeing of elderly?
2. What is the contribution of instrumental support on wellbeing of elderly?
3. What is the contribution of information support to psychological wellbeing of elderly?
4. What would you recommend to improve the social support of the elderly?

## **APPENDIX II: INTERVIEW SCHEDULE (Social Workers/Religious Leaders)**

As Ministry officials/Chiefs you interact a lot with elderly people and are in a position to give some contribution on the social support available for the elderly. I would tape what we discuss with you so that we spend less time. The information you give me will be held in confidence.

1. What is the contribution of emotional support on wellbeing of elderly?
2. What is the contribution of instrumental support on wellbeing of elderly?
3. What is the contribution of information support to psychological wellbeing of elderly?
4. Are there any obstacles that hinder government social support towards improving wellbeing of the elderly?
5. What would you recommend to improve the social support of the elderly?

Appendix 1: Glenn sample size calculation Table 2012

Table 1. Sample Size for  $\pm 5\%$  and  $\pm 10\%$  Precision Levels where Confidence Level is 95% and  $P=0.5$ .

Size of Population	Sample Size (n) for precision (e)	
	$\pm 5\%$	$\pm 10\%$
500	222	83
1,000	286	91
2,000	333	95
3,000	353	97
4,000	364	98
5,000	370	98
7,000	378	99
9,000	383	99
10,000	385	99
15,000	390	99
20,000	392	100
25,000	394	100
50,000	397	100
100,000	398	100
>100,000	400	100