CONTRIBUTION OF FAMILY SOCIAL SUPPORT TO WELL-BEING OF ELDERLY WOMEN IN KATIKOLO VILLAGE, MUKONO DISTRICT, UGANDA

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A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF SOCIAL WORK OF UGANDA CHRISTIAN UNIVERSITY

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Abstract

This study was conducted to explore the contribution of family social support to the well-being of elderly women in Kati-Kolo village, Mukono Municipality, in Uganda. The objectives of the study were; to explore how elderly women in Kati-Kolo village experience and interpret the companionship of family members in relation to their well-being, to find out the role of family social networks in shaping the well-being of elderly women in Kati-Kolo village and to find out the types of family support elderly women in Kati-Kolo village perceive as most meaningful to their well-being. The study adopted a case study research design utilizing a qualitative research approach, with a sample size of 22 respondents selected through a purposive sampling method. Data was collected using in-depth interviews with the aid of in-depth interview guides and observations. The study revealed that intergenerational positive relationships are very critical for the well-being and survival of the elderly women. If these relationships are not valued, family companionship is bound to collapse. The findings also revealed that kinship is crucial for the survival of the elderly women as these networks create a sense of understanding that women are valued as the mothers of the nation; ignoring them is ignoring humanity. Furthermore, the study shows that elderly women crave for psycho-social, spiritual and physical support as a way of promoting their well-being. The findings conclude that family social support serves as a crucial buffer against the challenges of aging, thereby enhancing the physical, emotional and mental well-being of elderly women. Nonetheless, emotional neglect, inter-generational conflict, health and economic hardship continue to pose significant challenges to the well-being of the elderly. The study recommends that families in Mukono Municipality, and Uganda more broadly, fortify their roles in delivering emotional, physical, and health support to elderly women.

Key words: Family social support; well-being; elderly women

DECLARATION

I Namatovu Christine, a student at Uganda Christian University main campus- Mukono, pursuing a Master's Degree of Social Work, declare that this piece of research work entitled "*Contribution of family social support to well-being of elderly women in Kati-Kolo village-Uganda*" has been done by me and it has never been presented to any academic institution or any other organization for an academic award.

Name: Namatovu Christine

Signed…  …… Date 22/5/2026

APPROVAL

I hereby endorse that I have reviewed and approved the dissertation entitled "Contribution of family social support to well-being of elderly women in Kati-Kolo village, Uganda", by Namatovu Christine. I have thoroughly evaluated it and I approve that the research work meets the academic standards set forth by Uganda Christian University for the completion of a Degree of Master of social work.

The dissertation by Namatovu Christine mirrors good level of scholarly work and subsidizes profoundly to the field of social work. I approve the dissertation for submission.

.....

Supervisor: Dr. Nareeba Peter Date…22.5.2026

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Definition of Acronyms

EL- Elder

EW- Elderly women

FSS- Family Social Support

VHT- Village Health Team

CHAPTER ONE

1.0 Introduction

This study was conducted to explore the contribution of family social support towards the well-being of elderly women in Kati-Kolo village, Mukono municipality. The study objectives were; to explore how elderly women in Kati-Kolo village experience and interpret the companionship of family members in relation to their well-being, to find out the role of family social networks in shaping the well-being of elderly women in Kati-Kolo village and to find out the types of family support elderly women in Kati-Kolo village perceive as most meaningful to their well-being. This chapter presents the background to the study, problem statement, objectives, research questions, scope, justification, significance and theoretical framework.

1.1 Background of the Study

Family social support has been cited as a fundamental for upholding the physical and psychological well-being of individuals; helping them to deal with different stressors in life (Abdelaal et al.,2021). Women play a pivotal role in nurturing and supporting families in our society but as they age, their need for support from their families also increases. Today, the increasing nuclear family settings leaves a question on how family social support contributes to the well-being of these elderly women (Dewi et al., 2023). In this section, the historical, theoretical, conceptual and contextual dimensions of family social support in relation to the well-being of elderly women in Kati-Kolo is expounded.

Historical background

The role of family social support in promoting the well-being of elderly women is deeply rooted in historical, cultural, and societal contexts. Across time and cultures, families have played a critical role in caregiving and emotional support for aging members, with elderly women often being central figures in family networks. However, the nature and structure of this support have evolved significantly due to

changes in demographics, gender roles, family structures, and social policies (Mahanani et al.,2023)

Historically, many traditional societies particularly in Asia, Latin America, parts of Eastern Europe and Africa elderly women were integral members of extended family households. In relation, multi-generational living preparations were communal, and some elderly women were appreciated as custodians of tradition, wisdom, and moral expert witness. In addition, older women, subsequently spending most of their life time caring for younger household associates, were cared for in return by extended kin and children and (Schatz & Seeley, 2015). Therefore, in subsistence economies and agrarian communities, elderly women habitually continued to subsidize through domestic duties, childcare, or agrarian work hence, fortifying their worth within the family.

Similarly, the 18th and 19th epochs witnessed the intensification of urban migration and industrialization throughout North America and Europe. Therefore, the intensification suggestively disrupted customary family configurations. For instance, younger cohorts commenced moving to metropolises for labor, leading to a deterioration in multi-generational families and the occurrence of nuclear household models (Dewi et al., 2023). Therefore, with family support structures enfeebled, elderly persons, principally those without children and the widowed, commenced depending on charitable organizations, emerging welfare systems and almshouses. In view of the above, elderly women, exclusively those who had not joined the prescribed labor market, frequently experienced economic enslavement and social seclusion (Irmak, & Yurtsever, 2025).

In addition, the post-World War II era in voluminous Western countries fetched about the expansion of social welfare structures aimed at aiding the elderly persons. For instance, Government programs delivered pecuniary and health-related aid to the aged hence, reducing sole reliance on relatives. Therefore, as women's duties in community changed because of amplified education, occupation, and prolonged existence, the crescendos of caregiving changed. Elderly women increasingly became both providers and recipients of support (Sulastri & Kohir, 2021). With women living

longer than men, a growing proportion of the elderly population were female. This shift has also been reported in Sub-Saharan Africa (SSA), where the elderly population has progressively increased and is expected to triple by 2050, with women's life expectancy still higher than that of men (Wandera et al., 2015). The Uganda 2024 census report revealed that women outlive men with an average of 70.1 years versus 66.9 years for men (Uganda Bureau of Statistics 2024 census report). Similarly, life expectancy of women at birth was estimated at 64.67% compared to men at 59.92%.

Whereas the women in the western developed countries accessed education, employment and social welfare services, some elderly women in SSA and particularly Uganda, have not (United Nations Population Fund, 2018). Their elderly population continues to grow, with several problems related to socio-economic, political and cultural changes. Consequently, this has led to a gradual shift from the traditional support structures such as extended family settings, to more individualistic lifestyles (Enguerran et al.,2015). Young people continue to relocate to urban centers in search of jobs amidst job insecurities since the covid-19 epidemic disruption, leaving elderly women on their own or in the care of young children, who offer little or no support at all (Nakayiwa et al., 2022).

The increasing frailty and vulnerability of elderly women as they age brings to the forefront the essential role that family social support plays in their overall well-being. Family-derived communal aid can be fundamental for enlightening the quality of life and the mental health of ageing women who encounter not only bodily deterioration but further the psychological bearings of dependency and isolation. In addition, research unswervingly accentuates that robust emotional networks and pre-emptive involvement from household associates can act as defensive dynamics against age-linked deterioration, principally in women who habitually bear the burden of caregiving errands throughout their younger ages, only to find themselves dependent on household for care as they mature older (Li et al., 2022; Paknejad et al., 2021)

In view of the above, having robust family support lightens suffering, as associates can provide both logistical support like aiding with day-to-day accomplishments and emotional sustenance, consequently nurturing pliability against the encounters of

elderly (Paknejad et al., 2021; Sulastri & Kohir, 2021). Therefore, there is a mounting prerequisite appreciate the exceptional susceptibilities of ageing women and the significance of incorporating family efforts to certify their comfort (Fridayani et al., 2025).

Theoretical background

The study is grounded in the social convoy theory that was originally developed by Kahn & Antonucci (1980) and has undergone developments until recently by Antonucci et al., (2014). This theory asserts that individuals are surrounded by a dynamic network of social relationships that provide support, protection and stability throughout life, especially during distressing times.

The social convoy theory underpins the study by providing a framework for understanding how networks of family relationships function as vital sources of support and how these relationships contribute to the physical, emotional and psychological well-being of elderly women. In the Ugandan society where formal elderly support is limited, family remains the primary source of support. In this 'convoy'; family, friends and community members form the core group that create supportive rings around an individual through life; they offer emotional, informational and instrumental support. Emotional support involves offering love, empathy and companionship, instrumental support involves help with daily home chores, mobility and health care support and informational support that involves giving advice, support to navigate through services and spiritual guidance (Up ton and Upton 2019).

The closest supportive group is believed to be the parents, siblings, spouse and or children, who form the innermost circle of support. The extended family, friends and close neighbors are believed to form the next circle and the last circle is usually composed of community members including the religious leaders (Fridayani et al., 2025). This theory provides that an individual's well-being in old age greatly depends on the quality and stability of his or her social convoy. Elderly women embedded in strong, consistent family networks stand higher chances of psychological, emotional and physical well-being. The theory also explains the variations in support levels as

family support systems start to weaken especially as women grow older. Elderly women adapt coping mechanisms that help them to navigate through challenges like widowhood, sickness or migration of family members (Sah et al., 2024).

As people age, their convoys or supportive rings may shrink but the remaining ties often become stronger and more meaningful. This would shield the elderly women against age-related anxieties, and stressors like loneliness, food insecurity, healthcare support. In the same way, the strong convoy would sustain a sense of belonging, dignity and overall well-being (Adamek, 2024).

Contextual Background

The population in Katikolo village engages in small scale crop and livestock farming as well as small and medium enterprises like furniture/ metal fabrication workshops, bakeries, concrete brick making among others.

While these developments have improved the economic status of the area by providing jobs and house hold income for some residents, it is without challenges. This peri-urban state has led to land fragmentation by real estate business people thus encroaching on farm land that was formerly tilled for food. Some elderly persons' homes have been secluded by high fenced new homes making it difficult to socialize with immediate neighbors thus leading to isolation, insecurity and distress. Some wet lands in the area have been inhabited by the ever-growing construction in the area, polluting and even covering some natural water sources, making it difficult for the elderly to access free clean water (Achoroi, 2017; Ahmed, 2023).

These socio-economic changes and modern practices increase the cost of living as it affects food production; water contamination increases risk of waterborne diseases making elderly women more vulnerable (Nuwayhid & Mohtar, 2022). Navigating this delicate life in that kind of environment may be complicated for the elderly women.

Conceptual Background

The concept of family social support to the well-being of elderly women is anchored in the fields of gerontology, social work, sociology and health sciences. It emphasizes the interconnectedness of gender, aging, family undercurrents, and social support structures. Therefore, because of the biological prolonged existence, gendered life encounter and socio-economic standing, elderly women habitually have distinctive necessities that are best met via family-based aid arrangements (Heredia, Diaz, & Agudonet al., 2021).

In addition, the notion of family social support is fundamental to indulgent and stimulating the health of ageing women, accentuating the significance of interdependence and precaution with in relatives, principally in resource-constrained backgrounds. Therefore, as social dynamics change, strengthening and adapting family-based aid arrangements is vital to certifying that ageing women age with health, social inclusion and dignity (Paknejad et al., 2021).

In addition, family social aid for the ageing women principally in this era takes on unique and challenging features to include changing practices of communication and transformed family configurations and economic pressures. In addition, unlike the rural background where extended relatives live in adjacent proximity, urban backgrounds pose contests that influence the obtainability and sustainability of satisfactory family aid from kins (Kwiringira et. at., 2021). Therefore, the well-being of ageing women habitually thrives on the instrumental, emotional, and informational aid as well as societal commitment they enjoy from their instantaneous and extended support structures (Abdelaal et. al.2021).

In addition, the bounciness that ageing women attain from the aid of their relatives does not only advantage them but further the divergent family associates who further encourage the domiciliary livelihood tangibly, communally and even economically. Therefore, it is imperative to note that social aid can be idiosyncratic and its special effects may best be construed as advantageous or not by the individual getting care (Drageset, 2021).

In view of the above, the theoretical, contextual, historical and conceptual viewpoints as deliberated above highlight the key concerns surrounding the ageing women's bump into in life and how such concerns may affect their well-being, consequently the prerequisite for the study.

1.2 Problem Statement

In Uganda, elderly women constitute a growing and increasingly vulnerable segment of the population (Dibaba, 2024). The 2024 Uganda census report revealed that 5% 0f the total population were older persons aged 60 years and more, with females at 5.5% and older males at 4.4% (Uganda Bureau of Statistics, 2024). Literacy rates were higher in males at 62.6% versus 34.3% for females. The census report also indicated that there were more female household heads for those aged 80+ than males.

Despite their significant contributions to families and communities throughout their lives, many elderly women face challenges that compromise their physical, emotional, and socio-economic well-being in old age. In peri-urban areas such as Katikolo Village, these challenges are often more pronounced due to neglect, poor health, poverty, loneliness, and the erosion of traditional family structures (Golaz et al., 2017). While some communities remain deeply committed to elderly care by utilizing neighborhoods, community and faith-based support systems, others still struggle to access social support that can improve their well-being (Atwiine & Raniga, 2022)

A gap exists in understanding the real contribution of family social support to the physical, psychological, and emotional well-being of elderly women and it is against this background that the researcher undertook the study to explore the contribution of family social support to the well-being of elderly women in Kati-Kolo village, Uganda.

1.3 Purpose of the Study

The purpose of this study was to explore the contribution of family social support to the well-being of elderly women in Kati-Kolo Village, Uganda. The primary aim was to propose strategies that could inform interventions involving family support systems specifically designed to address the unique needs of this vulnerable demographic.

1.4 General Objective

To explore the contribution of family social support to the well-being of elderly women in Kati-Kolo Village, Uganda.

1.4.1 Specific Objectives

i. To explore how elderly women in Kati-Kolo village experience and interpret the companionship of family members in relation to their well-being.

ii. To find out the role of family social networks in shaping the well-being of elderly women in Kati-Kolo village.

iii. To find out the types of family support elderly women in Kati-Kolo village perceive as most meaningful to their well-being.

1.4.2 Research Questions

i. How do elderly women in Kati-Kolo village experience and interpret the companionship of family members in relation to their well-being.

ii. What is the role of family social networks in shaping the well-being of elderly women in Kati-Kolo village.

iii. Which types of family social support do elderly women in Kati-Kolo village perceive as most meaningful to their well-being.

1.5 Scope of the Study

The scope of this study covered; content, geography and time scopes as described below:

1.5.1 Content Scope

The study involved the search for relevant information regarding how elderly women in Kati-Kolo village experienced and interpreted the companionship of family members in relation to their wellbeing, the role family social networks played in shaping the well-being of elderly women in Kati-Kolo village, and the types of family social support that elderly women in Kati-Kolo village perceived as the most meaningful for their well-being.

1.5.2 Geographical Scope

The study was conducted in Kati-Kolo Village, Nsuube-Kauga parish, Mukono Central division, Mukono District in Uganda, concentrating on elderly women aged 60 and above. Kati-Kolo village is a peri-urban area characterized by small and medium enterprises and agricultural activities as the primary source of livelihood. Kati-Kolo was selected since the area provides a representative scenery for understanding the practicalities of ageing women in a hurriedly changing social setting characterized by both old-fashioned family arrangements and emerging contemporary lifestyles.

1.5.3 Time Scope

The study encompassed the timeframe from 2023 to 2024, a period characterized by the aftermath of the COVID-19 pandemic. Throughout this interval, numerous families encountered a decline in socioeconomic activities; some adult members migrated in search of wage labor opportunities, adhering to stringent budgets and prioritizing their nuclear families over the traditional extended family structure. For some elderly women, this shift caused heightened feelings of loneliness, social isolation and irregular or no remittances from their family members.

1.6 Justification

The increasing population and life expectancy of older persons coupled with the changing patterns of family interactions due to socio-economic changes in Uganda,

pose a big risk of their vulnerability (Ikamari & Agwanda, 2015). Whereas government programs and civil society organizations have made some strides in supporting the elderly women in Uganda, access to basic social support remains limited. In this context, the family remains the primary and often the only viable source of support for older women. It is against this background that the researcher seeks to explore how the family as the primary source of support can improve the well-being of this population.

1.7 Significance of the study

Results from this research will not only create awareness but also provide a foundation for researchers to examine related areas such as isolation and depression in old age. This study also provides a background for policy development by policy makers in the Ugandan Ministry of Gender, Labor and Social Development, Non-Governmental organizations and Civil society organizations involved in strengthening elderly care at family level. Finally, the study highlights the importance of gerontological social work practice and stresses the importance of positive family relations in boosting the emotional security and social connection of the elderly in our communities.

1.8. Definition of key Terms

According to Bodie & Brisini (2021), family social support refers to physical and emotional assistance that family members render to each other with the aim of enhancing their well-being.

Well-being in this study's context encompasses ones' general satisfaction with life and the pleasant feeling of joy and affection as they relate with those around them. On the other hand, one's objective well-being can be gauged basing on external indicators such as; decent housing, easy access to health care, safe water, and ability to meet daily costs of living (Diener, 2022).

According to the United Nations (UN), elderly women are women aged 60 years and above.

1.9 Theoretical Framework

This study titled 'Contribution of Family Social Support to Well-being of Elderly Women in Kati-Kolo Village, Mukono, Uganda', is grounded in the Social Convoy Theory developed by Antonucci et al., (2014). The theory posits that individuals move through life surrounded by a network of vital social relationships that offer different forms of support over time. These social relationships also referred to as a "social convoy" may include family members, friends, relatives, and community members who offer companionship, emotional, instrumental and informational support throughout their life course (Fuller et al., 2022)

According to the theory, these convoys change depending on the individual's age, social roles and life experiences. As one ages, circles of friends and community engagements may reduce but family remains the most stable and central source of support (Tannen, 2017). Family support becomes particularly important because aging is often associated with challenges related to declining health, widowhood, reduced income, and dependency that only close family members can recognize and find solutions. The Social Convoy Theory argues that the quality and availability of family social support significantly influence the well-being of elderly women. Good quality family support often enhances the psychological, social, and physical comfort of the elderly women. Conversely, weak family ties, neglect, isolation, or lack of support may lead to loneliness, stress, poor health outcomes, and reduced life gratification (Fuller et al., 2022).

In this study, the researcher assumes that the elderly women's well-being is dependent on the family social support they receive from their family members. Well-being in this context may be reflected through social connectedness, happiness, emotional stability, general satisfaction as expressed by the elderly women.

The social convoy theory was particularly appropriate for this study bearing its strengths as explained below;

The social convoy theory recognizes family as the primary source of support in old age and explains that family members' social support influences the physical, emotional, social and psychological well-being of elderly women (Tannen,2017). The theory further stresses how family social relations evolve throughout life till later in one's

old age, implying that elderly women continually rely on their social convoys like children, spouses, grandchildren and other relatives (Antonucci etal.,2013).

This theory fits well in the Ugandan/Mukono context in which the traditional family norms require family members take care of their aged relatives. The theory thus predicts positive well-being of the elderly women that receive strong family social support (Antonucci etal.,2019).

On the other hand, in relation to this study, the social convoy theory is limited in some ways;

It puts more emphasis on positive family relationships, mentioning less of the negative companionships that expose the elderly women to exploitation, conflict and abuse, which greatly affect their well-being. The theory also assumes that each elderly woman has family members to offer basic support but with the increasing urbanization and migration that are changing the traditional family structures, some elderly women are devoid of reliable family support (Lowsky et al.,2014). Lastly, it is difficult to measure the effectiveness of the family social relations to the well-being of elderly women. While some elderly women may receive frequent contact and physical support from relatives, some may still feel emotionally empty (Wrzus & Wagner, 2018).

In conclusion, the social convoy theory is a preferrable theory for this study bearing its clarity on how constructive family social support positively influences the well-being of elderly women in Kati-Kolo, Mukono District.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of literature that guided this study. The literature is reviewed according the themes generated from the study objectives and research questions.

Family social support in relation to well-being illustrates the need for others' support if they are to effectively deal with day-to-day challenges (Kwiringira et at.,2021). The well-being of elderly women often thrives on the emotional, instrumental and informational support as well as the social engagement they enjoy from their immediate and extended support systems (Abdelaal et al.2021). Upton and Upton (2019) described emotional support as expressions of responsiveness, affection, and care often involving empathy and companionship to the elderly women. On the other hand, Informational support entails providing the elderly women with necessary information they may need in decision-making while trying to deal with some life challenges as well as advice on health and medicine management (Bražinová, et al.,2024). Instrumental support, contains perceptible assistance which includes but not limited to financial help or help with daily tasks and social engagement involves communication about family events, participation in family activities and attending family gatherings.

The literature presented will focus on the social convoy theory, understanding well-being among elderly women, family companionship, family social networks and elderly women's well-being as well as the most beneficial type of social support as perceived by the elderly women in Kati-Kolo village.

2.2 Theoretical Review

The Social Convoy Theory

The social convoy theory by Kahn & Antonucci (1980) informed this study. This theory was later developed by Antonucci et al., (2014) and it assumes that individuals are surrounded by a network of supportive relationships that provide protection and

stability throughout their lives. It stresses the role of family, friends and the community members in supporting individuals especially in distressing times through the creation of supportive rings; offering emotional, informational and instrumental support.

For every individual, there is an innermost circle of support that is usually formed by the immediate family members that may include; parents, siblings, spouse and or children. The extended family, friends and close neighbors are believed to form the next circle, while community members form the last circle. In this context, the elderly women may rely on their spouses, children and siblings as their innermost supportive group since their parents may be too old to support them. In some cases, the grandchildren may offer the immediate support especially in situations where they are orphaned or when their parents are too busy to take care of their aging parents. The support of the extended family and community usually comes in as secondary, especially when the primary support ring is incapable.

This convoy keeps evolving with life changes such as; age, retirement, deteriorating health, as well as social transitions like relocations. As people age, their supportive rings may shrink leaving a few ties that are often dependable and more meaningful. This may not be the case for all elderly women as some suffer negligence and abuse as a result of conflicts between generations thus rendering them lonely and distressed (Atim, et al., 2023).

This theory further assumes that whereas human beings are socially embedded throughout life, one's quality of life in old age greatly depends on the presence, strength and stability of one's convoy. This assumption is supported by the study conclusion of Ene. et al., (2024) which states that, "elderly care and assistance should be friendly, helpful, available and sensitive to the needs of the recipient".

2.3 Empirical Review

Understanding ‘‘Well-being’’ Among Elderly Women

The construct of well-being is diverse and multifaceted, involving numerous aspects of life. An individual’s well-being is impacted mainly by their psychological and physical encounters. In this study, the researcher focused on the hedonic well-being as well as the objective well-being of the participants. Diener, (2022), defined hedonic well-being as “the everyday feeling or moods associated with one’s life as they relate with those around them.” One is considered to be doing well when they are generally satisfied with life and report a pleasant feeling of joy, affection and or elation, and unwell when they experience unpleasant feelings of guilt, shame or anger especially as a result of their interaction with their family members.

In contrast, objective well- being relates to tangible, and measurable aspects of one’s life that contribute to their overall quality of life. This is often assessed using external indicators such as; decent housing, easy access to health care, safe water, and ability to meet daily costs of living (Diener, 2022).

Similarly, a study by Rishworth et al, (2020) indicates that age has a significant negative bearing on the subjective wellbeing of individuals, especially in several low- and middle-income countries. However, active participation in group activities and close working relations with family and friends often enhances their well-being. Their participation and close interaction with others reduce the prevalence of worry, stress and unhappiness that is often responsible for their low levels of subjective wellbeing (Steptoe, 2015).

In Uganda, elderly women are challenged by a range of interpersonal, societal and structural factors related to weakening social support from family members, economic inequalities and poor health (Nzabona et al.,2016). The decline in house hold income and the rising cost of basic commodities seriously affect the well-being of this cohort, causing them to worry and sometimes fall into depressive states. Depression among this group often presents with non-specific complaints, leading to mis-diagnosis or misattribution to aging or spiritual causes, gradually affecting their physical and emotional health (Kinyanda et al.,2011).

The sociocultural realities also affect the elderly women's well-being, particularly those facing bereavement, chronic illnesses, loneliness and neglect by family members. They often present with a range of emotional, physical, cognitive and behavioral symptoms ranging from persistent sadness, low-self-worth, feelings of hopelessness and guilt (Mugisha et al., 2013).

The socio- economic pressures and inadequate family support may affect the quality of elderly women's lives especially in terms of housing, access to resources, dependable support systems, and the general quality of their surrounding for their well-being. This places them in a very vulnerable state that requires the urgent attention of their family networks and community (Ministry of Gender, Labour and Social Development, 2020).

2.3.1 Family Companionship and the Well-being of Elderly Women

Companionship is a critical component in the psycho-social well-being of elderly women (Hossen & Salleh, 2025). In Uganda, the cultural expectation is that the elderly receive care from their close family members, some of whom being those they cared for while they were still physically able. Traditionally, the communal living and interdependence among family members offered a form of security for the elderly especially in terms of protective companionship, physical support with house chores and a source of provision for basics needs like food, clothing and housing (Ministry of Gender, Labour and Social Development, 2016).

Nevertheless, while companionship is considered a protective factor, it can also be a source of stress. Meaningful companionship can be physical, emotional or spiritual. Studies show that elderly women with consistent emotional support from adult children or close community members, tend to report higher life satisfaction as it buffers against feelings of abandonment and isolation (Kodzi & Gyasi, 2020). Similarly, research highlights that women who are regularly involved in community groups and church fellowships cope better with age-related challenges (Mugisha et al., 2022).

On the contrary, some aging women experience extended care giving responsibilities where they care for grandchildren and sick relatives, leaving their own companionship

needs unmet (Aboderin, 2017). In other cases, divorced, separated and widowed or childless elderly women often experience higher psychological distress and loneliness due to limited companionship options as a result of social exclusion (Wandera et al., 2017). It is worth noting that some elderly women, prefer solitude and find comfort in spending time on their own (Toyoshima & Kusumi,2022). While this is possible, it is also true that man is a social animal and so those that choose solitude from family may at one point need the support of their close neighbors.

The family in many African traditions enjoyed inter-generational co-residence where elderly persons lived with or near their grown offsprings and grandchildren. This provided reliable assurance of frequent companionship and emotional support to the elderly people especially the women who stayed in the homes most of their time (Ministry of Gender, Labor and Social Development, 2016). Akol et al., (2019), studied the traditional norm of inter-generational co-residence throughout Sub-Saharan Africa, where aged persons frequently live with their fully-grown off-spring and grandchildren and concluded that, the living patterns afford chances for day-to-day collaboration and sustenance, which safeguard against cheerless symptoms.

On the contrary, Kinyanda et al. (2021) contends that, not all elderly persons particularly women in Uganda have access to compassionate family environs. Kinyanda et al. (2021) concluded that, monetary constrictions, relocation, and deviations in family configuration unsettle traditional sustenance networks, leading to amplified defenselessness to distress. The financially stable elderly women are more likely to have strong family support and backing than those who are financially crippled. They may have willing live-in adherents that offer company while they tap on the available resources provided by the elderly persons. On the other hand, the financially unstable elderly women may struggle to survive as some family members may not want to be associated with them or those living with them may be compelled to relocate in search of jobs to earn a better living.

In the same way, Johnson and Brown (2021) emphasized the significance of the worth, rather than the magnitude of family comradeship in facilitating the well-being of elderly women. Johnson and Brown (2021) concluded that, a positive and meaningful

collaborations with family affiliates is paramount in cushioning elderly persons against unnecessary distress. Johnson and Brown (2021) emphasized the Caliber of family affiliations instead of quantity in ensuring the elder person's well-being arguing that the worth of expressive emotional sustenance is more beneficial than just partaking voluminous family associates.

According to Amurwon,2019, the current trend of increased schooling by the youth and urban migration in search of jobs has deprived some elderly women of care, support and companionship. However, the presence of supportive relatives or friends in households remain critical in facilitating the wellbeing of elderly women, especially with the rising cost of living and limited resources.

2.3.2 Family Social Networks and the Well-being of Elderly Women

Family social networks encompass the relationships between an individual and the immediate family unit affiliates as well as the extended family members, friends and other social contacts (Lois 2022). As Nakimuli-Mpungu et al., (2019), indicated in her study findings that, "elderly women who testified robust social bonds within their family networks experienced higher levels of psychological well-being", Kuteesa et al., (2020), also revealed that positive interactions and support from family members enhanced the psychological well-being of elderly women. The results of these studies reflected that lack of family support absolutely distresses psychological well-being of elderly women but meaningful social networks boost their esteem and optimism during stressful situations. For example, in situations of loss of a loved one, the physical presence and emotional support of the immediate and extended family members, friends and community members greatly comfort the elderly women and this may reduce loneliness and grief.

However, some scholars argue that family social networks are becoming ineffective and undependable in supporting the elderly women given the economic hardships, family disintegration and the eroding traditional norms of caring for the elderly in our society (Ikeorji, 2024). Despite the idealized notion of family networks as a safety net, the weakening intergenerational bonds as a result of strained economic pressures

and increasing migration of the young adults in search of jobs for more money, means that elderly women may be left unsupported. In their study, Golaz et al., (2017), highlight that in urban and peri-urban communities, adult children prioritize their nuclear families, often leaving their mothers and grandmothers unattended to. The sense of obligation that was once treasured in extended kinship networks is slowly eroding away, detaching the elderly from their adult children and grandchildren.

Further still, some elderly women still suffer emotional neglect, abuse and exclusion from decision-making even when they are living with family members (Wamara et al., 2021). Sometimes elderly women are seen as burdens and experience isolation even within the company of their kins. Family members may harbor resentment towards their elderly relatives leading to passive neglect or even mistreatment thus diminishing their mental well-being and quality of life (Atim et al., 2023). This is especially common where the elderly women are in the care of busy family members, sometimes daughters-in-law, for long periods of time due to displacement or chronic illnesses. Such circumstances infuse resentment in the care-givers who often claim that the old women are over demanding and dependent. No wonder, some elderly people insist on being taken back to their own homes despite their poor health conditions. This explains the paradox of elderly women expressing contentment and peacefulness while in their seemingly limited resource home environment than when they are in glitzy homes of their relatives. This implies that the presence of family members does not guarantee care and emotional support.

Additionally, some researchers critique that cultural norms unfairly place the caregiving responsibility on elderly women yet they are no longer physically and emotionally capable (Rost, 2020). The elderly women often take over the responsibility of caring for orphaned or abandoned grandchildren. However, this scenario often unfolds into reciprocal care as the elderly women also depend on their grandchildren for physical and emotional support as they increasingly weaken with age (Kasedde et al.,2014).

Another research by Apecu, (2018) noted that some family members, especially the extended family members offer conditional and or transactional support to their

elderly women. Elderly women may not receive support unless they offer a portion of their assets like land, housing or even accrued financial benefits. In this case, the notion of unconditional care is undermined and may lead to emotional and financial precarity. This is very common among widowed, divorced or separated elderly women who find themselves in conflict with their in-laws for property. It is also becoming common in this era of urbanization where the elderly women's adult children portion their family land for sell, promising their elderly parents care in return. Such transactional dynamics breed tension and leave the vulnerable elderly women without meaningful family protection and loss of their only material and monetary security.

On the other hand, a study by Lois, (2022), reveals that families with strong cohesion tend to have a positive influence on their own members as well as the community, thus promoting wider networks and access to support and care. This is advantageous to those who are financially stable as their kin will be drawn to them expecting their needs to be met (Tumuhairwe, 2017). On the contrary, elderly women from low-income settings may rarely be invited or hesitate to attend their extended family gatherings for fear of humiliation or isolation. They may even fail to finance their own travel to the events. This implies that low self-esteem and stigma due to low socio-economic status is also a barrier to timely access or utilization of resources from family support networks. In this case, the unconditional support and positive attitude towards care of the impoverished elderly women would be the only sure strategy that would enhance their social and emotional well-being.

Interestingly, the financial stability of the elderly women may also pose its own challenges especially when they get overwhelmed with demands from dependents who are often needy relatives or grandchildren. Social networks may grow wider not necessarily to offer support to the older person but to get financial support instead (Byaruhanga & Debesay, 2021).

Vincenza et al. (2021), also underpins the significance of social or communal networks in promoting the well-being of ageing women, principally emphasizing that responsive support from other members of the community other than family is instrumental in moderating psychological problems. Their study affords a more generalized standpoint

by highlighting the role of social networks in averting depression in ageing persons. For instance, in communities where elderly women engage in organized group projects like making and selling crafts, selling produce in roadside markets or saving in schemes that offer soft loans to members, their outlook on life tends to be more positive, characterized by optimism and resilience than those that are not.

As explained above, these troubling realities encountered by the elderly women greatly affect their quality of life and yet the family remains their pivotal source of support. The plight of elderly women in Uganda is that they are positioned at a critical point where cultural expectations, weakening family structures and limited formal support intersect thus increasing their vulnerability. As social support of the elderly keeps evolving, it is imperative that we explore how family social networks can offer hope for the well-being of this vulnerable group.

2.3.3 Elderly Women's Perception of the Most Beneficial Family Social Support

In order to develop sustainable social support strategies to promote the well-being of elderly women, it is important to explore the most vital kind of support they consider. Family is the main source of support for most elderly women in Uganda and this comes in form of physical, emotional, financial and spiritual support. While all these forms of support are vital, the elderly may have priorities that they may consider at their stage of life.

The socio-emotional selectivity theory by Carstensen, (1992), suggests that "as people age, they tend to prioritize emotionally meaningful relationships". Elderly women often identify emotional presence as more valuable than material gifts. They cherish being visited regularly, being listened to and having warm conversations with those around them. On the contrary, Aviisah et al., (2022), study findings revealed that receiving social and financial support as well as frequent contact with family members related positively to better psychological well-being and good quality of life of older adults. However, with the socio-economic uncertainty in Uganda where the elderly persons are financially constrained and their young family members are living on tight budgets; it is unlikely that their well-being will strongly depend on financial

stability. They may focus on being respected or treated in ways that safeguard their dignity, acknowledging their contribution to the development of their communities rather than focusing on financial handouts.

Mugisha et al., 2021, indicated that rural older persons considered respect from their descendants and community, as well as the willingness of their children to support them as the key to their well-being. Although some elderly women may be hesitant to ask for monetary support directly, they often express appreciation when family members help them with medical bills, food stuffs, better housing and clothing. The regular financial support, no matter how small, helps them to purchase day to day basic items like salt, soap, matchbox and paraffin for those who use local lanterns.

It is also evident that the decline in physical abilities among the elderly women also present challenges in managing some domestic chores, making help with some of these tasks highly appreciated (Amurwon, 2019). Collecting firewood and water from the water sources, washing clothes, gardening, taking animals to feed are often reported as bothersome and assistance from family members or well-wishers would greatly relieve them. That means that those living alone would be very overwhelmed with such duties thus calling for the support of neighbors where possible. This can be especially complicated when the elderly woman is experiencing social isolation and stigma usually resulting from witchcraft accusations by their own family members or the community (Kwiringirira et al., 2021).

Other studies show that some elderly women focus on strengthening their social relationships by getting involved in both their congregations and communities (Mugisha et al., 2021). They often engage in spiritual related activities by attending prayer fellowships, cleaning places of worship and sometimes singing in choirs. This may not only enhance their social esteem and sense of responsibility but they also draw spiritual strength from prayer. Some want to draw closer to God as they envision that they do no not have a lot of time left for them to live. They wish that their children and grandchildren support them to attain this by accompanying them to places of worship.

Aging presents with common challenges but it also offers a better-off side which demonstrates amassed knowledge and a profound sense of attainment. In this sense, the elderly wish to have relationships that ensure restoration of their sense of meaning in life by not only respecting them but also listening to their words of wisdom and advice (Gumikiriza -Onoria,2023). This is one way of improving the psychological well-being and life satisfaction of the elderly.

In conclusion, while aging often involves physical and psychological deterioration, it is important to acknowledge that intensity of some of these ailments is attributed to the nature of care they receive and or the serenity of their environs. The immediate family members remain the sole source of care and support and their availability is paramount for the proper care of the elderly women. Therefore, it is imperative to find out the likely perspectives of elderly women on the most beneficial family social support they need, especially within the context of Mukono municipality socio-cultural and economic setting.

2.4 Research Gaps

A lot of literature has been reviewed in relation to the contribution of family social support to the well-being of elderly women. For instance, Namuli (2018) explored the consequence of traditional kinship structures and community support systems in providing social support to elderly individuals in Uganda, Tumuhairwe et al. (2017) explored disparities in access to social networks based on socioeconomic status and geographic location and concluded that, family members incline and associate more with those individuals and persons who are financially stable and have comprehensive social status. However, the contribution of physical companionship, network with kins and perception of the most beneficial form of support to the elderly women in the context of Kati-Kolo village in Mukono municipality was not explored. This study shall therefore bridge the existing knowledge, and contextual gaps.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter provides details concerning the research design, study population, sample and sampling techniques, description of data collection instruments, data analysis techniques, ethical considerations and challenges.

3.2 Research Design

This study adopted a case study research design that was considered most appropriate for an in-depth exploration of a phenomenon- "The contribution of family social support to the well-being of the elderly women in Kati-Kolo Village", in its real-life context, using a manageable scope with in a larger population. This aligns with Hammersley& Atkinson, (2019), who state that a case study research design constitutes a strategy and empirical inquiry that investigates a phenomenon with-in its real-life context.

The study further employed a qualitative research approach, which was the most suitable for this research because the researcher's aim was to attain an in-depth exploration of the social and emotional contexts in which elderly women experienced family support in relation to their well-being (Hammersley & Atkinson, 2019). According to Sabnis et al. (2023), this approach accentuates understanding of the feelings and social behavior of the participants and their family members by gathering and breaking down non-numerical data. It is a research approach that is principally useful for ascertaining multifaceted subjects where quantitative techniques may not apply. The researcher gathered data related to the subject under study in text and observation using interview guides.

3.3 Sources of Information

The researcher sought information from selected elderly women of Katikolo village who were the primary information sources. Primary data provided specific, original insights that informed the study outcome. This aligns with Rudolph et al. (2023) who

stated that “sources of information constitute the references that afford the content and evidence prerequisite for a particular study”. According to Rudolph et al. (2023) primary, secondary and tertiary information sources are the commonly used information sources in academic writing. In this study, only the primary information source was used; the primary sources of information were the elderly women selected for the study,

3.4 Study Area

The study was conducted in Kati-Kolo village, Mukono central division, in Mukono District, Central Uganda. Katikolo Village is found in Nsuube-kauga parish which has a blend of rural as well as the relatively modern social settings. Kati-Kolo was selected since the area provides a representative scenery for understanding the practicalities of ageing women in a hurriedly changing social setting characterized by both old-fashioned family configurations and emerging contemporary lifestyles. The researcher sought to capture the experience, nature and quality of family support elderly women received in such a community.

3.5 Study Population

The target population for this study was elderly women aged 60 years and above residing in Kati-Kolo Village, Mukono Municipality. Those that were ill or unable to give rational voluntary information were excluded since they were considered unstable for the interview process. 25 participants were selected out of the 48 elderly women in that village using purposive sampling technique. However, only 22 elderly women were accessed and interviewed. According to Creswell (2018) study population constitute the whole group of entities, units, or objects that an investigator finds appropriate for studying with a purpose of obtaining answers to the research questions. The population entails the larger group from which a sample is drawn and denotes the comprehensive population that the exploration outcomes aim to generalize.

3.6 Sample Size Determination and Selection

The sample size for this study was determined to be 22 elderly women. The researcher obtained this sample size after achieving a point of saturation in the data collected; when the participants' responses seemed to offer no new information for the questions asked and the pattern of stories seemed to be quite similar. Similarly, numerous scholars including Hennink & Kaiser, 2022, have agreed that in qualitative studies, the information attained from the participants is majorly intended for in-depth understanding of a given phenomenon rather than attaining empirical statistics.

This study adopted a purposive sampling method to intentionally select persons with relevant knowledge, insights and experiences that can produce rich and meaningful information for the study. The researcher sought the assistance of the local council one chairperson and the Village Health Team member (VHT) to identify the potential participants.

3.7 Data Collection Procedure

According to Creswell (2018) data gathering involves systematic processes researchers follow to collect data for academic reasons.

The researcher secured an introductory letter from the School of Social Sciences and an ethical clearance from the Research and ethics committee (REC) of Uganda Christian University. The researcher also obtained verbal permission from the local council I chairperson of Kati-Kolo village, who assigned a Village Health Team member to assist the researcher. The potential participants were informed about the study and dates for the face-to-face interviews were set.

3.8 Data Collection

The data collection process was conducted in phases to ensure data credibility, cultural sensitivity and procedural consistency. It involved two stages, namely: administering the refined in-depth interview guide, and conducting non-intrusive observations of participant interactions with their relatives, caretakers and neighbors.

During the main data collection phase, the interview guide with open-ended questions was administered to selected elderly women aged 60 years and above, through a face-to-face interview. The open-ended questions were designed to explore the selected participants' experience of family social interaction, access to family support networks and emotional well-being as a result of belonging to a given family. The interviews were conducted in the local language (Luganda) by the researcher and a trained research assistant, familiar with the local culture. Each interview was held in the participant's home and in a safe environment where the participant suggested to the researcher.

Each interview began with building rapport with the participant, obtaining consent both verbally and in writing, and explaining the study's objectives and the participant's right to withdraw at any time. The researcher probed and asked questions for clarity where it was necessary. During the interviews, note-taking of participants' narratives was done without altering expressions and meanings of their responses.

In addition to the interviews, observation of the participant was employed to enrich the data and findings. This involved observing the natural interactions between the participants and their caregivers and, or neighbors. The main focus was on the non-verbal cues, forms of engagement, expressions of care and participant responsiveness to the people around. Observations took place before, during and after each interview, employing a disguised non-participant observational approach to minimize influence on behavior.

The focus was on the frequency and quality of verbal exchanges between the elderly participant and relatives or neighbors, expressions of kindness or neglect, household roles and care giving practices. The researcher was able to achieve this as she engaged in helping some participants with a few house chores like washing utensils and checking on what they were cooking. This was particularly done for those who lived with young grandchildren. All observations were documented using the observation check list during and immediately after the sessions to compliment the interview data that was collected.

The above process was in line with Kang (2021) who affirms that data collection entails the process of gathering information that is pertinent to the subject under study and supports the effort of capturing experiences and viewpoints on the subject under study.

3.9 Quality Control

To ensure quality in this study, the researcher ensured that trustworthiness was maintained through-out the process of data collection. The following quality control elements were keenly observed to ensure that the research results were applicable to other contexts.

Credibility: The researcher ensured that the data collected accurately reflected the participant's experiences and perspectives by building rapport with the participants and using observations to support the data obtained from the interviews.

Trustworthiness: The findings were grounded in the collected data in an effort to ensure integrity and minimal bias. The researcher used direct quotes and vivid narratives to convey the lived experiences of participants.

Dependability: The researcher documented the research process in detail to enable other readers to understand the rationale used for the research process. The documented responses, coded interview scripts and documentation of the emerging themes were all maintained.

Transferability: The researcher clearly described the research context, the participants and procedures to enable readers to judge applicability of the findings to different settings. The researcher also purposefully selected the study participants that were able to comprehend the study topic thus enhancing its relevance.

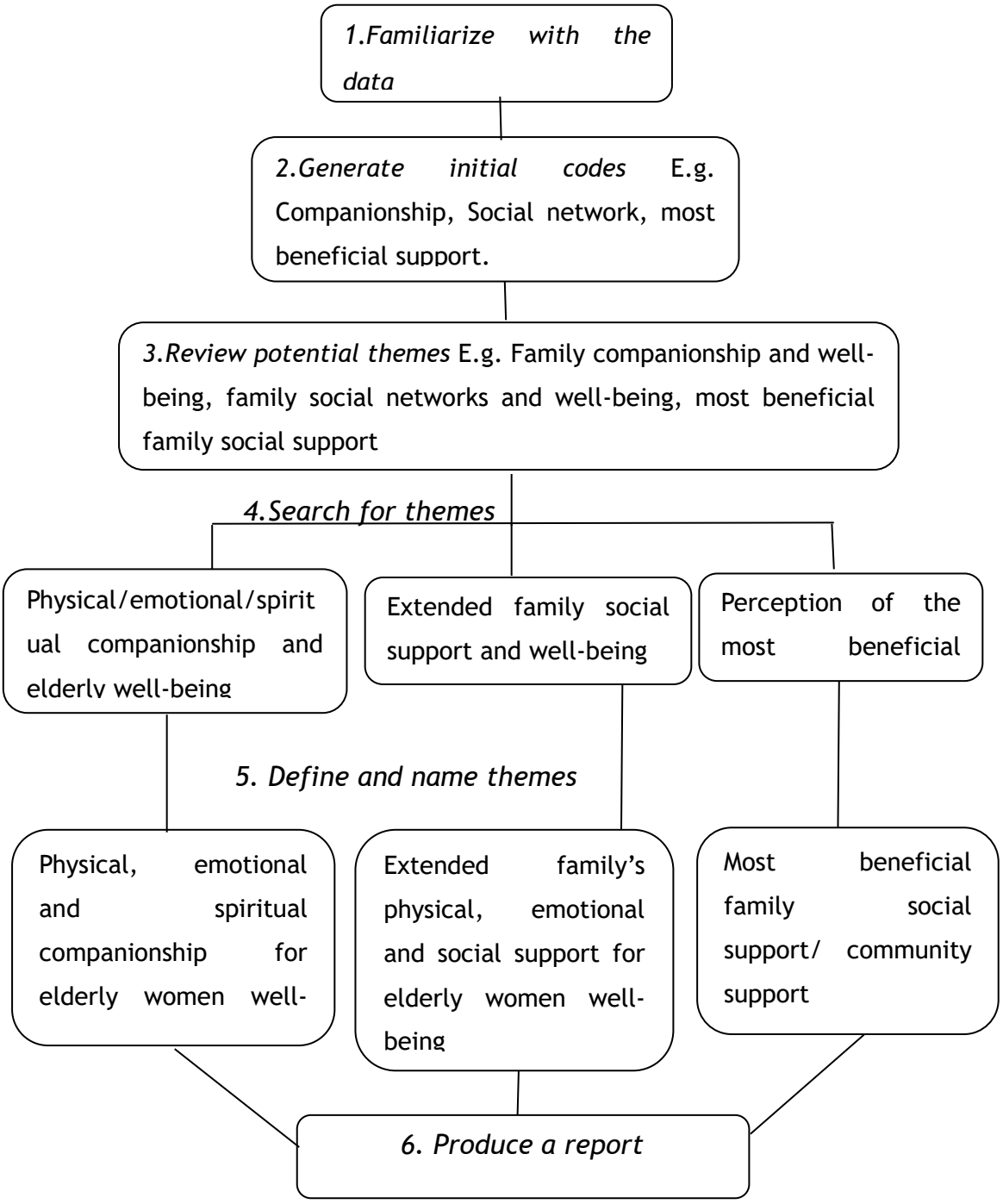
By adhering to these essentials, the researcher was assured that the study process would uphold the dignity of the elderly women and produce meaningful results.

3.10 Data Processing and Analysis

According to Creswell (2018) data processing constitutes the process of transforming of unprocessed information into a more operational set-up.

For this study, the researcher employed the thematic analysis model by Braun & Clarke (2006) to analyze the data. This model helps researchers to identify, analyze and report themes or patterns with in the collected data. For this study, the focus was on understanding the lived experiences of elderly women, and the way their relationships and individual interactions with their family members influenced their well-being. Below is an illustration of the thematic analysis model that was used:

The Analysis Model



Adopted from the Braun & Clarke (2006) analysis model.

This model follows a six-step process that includes; familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and writing the report in a narrative format.

In the first phase, familiarization with the data through repeated readings of transcribed interviews was done to gain an in-depth understanding of the participants lived experiences. In the second phase, initial codes were generated manually by identifying meaningful units of data related to emotional well-being and family support structures. These codes were organized into categories representing themes or patterns across the dataset.

In the third phase, potential themes were developed by grouping codes into broader conceptual categories. In the fourth phase, themes were reviewed for coherence and consistency across cases, and refined to ensure they reflected the data accurately and meaningfully.

In the fifth phase, each theme was clearly defined and named, providing conceptual clarity and aligning the interpretations with the study's objectives. Finally, in the sixth phase, the findings were written up in a narrative format, integrating direct quotations from participants responses.

To ensure the trustworthiness and consistency of the analysis, the researcher used a journal throughout the study to document personal biases and decisions made during data collection and analysis. This journal served as a tool for self-awareness and transparency in the research process.

To enhance the credibility and confirmability of the findings, peer debriefing was conducted with a research colleague and the field assistant who assisted in the data collection. These colleagues reviewed the coding process and the emerging themes, providing constructive feedback and helping to minimize potential researcher bias.

The use of direct quotations in the final report helped to convey the depth and complexity of the data. The themes generated provided insights into the specific ways that family social support, or the lack thereof, activates or reduces depression among elderly women in Mukono municipality.

3.1.0 Ethical Considerations

According to Götzelmann et al. (2021) ethical considerations throughout academic writing are principal to guarantee the truthfulness, rationality, and societal recognition of the study findings. Ethical considerations comprise a range of doctrines that guide scholars in their conduct, principally when human matters are tortuous. In addition, Paranitharan & Perera (2020) further argues that the ethical scene is fashioned by conventional ideologies such as respect for respondents, justice, beneficence, which serve as a structure for virtuous decision-making disciplines. Therefore, ethical considerations throughout study investigations are multidimensional and necessitate indulgent of innumerable ethical philosophies. In this study, the researcher adhered to various ethical considerations in the following ways;

Informed Consent: The researcher explained the purpose of the study to the respondents and sought their permission to be part of the study. The researcher was straightforward and candid about the study purposes and the projected reimbursements to the individual participant.

Confidentiality: The researcher assured the respondents of confidentiality in order to earn their trust for good data. The respondents' credentials were encrypted throughout the course and after the study. Each respondent was assigned a special code i.e. EL1, EL12. The codes shall be at the end as an appendix

Objectivity: The researcher didn't get emotionally involved with the respondents in order to obtain in-depth information from respondents and to reduce bias in reporting.

Minimization of Harm: the researcher avoided intrusive and stigmatizing language that could otherwise distress the respondents.

To uphold the dignity of the elderly women and produce meaningful results, the researcher tried to adhere to these ethical principles. Each respondent was offered ten thousand Uganda shillings to appreciate them for their involvement in the study.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.0 Introduction

In this chapter the researcher focused on presenting and analyzing the data obtained from the study participants. Out of the 25 participants, only 22 were interviewed, before the point of saturation was reached, making a response rate of 88%. The data was analyzed and presented following main themes generated from the responses, with the aim of obtaining answers to the research questions; how do elderly women in Kati-Kolo village experience and interpret the companionship of family members in relation to their well-being, what is the role of family social networks in shaping the well-being of elderly women in Kati-Kolo village and which types of family social support do elderly women in Kati-Kolo village perceive as most meaningful to their well-being?

The following section presents; the background of the study participants, and other data presented in themes as generated under the three study objectives.

4.1 Background Information of the Study Participants

This study included 22 participants aged 60 years and above. Most of the participants (42 %) were aged 80-89 years, followed by those aged 60-69 at 27%, 70-79 at 18% and the least were those aged 90 and above, at only 13%. 91% % of respondents were widowed and only 9% were separated from their spouses. 5% attained secondary school education, 50 % had attended primary school and 45% never attended school. 81.8% were unemployed and only 18.1% earned from selling some vegetables and snacks on stalls. The respondent's bio-data results are presented in Table 1.

Table 1. Summary of the respondent's bio-data (*N*= 22).

Respondents' Bio-data characteristics	Number	Percentage (%)
Age (years)		
60–69	6	27
70-79	4	18
80-89	9	42
90 >	3	13
Marital status		
Never married/ single	0	0
Married	0	0
Widowed	20	91
Separated /divorced	2	9
Education		
No formal education	10	45
Primary education	11	50
Secondary education	1	5
Tertiary education	0	0
Employment status		
Employed	4	18.1
Unemployed	18	81.8
Retired	0	0
Other (specify)	-	-

4.2 The Contribution of Family Companionship to the Well-being of Elderly Women in Kati-Kolo village

The study's first objective was to explore how elderly women in Kati-Kolo village experience and interpret the companionship of family members in relation to their well-being. The concept of family companionship in this study refers to the social and emotional support that family members offer to the elderly women. Positive family companionship encompasses togetherness, connection and mutual care, creating a conducive atmosphere for the elderly women to achieve a substantial level of life satisfaction. The researcher presented the findings and analyzed them under the following themes that emerged.

4.2.1 Physical Companionship /Physical support and the Well-being of Elderly Women

The findings of this study highlight the crucial role that physical companionship plays in enhancing the well-being of elderly women (EW). Several respondents indicated that living together with family members, particularly children and grandchildren, reduced their sense of loneliness and enhanced their psychological well-being, as these conversed with them while they went about their daily domestic chores. This implies that the presence of family created a shared environment of mutual support that fostered a sense of belonging and feelings of togetherness.

One 67-year-old woman illustrated a common experience among the participants living with close kins;

"I live with my daughter and her three children who help me with the house chores. I feel safe with them around" EL 2.

My observation was that the activity of children playing and chatting created an environment that made the participant feel alive and motivated to get involved with the activities going on.

However, the company of family members did not always equate to an entirely positive companionship. Some participants reported mixed feelings about the people they lived with. Sometimes the EW experienced tensions with family members, which

in some cases, made them uneasy or even lonely. The issue of generational differences caused challenges for the EW in that, they could not single handedly control the teenagers and young adults they lived with. The young people seemed to have their own way of life that did not rhyme with the values and expectations of the EW. One respondent had this to say;

"My dear, the girls are helpful but controlling them is challenging. Sometimes they make me shout especially about leaving home and returning late without permission. That makes me feel like the pressure is rising", EL 14, aged 70.

Another EW also had this to say,

"I don't get help from the boys I live with. All they do is loiter in the trading center with those phone wires plugged in their ears. I do the house work myself and sometimes I hire people to help me in the garden", EL 1, aged 68.

The fact that this participant lived with two relatives in her house did not translate into emotional calm or even reduce her physical strain of doing home chores. This made her sad and lonely, since the boys did not give her quality companionship.

Some elderly women reported physical and emotional fatigue due to the care responsibilities left to them by their adult children. Some EW were caring for grandchildren whose parents were working far away from home and rarely visiting them. Participant EL 7 had this to say;

"*My daughter leaves very early at 5:30am, and comes back after 9pm. She does not know how the children feed, bathe or even wake-up. This cycle frustrates me", EL 7, aged 74.*

A few EW reported that they were being abused verbally by their adult children. A 71-year-old participant code-named EL19 reported that her 40-year-old son would return home drunk and demand for food that he did not buy. This was a jobless man living with his mother and 10- year-old son in the mother's single roomed house. The son and grandson were present at the time of the interview and seemed not to connect

emotionally with the old woman. She sat under a tree near her house wearing a sad look and visibly hungry too.

This scenario, depicted a very stressing life for the old woman. Her physical and psychological well-being were greatly affected. Such old age-related problems do not only befall those with careless children but also those without children, who have to depend on others for care. One 63-year-old woman expressed that;

"I live alone here as a care-taker of this house and garden. I don't have children of my own! My neighbors and the elderly women in our church fellowship are my family", EL 4, aged 63.

This participant lived alone in the house. Her facial expression and tone of voice was one of resignation. She was visibly unhappy and un-motivated. Her door step needed weeding and her verandah and cooking place looked neglected. This reflected a lonely home, supposing that her neighbors' social support and church members spiritual support was very vital for her well-being.

On the contrary, one 87-year-old participant, EL 8, lived alone and seemed to be comfortable with it. She wished to do things by herself even in her frailty. The researcher and village health visitor tried to help her organize her living area but she insisted that her things be left the way they were. The neighbors, however, reported that despite her hesitance to receive physical assistance, they check-on her and help her to light her charcoal stove to boil the milk they offer to her. They engage her in short conversations and let her continue with her day's tasks. Much as this participant preferred to do things in her house and on her own, she could not access some basics like clean water without help. The neighbor's children still came in to help her fetch water and sometimes sweep near her house. This implies that an individual's personality often affects their relationships with their kins or caretakers and while they may achieve subjective well-being, this negatively affects their physical or objective well-being.

Another participant EL20, living alone reported that, *"I live alone and do some chores myself. Sometimes I send my neighbors' children to help me here and there. They collect firewood and also help me to fetch water.", EL20, aged 72.*

This participant was separated from her husband, and her two children worked far away from home but communicated regularly on phone. Seeking for help was a commendable strategy in enhancing her well-being and this meant that the participant accepted that she needed support and invested in building a positive working relationship with her neighbors. Other issues that affected the physical and psychological well-being of the EW related with unstable families, death of or separation from a spouse and migration of adult children for jobs.

4.2.2 Emotional Support and the Well-being of Elderly Well-being

Tangible help like assistance with house chores was notably important but caregiving blended with encouragement, kindness and respect were critical in ensuring the elderly's emotional wellness. The experience of participant EL3 reflects the satisfaction the elderly gets when they are accepted, respected and cared for. The 89-year-old had this to say;

"My daughter in-law came to live with me after her husband died. She sacrificed everything to come and live with me. I am grateful to God for her commitment to my care. Living with her makes me feel at peace!", EL 3, aged 89.

EL 3 responses reflected how daily acts of care combined with empathy and emotional presence, contribute significantly to the elderly women's psychological and physical well-being.

Several participants admitted receiving emotional support from family members, particularly their children, and that this made them feel valued and cared for. For example, one participant, EL11 said that,

"My children call to check on me. I also have a sister who lives near Mabira. She cares and comforts me when I am sad or when I need financial assistance", EL11, aged 79.

Emotional closeness and regular interactions with family members were seen as critical factors in reducing isolation and enhancing emotional well-being. For example, participant EL14 expressed that,

"The conversations we have here with my neighbors distract me from many thoughts", EL14, aged 70.

The above response underscores the therapeutic role of regular communication and relational engagement in buffering depressive tendencies thus enhancing well-being.

Another participant EL22 responded that,

"My daughter lives nearby and she checks on me very often", EL22, aged 68.

However, some participants reported that limited emotional availability from family members, due to distance or busy schedules, contributed to feelings of neglect and loneliness. A few respondents reported having strained relationships with their grown-up children. These children reportedly lived in the neighborhood but did not even visit or greet their mothers. Some attributed the strained relationships to their children's greed for family land that their mothers prevented them from selling off. Others attributed their strained relationships with relatives to indiscipline and neglect of responsibilities. Like the one below who lamented that,

"My son passes by and does not greet me! It makes me feel sad", EL 21, aged 75.

Giving the elderly women their due respect and offering sincere care and encouragement emerged as a way a family member would enhance well-being among this group.

4.2.3 Forms of family support offered to the Elderly Women

Besides the physical companionship and emotional support, the researcher further sought to establish what their families did that made the EW comfortable. Some of the respondents revealed that, their immediate family members availed them with the necessary financial support, others helped them to run home errands, while some offered shelter, protection and spiritual support.

For instance, when interviewed, participant EL5 reported that,

"My daughter helps me with the cooking, cleaning and gardening", EL5, aged 86.

In relation, one 89-year-old participant, EL3 had this to say.

"I feel safe with my daughter in-law. She respects and cares for me".

The sense of security and assurance of support in case of any challenge made the EW comfortable. In the two cases above, money matters are not discussed by the participants. It seemed like the care takers took care of the matters that required money or there was another social network that supported them.

One married participant seemed comfortable and confident. The researcher found her drying beans that they had harvested. This household was clean and the participant seemed to be in good health. She had this to say;

"My husband is supportive. He helps me with the garden work and animals. Our children also send us money to cater for our needs" (67-year-old, EL 6).

This participant received physical and financial support which made her feel secure.

Another participant code-named EL9 had this to say,

"My son built these rental houses from which I get some money for my needs. I also sell charcoal and a few other items like tomatoes onions and spices, to keep me occupied", EL9, aged 70.

Participant EL9 was visibly happy and interacted easily with the tenants that were around at that time. She told the researcher that she was now free from the people who were stressing her with family property. She had decent housing, a source of income and social support near her.

4.2.4 Views about Family Companionship Versus Instrumental Support in enhancing well-being

The findings of the study revealed that some of the elderly women in Mukono Municipality preferred companionship to receiving physical items from their relatives. For instance, when interviewed, participant code-named EL 10 had this to say,

"Obwomu bubi! Meaning loneliness is bad. I prefer companionship because in that way I get distracted from constant worry. Sometimes I call my daughter to come and we just talk about a few things that bother me…", EL10, aged 82.

Some of the elderly women interviewed were weak and slow. It was clear, they needed someone around them for support. Much as they had other physical needs, they had no option but to choose companionship. Participant EL19 lamented,

"I need someone to stay with because I am weak.", EL19, aged 70.

One participant was clear about the responsibility young people have towards care for their aging parents, stressing that it was prudent for adult children to regularly visit or at least call their parents and check on them. She had this to say;

"I have told you; I don't need much money to survive. You children, your parents need to see you. At least, call and hear from them or pass by and then go to your business", EL17, aged 75.

The participant emphatically reminded the researcher who happened to be in the age bracket of her children that being busy at work should not replace their role as care takers for the parents that nurtured them.

A participant EL16 preferred physical support to companionship, saying that the cost of basic commodities has risen making it difficult to buy them with the little money she gets from those who support her.

"I really need physical needs; Life has become too expensive to maintain ….", EL16, aged 72.

The increasing cost of living also affected the well-being of some elderly women that were interviewed.

4.3.0 The Role Family Social Networks Play in Shaping the Well-being of Elderly Women in Kati-Kolo Village.

The researcher sought to establish how family social networks contributed to the elderly women's emotional well-being. The findings of this study indicated that the elderly women's social connection with members of their extended families enhanced their social interaction, caregiving role fulfillment and affirmation of value. The researcher also noted that, although, the primary attention was focused on the role of family networks, the contribution of friends and neighbors in improving the well-being of EW could not be ignored. To some respondents, interactions with friends seemed to be more treasured than family interactions.

Under this objective, the researcher presented the study findings following two themes; extended family relationships and well-being of the EW and Perceived family network support and the emotional well-being of the EW.

4.3.1 Extended Family Relationships and the Well-being of the Elderly Women

Regarding how elderly women in Mukono Municipality interacted with their family members, the analyzed data reveals that, several participants had meaningful networks with their family members. One 89-year-old woman illustrated a common experience among participants. She still had a strong bond with her siblings who visited her often. She was also fond of children, so some grandchildren spend their holidays with her. She had this to say;

"My relatives visit me and I feel happy because they are very supportive… My grandchildren also love spending their holidays here." EL18.

Most of the responses from the participants were inclined to family activities that enabled them to meet their extended families. These included introduction ceremonies, weddings and or funerals. It is during these family gatherings that they would meet and bond with their relatives, especially the younger ones. This made

them feel recognized as nurturers and mentors, boosting their sense of belonging, value and purpose. The issue of receiving physical needs from the members of the extended family did not seem to be common in their responses, nevertheless, some reported that they received clothes and money from their kins especially when they had to attend functions like introduction or wedding ceremonies. Respondent code-named EL11, aged 79 years had this to say,

"My sister and nieces call to check on me. They care and comfort me when I am sad or when I need financial assistance" EL11.

Similarly, participant code-named EL2, aged 67 years also had this to say,

"I received a gift package labelled with my names as an aunt at my niece's introduction ceremony; I felt valued and respected".

On the contrary, some participants reported unfriendly relationships with their extended families. Their experiences involved land wrangles, loss of property after divorce or separation, rejection after the loss of a spouse and disrespect by their extended family members. For instance, when interviewed, participant code-named EL20 had this to say;

"The misunderstandings in our family led to land disputes and unfair distribution of our property by my in-laws.", EL 20, aged 72.

Similarly, participant code-named EL15, also had this to share;

"My step sons chased me without a coin saying that I did not qualify for any share since I was childless. I left with nothing but one of my step daughters, used some of her share to construct this two-roomed house where I now live. That experience disturbed me so much" (81-year-old, EL 15).

Similar experiences were related to witchcraft accusations that left some EW excluded from their extended families. These experiences created fear and shame among those that were accused, making it hard for them to freely interact with their family members. Some participants considered their neighbors and church groups as

their family and held fellowships with them to meet their spiritual, emotional and sometimes physical needs.

4.3.2. Perceived Family Support Networks and Emotional Well-being

This theme concentrated on the subjective experience of the elderly women when they received support from their various family networks. The findings of the study indicated that the support they received through family connections afforded them emotional relaxation, a sense of determination, and a cushion against the contests of aging.

For instance, when interviewed, participant EL18, aged 89 years, had this to say,

"I am blessed; my children care about me. They take me to the hospital for medical care".

In relation, when interviewed, participant EL2, aged 67, said that,

"When my grandchildren come for holidays, it gives me joy. Hearing their voices when they are playing gives me more life…".

Another participant EL17, aged 75years, reported that,

"I feel good when my relatives visit me! Indeed, there's a way I feel special, only that, when they leave, I go back to my routine struggles" EL17.

The positive emotional feeling that the elderly experienced when they were visited or contacted by their relatives seemed to improve their well-being. The study findings under this objective revealed that the elderly women who felt valued and emotionally close to their family members reported a strong sense of belonging. This enhanced their sense of purpose and esteem. However, some felt left out and unvalued by their relatives.

The analyzed data indicated that many of the respondents attended family celebrations, registered several visits from their family members, as well as financial support from their relatives. Some were consulted on family matters, respected, bonded with family via shared activities, shared memories and jokes and received

random phone calls from their relatives to check on them. A strong sense of belonging seemed to motivate the EW to relate with those they felt attached to.

The elderly women that felt a strong sense of belonging expressed great pride in being recognized and valued by their family members. This also included those respondents who considered fellow elderly women as close family. Being left out of family gatherings, celebrations, or decision-making processes triggered feelings of rejection, deepening loneliness and depressive symptoms. Respectful and warm communication from family members enhanced feelings of belonging, while dismissive communication made them feel isolated.

In conclusion, the respondents expressed understanding of the value of positive family networks and a sense of belonging as key contributors to their overall wellbeing. Those who did not have the privilege of positive networking and sense of belonging also expressed dissatisfaction in their elderly life.

4.4.0 Elderly Women's Perception of the Most Beneficial Family Social Support Towards Their Well-being

Family social support (FSS) is considered as the foundation on which individuals in society depend to thrive. Historically, the traditional family structure in Uganda offered that kind of support, especially for vulnerable populations like the elderly, children and the sick. However, due to the socio-economic transformations like urbanization, and the associated migration of younger adults for greener pastures, FSS has greatly transformed, redefining the nature and availability of care for the elderly in society (Nzabona et al.,2016).

The third objective of this study was to find out the most beneficial forms of FSS as perceived by the EW of Kati-Kolo village. This is critical not only for evidence-based strategies for improving the well-being of the EW but also develop contextually appropriate interventions.

The following responses emerged from the data that was collected regarding the most beneficial forms of FSS as perceived by the EW;

4.4.1 Companionship /Physical Presence of a Family Member

The physical presence of family members was cited as one of the beneficial forms of family social support to the EW. Some EW explained that the presence of an empathetic, caring person in their lives greatly reduced their anxieties, fears and constant worrying. Several participants valued having someone to converse with or share their fears with. One said that having someone in the house at night is very important especially in case of an illness.

"*One day, I was feeling unwell and I became too weak to reach the jar of juice that was placed by my bed side! It was my 8-year-old grandchild that helped me to get the drink!" reported EL 19, aged 71.*

Other respondents mentioned that being checked on by their children or other relatives greatly lifted their spirits. One respondent emphasized that even if the children just called on phone to check on her, she would be happy and satisfied. While physical companionship was highlighted as important and valued by the EW, some echoed that their family members also needed to show them genuine concern and empathy especially during challenging times of illness or loss of loved ones.

4.4.2 Emotional Support

Emotional support emerged as a key form of support craved by the EW. Several respondents pointed out that besides living with a family member for company, they also needed someone they could positively connect with in their state of frailty. Several forms of emotional support were pointed out including; comfort during times of illness or loss, being listened to, being involved in family matters, respect and creating a stable environment in which they can celebrate their achievements as nurturers. For instance, one respondent had this to say;

"When children come home to comfort me in times of illness or bereavement, I feel warm but there are times when children send money and do not come to check on me. Money does not solve everything", expressed EL 17, aged 75.

Emotional support seemed to reduce feelings of loneliness and fear among EW. This implies that reassurance and sense of worth that the family emotional support provided could improve the EW's mental health and well-being.

Several participants expressed concern on the deteriorating values and discipline among the young people. They pointed out respect as a crucial issue in living a happy life with their relatives especially their children and in-laws. One participant expressed that young people need to recognize and value the sacrifices that their parents made to raise them and reciprocate with respect. This implies that, besides the physical support, elderly women want be recognized for their contribution and role in the families they belong. A respondent that was left homeless after her husband's property was sold off lamented;

"I could not believe that the children I raised were throwing me out at a time I needed them most! I do not know where I would be now if my daughter had not constructed this house for me!", EL 15, aged 81.

Some participants expressed need for recognition by the younger people to whom they transfer wisdom attained from their life experiences. One respondent was concerned about the rate at which young people are independently making decisions about sensitive issues like managing family property without involving them.

One respondent reported;

"I was surprised to hear that my son and grandchildren were selling off land that I worked hard for without consulting me! That did not make sense to me", said EL 5, aged 86.

That reflected not only disrespect but also insensitivity towards those who worked hard for what the young people see as wealth now. This seemed to cause a lot of insecurity, anxiety and bitterness among the EW, thus affecting their well-being. One

respondent insisted that women have to be recognized for the role they play in generating wealth for the family and not taking them for granted referring to them as dependents.

"I may be old but I strived to gain what those greedy people want to grab, saying that I do not belong to their clan!", said EL 20, aged 72.

Another respondent EL 12, aged 78 explained that;

"I worked so hard with my late husband to maintain this coffee plantation but as I speak now my son and some in-laws want to partition the land for sale! It is coffee that I sell to raise money for our upkeep. I do not understand them at all!"

The respondent looked angry and disturbed. She had just been to the local council chairperson to report the case, seeking for justice. Being included in discussing family matters meant a lot to their well-being and it affirmed their worth as key players. One respondent talked about celebrating their achievements while they were still alive as a way of boosting their esteem in their later years.

EL 21, aged 75 said;

'Mutusiime ko nga tukyali balamu' literally meaning, appreciate us while we are still alive".

4.4.3 Instrumental or Practical Support

Instrumental support involves assistance with tangible things like provision of life necessities like food, clothing, medical care, finances, decent housing and help with house-hold chores. While some respondents were still strong and able to do house hold chores, some were physically weak and needed support especially with tasks that involved bending or long walking like washing clothes, digging, fetching water or firewood.

"My daughter helps me with a lot of house work. I do a few things to help her here and there, just to remain active", said EL 3, aged 89.

Another respondent appreciated the support she received from her children towards her medical care. She is Diabetic and Hypertensive too; requiring monthly refills of her drugs. Several participants appreciated the practical support that the family members and neighbors offered. This practical assistance seemed to boost the EW morale and general physical wellbeing as they were relieved of strenuous work.

4.4.4 Spiritual Support

Several participants reported that they go to places of worship to fellowship with others. One participant pointed out that whenever their lay leader visits her, she feels encouraged to pray and also gains hope.

One respondent reported that;

"I attend the elderly person's fellowship at our church every Wednesday evening. I feel encouraged when I meet and share experiences of fellow elderly people."

The findings indicate that the EW conceptualized well-being not only as physical health or material provisions but also as emotional and spiritual care as well as social recognition within the family.

In conclusion, EW in Kati-Kolo village perceived physical companionship, emotional, instrumental and spiritual support as the most beneficial forms of FSS towards their well-being. The findings highlight the importance of sustained family support as people age despite the growing socio-economic challenges.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.0 Introduction

This chapter presents a discussion of the research findings indicated in chapter four; framed within the context of the study objectives and existing scholarly literature. This discussion draws from the experiences of elderly women (EW) in Kati-Kolo village and explores the ways in which family companionship, emotional and tangible support, and the broader family social networks contribute to their well-being. The discussion also highlights what the EW perceived as the most beneficial types of support that enhanced their well-being.

5.1 Companionship, Social Convoy Theory, and Well-being of Elderly Women in Kati-Kolo Village

The current study aimed at exploring how the elderly women in Kati-Kolo village interpret and experience the companionship of family members in relation to their well-being.

The results signify that companionship is a multifaceted complex experience determined by the configuration and the Calibri of elderly women's adjacent social complexes, what Social Convoy Theory refers to as the "inner circle" of the community convoy (Kahn & Antonucci, 1980). In view of the above, the findings signify that, family members, principally grandchildren and children formed the central circle, whereas fellowship members, neighbors, and associates occupied the outer and middle circles.

Across the sample, companionship predisposed two chief proportions of well-being: the psychological well-being (emotional comfort, feelings of belonging, reduced isolation, and sense of perseverance) and physical well-being (reduced workload, access to help with chores and relief from caregiving encumbrances). Therefore, the magnitude of this impact hinge on the quality of convoy associations, not just their regularity.

There were diverse experiences and understandings of the importance of companionship in the direction of the well-being of the ageing women. For some respondents, co-residence with grandchildren and children heightened psychological health by decreasing loneliness and offering a day-to-day sense of purpose. These interactions further encouraged physical well-being via communal domestic errands. This prearrangement produced a reciprocally supportive atmosphere, a discovery that correlate with the Social Convoy Theory's interpretation that strong and emotionally close by inner-circle associations offer resilience and stability in future life. Therefore, respondents in such engagements reported amplified emotional liveliness, condensed social loneliness, and a smaller amount physical strain.

For instance, one respondent who highlighted that she was appreciative to her daughter in-law, who not only stays with her and aids with house responsibilities but further comforts her throughout problematic stretches. Respondents who appreciated close supportive interactions highlighted comparatively contented lives. This authenticated the conclusions of Smith et al. (2019) who clinched that consistent collaboration and emotional encouragement from family associates profoundly interconnected with moderated depression indicators amid the elderly people.

Nevertheless, not all inner-circle comradeship was advantageous. Some respondents highlighted strained affiliations and emotional abandonment notwithstanding cohabiting with family associates. Where neglect, generational conflict or lack of mutuality happened, both physical and psychological well-being agonized. For instance, in the dialogue where a participant had two juveniles and highlighted that the girls were helpful but governing them was thought-provoking… "From time to time they make me yell… I feel like the stress is rising." (EL14, aged 70).

Respondents in these circumstances encountered augmented stress, increased feelings of isolation and physical collapse notwithstanding co-residence with family associates. In other scenarios, the existence of blood relatives that did not subsidize to running household errands but demonstrated abusive conducts which intensified feelings of despair and loneliness. This occurrence is emphasized in the Family Systems Theory by Murray Bowen (1950) which stresses that conduct of one associate

of the household can influence others conduct. Non-supportive comradeship may be construed as abandonment by the aged hence, leading to finely tuned levels of extreme anxiety.

This further denotes that the Calibri of friendship rather than ordinary presence regulates its psychological assistance. In addition, Johnson & Brown (2021) accentuated the implication of the value, rather than the enormousness of family companionship in justifying stress amid elderly women. The great number of persons in a home or family may not unavoidably convert into meaningful and positive collaborations with the aged persons. The Calibri of family associations and interfaces play a fundamental role in determining the aftermaths of the aged person's well-being.

Additionally, some aged individuals found consolation in non-kin associations, including but not limited to associates of the elderly fellowship and neighbors. These supernumerary support structures averted total seclusion and met some elementary needs, offering EW with expressive comfort, friendship and practical backing. This climaxes the embryonic nature of communal support linkages in peri-urban and urban communities more so Mukono Municipality.

Emotional support constitutes a vibrant constituent of companionship, materialized as a potent determining factor of the elderly women's wellbeing. Respondents who attained systematic check-ins, verbal encouragement, affection from family associates like in-laws or children, articulated feelings of gratification, calm, and self-worth. This sustains the social convoy theory in regard to the significance of emotionally evocative interfaces if one is to absolutely cope with harsh conditions later in life. In addition, the emotional tie amid caregivers and the aged was indicated to lessen fear of death, anxiety, and feelings of neglect. For example, respondents who had good interaction with their family associates were in the position to express their uncertainties and attain comfort, which contributed to emotional steadiness. These discoveries are sustained by Mugisha et al. (2013), who renowned that emotional seclusion amid elderly women habitually contributes to anguish and unfortunate cognitive health.

On the contrary, emotional neglect including but not limited to being ignored by children, deprived of expressive conversation, or feeling insulted was connected with resentment, sadness, and professed social marginalization. Therefore, such experiences signify how emotional inconspicuousness within relatives can wear away the psychological suppleness of aged women. In addition, such insights emphasize the proclamation that care-giving must not be restricted to physical responsibilities; it must further entail respect, affirmation, and pooled emotional space.

The discoveries of the contemporary study communicate with the conclusions of Gianfredi et al. (2021) who settled that, limited emotional support throughout family network augmented anxiety complications amid elderly persons, occasioning in potential menace of diseases including hypertension and depression. Therefore, having an emotionally synchronized individual in the lives of the aged women would inspire them to segment their uncertainties and find coziness in those encouraging them.

Some EW lived in fear and emotional distress due to unresolved family conflicts, including land disputes, disrespect and inter-generational misunderstandings. These stressors significantly contributed to their feeling of worthlessness. In their study, Warner et al. (2017) concluded that loneliness and persistent worry are meticulously associated chronic illnesses in older women. While companionship was interpreted as vital especially for those respondents that were weak or sick, it was challenging that some of those who were sick had to bear with the ill treatment of those they lived with.

Additionally, besides ordinary comradeship, perceptible practices of support including but not limited to assistance with domestic errands, provision of shelter, gardening, financial assistance or food were noticed as central in determining both objective well-being and hedonic (pleasant feeling) of the respondents. In view of the above, the respondents who had right of entry to the resources highlighted less stress in handling daily life. Therefore, the outcomes squarely mirror Diener’s (2022) model of well-being, which identifies both objective (material) and subjective (emotional) pointers of a good life. For instance, elderly or aged women who were

substantially supported in household responsibilities reported a reduced amount of fatigue and amplified sense of self-worth. In addition, elderly women living in systematized homes with unwavering sources of income, including but not limited to a respondent engaged in mat weaving with her daughter-in-law, appreciated both psychological peace and quantifiable comfort. Therefore, such engagements exemplify the synergy between emotional and noticeable care, where each aspect strengthen the other in stimulating elderly wellness.

On the other hand, numerous elderly women highlighted cases of being overstrained with care responsibilities particularly for grandchildren deprived of sufficient sustenance from grownup children. Some further highlighted being subjugated or emotionally mistreated by dependent relatives. Therefore, such deleterious experiences mirror inter-generational disproportions in caregiving and climax the defenselessness of elderly women to financial and emotional manipulation, as acknowledged by Kinyanda et al. (2011).

In summary, observed via the lens of Social Convoy Theory, the discoveries designate that the welfare of elderly women throughout Kati-Kolo is intensely tied to the function (what support they provide) and structure (who is in the convoy) of their adjacent social complexes. Therefore, constructive companionship from passionately dependable inner-circle and close associates, enhanced both physical and psychological well-being of elderly women. On the other hand, deleterious or absent comradeship in the inner circle contributed to feelings of abandonment, and physical exhaustion stress. In addition, alternative companionship from outer and middle circles aided to cushion undesirable effects but infrequently matched the reimbursements of robust inner-circle bonds. Therefore, the Calibri of comradeship matters more than nearness.

5.2 Family Social Networks and Well-being of Elderly Women in Kati-Kolo village

The study outcomes exposed that affiliation is fundamental for the endurance of elderly women throughout Kati-Kolo village. Therefore, the respondents who frequently interconnected with extended family associates or attended family accomplishments highlighted a substantial level of positive self-image and fitting. In view of the above, the systematic visits from family associates and the deliberations they pooled generated a common sense of family social steadiness. The acknowledgement they were bestowed by other blood relatives seemed to authenticate them as treasured associates and nurturers of the household. The findings therefore, associate with the conclusions of Kuteesa et al. (2020) which accentuated that constructive support and interactions from family associates heightened the psychological health of elderly women. The discoveries are further consistent with Vincenza et al., (2021), who underlined that constructive social support linkages are a non-pharmaceutical intercession counter to elderly health encounters. Therefore, social sustenance from extended household throughout bereavement, celebrations, or illness, strengthened the sense of relevance and belonging among respondents.

Nonetheless, the current study outcomes publicized some discrepancies in access to supportive linkages. For instance, some of the underscored dissimilarities included but not limited to past conflicts, physical distance, illness, financial status. In addition, Kuteesa et al. (2020) further discussed that, care-giving errands, poverty, and stigma set up potential barricades to utilizing and accessing family support networks commendably. The researcher further found that, such participants who give the impression of struggling economically did not receive as numerous visits from family associates as those who had considerable proceeds. The economic restraint appeared to upset their close blood relatives too, creating logistical encumbrances of transport and grocery shopping for the elderly women they desired to visit. This generates both a social and an emotional opening that progressively affects the well-being of the aged women.

This study findings further indicated that when the respondent's immediate family associates were preoccupied or emotionally unapproachable, the elderly women repeatedly depended on neighbors, extended kin, fellowship groups, or church associates for social collaboration and aid. The finding therefore resonates with the conception of fictive kinship and or non-biological social bonds that provide practical and emotional support in numerous African societies. In addition, the findings further collaborate with the social convoy notion, which emphasize the role of the community, family member and friends in supporting persons by providing informational, emotional, and instrumental support.

The respondents who established compassionate social networks external of their biological family, highlighted enhanced coping capabilities and a sense of security. Therefore, such networks not only offered companionship but also nurtured inclusion in public life, decreasing the jeopardy of isolation. This validates Rishworth et al. (2020), who established that social participation moderates stress and improves subjective well-being among the elderly persons. Remarkably, certain elderly women demonstrated adaptive coping strategies and resilience through building robust neighborly bonds, participating in communal fellowships, or engaging in minor income-generating activities including but not limited to mat weaving. In view of the above, such approaches highlight the interposition of elderly women in generating expressive lives notwithstanding systemic and familial encounters.

Nevertheless, respondents with deprived social bonds due to barrenness, divorce, or skirmishes articulated feelings of isolation and rejection. This proposes that both social family and biological constructs are imperative in supporting elderly women's well-being. Therefore, family support should, thus, be appreciated in a comprehensive, relational framework rather than a contracted biological context. In summary, extended and close family complexes are a vibrant constituent in the continued existence of elderly women, short of which their well-being will be at stake.

5.3 Elderly Women's Perceptions of the Most Beneficial Forms of Family Social Support

As individuals age, their dependence on family and community support increases. This is usually because of their declining physical strength, reduced social participation and sometimes limited finances. In this study the participants pointed out different forms of family social support that they considered beneficial to their well-being. These included physical companionship, emotional support, instrumental support and spiritual support. These forms of support align with both the traditional communal values and the contemporary considerations of support for older persons.

Physical companionship in this context refers to the availability and presence of family members who spend time with the elderly women, engage them in conversations, and involve them in daily or leisure activities. These companionships are demonstrated by living in the same house, sharing family meals, story-telling as well as accompaniment to family or community events. These experiences are often sources of happiness and purpose for the elderly women.

Companionship often has a protective effect against social isolation, a significant risk factor for depression and cognitive decline among the elderly (World Health Organization [WHO], 2020). In Mukono, where suburbanization occasionally leads to the scattering of family associates, those who uphold systematic contact with their elderly families help uphold cultural continuousness and interpersonal ties. Consequently, physical companionship leads to both social integration and emotional stability of elderly women. For instance, for elderly women throughout Kati-Kolo village, comradeship lessens loneliness and encourages a sense of belonging. Above and beyond staying with the elderly women, premeditated emotional aid from the close family associates was also established to be indispensable.

Emotional support entails expressions of affection, empathy, encouragement, and understanding from family associates. It is an indispensable characteristic of psychosocial well-being that aids elderly women deal with chronic illness, loss, and the apprehensions allied with getting old. Emotional nearness encourages the elderly of their unremitting worth within the household structure. This revelation

highlights the restrictions of financial and material assistance not supplemented by responsive care. This matches with the social convoy theory, which highpoints the elderly's partiality for emotionally worthwhile affiliations. As individuals age, their compassionate rings may diminish leaving a few connections that are habitually steadfast and more evocative. However, this may not be the same for all elderly women as more or less suffer carelessness and manipulation as a result of skirmishes amongst generations consequently rendering them deserted and unhappy (Atim, et al., 2023). In addition, some respondents cherished kindness, respect, and expressive collaboration over material donations or physical manifestation alone.

In view of the above, in Mukono Municipality particularly Kati-Kolo village, where extended household systems are still respected, emotional support is universally demonstrated via comforting, active listening, and showing indebtedness for the aged women's past influences to the household and public. Above and beyond the two types of support deliberated above, instrumental support was also alluded to as a fundamental contribution in the direction of the elderly women's well-being.

In addition, instrumental support necessitates the establishment of tangible aid, such as food, financial aid, healthcare, clothing, and aid with daily household tasks. Therefore, for elderly women throughout Kati-Kolo village, this form of backing is predominantly critical due to the inadequate access to ceremonial social protection and pension structures. Instrumental aid was highly treasured by the elderly women emphasizing that aid with home errands, providing of food and general aid with day-to-day administration of family life impressively lifted the burden of household tasks involved, consequently simplifying their independence, physical well-being, and a shield from strain and anxiety. In view of the above, the findings are reinforced by Schwartz & Litwin, (2018), who established that practical aid from family associates lessens physical decline amid the elderly and augments their over-all quality of life.

In addition, throughout Uganda's socio-economic perspective, such support conduits the gap shaped by feeble institutional welfare structures. In fact, whereas some elderly women in Mukono Municipality, particularly Kati-Kolo village attain the SAGE (Social Assistance Grants for Empowerment) once-a-month pocket money, more or

less elderly women miss-out due to irregularities in their documentation information including but not limited to their name mis-spellings and or actual age. Therefore, the act of philanthropy whether material or financial further carries emotional importance, symbolizing appreciativeness and familial commonality (Mugisha, 2022). In view of the above, by receiving such assistance, elderly women normally maintain a sense of security and dignity, knowing they are treasured and favored by their relatives. The overt results of the synergy between instrumental and emotional support were evident in the expressions and narratives of the participants as they appreciated being helped as well as being valued by the people they lived with. On the other hand, there seemed to be a gap in situations where physical support was offered but without emotional attachment and this made some participants feel emotionally neglected and sad. Their immediate family members seemed to be too busy for them and this created a vacuum causing them to seek for care from the community members.

Further still, respect emerged as a non-material yet critical component of well-being. Those participants who felt respected by their children and in-laws expressed pride and comfort. Conversely, some who felt disrespected or marginalized, for example, the one who was thrown out of her home, expressed deep emotional pain. In this context, respect is not only viewed as a cultural value but also a psychological need. It upholds Erikson's last psychosocial phase: Ego Integrity as opposed to Despair which enlightens that disrespect prompts despair whereas respect expedites self-worth and peace of mind. Consequently, the elderly women's identity and legacy as key contributors to society can only be emphasized by giving them their due respect.

Additionally, being involved in household deliberations and decisions was highlighted as fundamental for the elderly women's sense of significance and self-possession. The elderly women that were debarred felt undervalued and incapable, occasioning in emotional misery. They further pointed out that their exclusion from significant family deliberations meant that their influence to household life and wealth was not cherished. Therefore, the results of the current study point to the significance of

inter-generational discussion, where the experience, efforts, and wisdom of the elderly women are not only cherished and consumed but also appropriately rewarded. This was principally obvious in statements lamenting how the long-earned possessions are dishonestly shared amid other family associates just because one is barren. Finally, some respondents highlighted a desire to be appreciated and recognized while they are still alive. This revealed a yearning for confirmation and legacy among the elderly.

Finally, spiritual aid was further cited as a positive form of aid to the elderly women in Mukono Municipality particularly Kati-Kolo village. In view of the above, spiritual support further included religious counseling, shared prayers, participation in faith-based congregations, and deliberations on faith and implication. This type of aid adds to mental and emotional pliability by encouraging forgiveness, inner peace, and appreciativeness (Koenig, 2018).

In view of the above, in certain families, spirituality is intwined with ordinary life, making it a perpetual source of coziness for elderly women. This was in form of monotonous family prayers, encouraging the elderly women to attend mosque or church activities or solicitation of spiritual mentors that emphasize divine connectedness and anticipation. This form of aid nurtures a sense of acceptance and completeness principally when dealing with illness, grief, or the anxiety of death (Mugisha, 2022).

In conclusion, the four types of family social support that is to say, emotional, physical, instrumental, companionship and spiritual tackles the multi-layered desires of elderly women in Mukono Municipality particularly Kati-Kolo village. They certify that the elderly women are not only substantially cared for but further emotionally supported, materially aided, and spiritually pleased. In fact, each aspect of aid underpins the others, establishing a complete social safety net throughout the family configuration. Therefore, such support avenues aid elderly women to age charmingly, experience a sense of belonging, and carry on to contribute expressively to their societies. In view of the above, strengthening such

magnitudes of family social aid should, for that reason, remain a key center for both society-based and policy-driven intercessions targeting elderly prosperity in Uganda.

5.4 Conclusion

The study concludes that family social support is indispensable in enhancing the well-being of elderly women in Mukono Municipality. Companionship blended with emotional support, meaningful social networks, and the individualized elderly care collectively contribute to the well-being of the elderly women. Emotional neglect or exclusion pose serious risks to the psychological and social well-being of the elderly women. The protective effect of family social support can be enhanced by mediating the quality of interactions, socio-cultural norms, as well as the socio-economic conditions of an individual. Where traditional social support structures (family) fail, community and institutional support systems may become essential.

5.5 Limitations of the Study

The research tool used could not fully measure the emotional, physical and social well-being of the elderly women.

Since the study was conducted on a small number of elderly women at one point in time, results may not reflect how family social support affects long term overall well-being of elderly women.

5.6 Recommendations

Basing on the findings, the researcher recommends that, families in Mukono Municipality and Uganda at large, reinforce their roles in offering meaningful supportive care to elderly women. This can be achieved through empathic relations, conversations and assistance with house hold chores to lessen stress among elderly women.

Secondly, social workers should enthusiastically create awareness in their communities about the responsibilities of family members towards their aging

relatives. Use media avenues like local radio stations, television talk shows and direct community engagements to encourage family members of this vulnerable population to create an atmosphere where elderly women are heard, feel valued, and esteemed. Suggestively, this can be achieved through regular visits, family gatherings and celebration of milestones, during which the elderly women can feature as pillars and celebrated for their contributions to family life.

Thirdly, the researcher intends to create an association of social workers and volunteers to offer improved gerontological support services through home visits to offer psychosocial support to the elderly, sensitization of the local leaders and the public about aging, the challenges involved and the role of family members in managing old age-related challenges like loneliness and depression.

5.7 Areas of Further Studies

The researcher observed that low household income was one of the factors that prevented relatives from visiting their elderly relatives and the reverse was true. A study on the relevance of non-monetary support to the well-being of the elderly in Uganda is worth considering.

5.8 Importance of the Study to Social Work Practice

This study reveals the diverse physical, emotional, social and economic needs of elderly women in the community. Social workers are challenged to facilitate and support families in ensuring that elderly women live a dignified social life by educating family members on the value of holistic care and availability in the elderly women's lives. This can be done by encouraging the elderly women to create positive working relationships with their kins to ease supporting them, encouraging community members to pay attention to the needs of the elderly through intentional visits and regular communication and encourage family members/volunteers to help elderly women to network and remain actively involved in community activities such as religious gatherings , village meetings or functions, that offer opportunities to interact with other people.

REFERENCES

Abdelaal, H. M., Eita, L. H., & Khedr, M. M. (2021). Resilience and Perceived Social Support Among Family Caregivers of Patients with Schizophrenia. *Egyptian Journal of Health Care, 12(1), 1108 1122.* https://doi.org/10.21608/ejhc.2021.179109

Aboderin, I. (2017). Intergenerational family support and old age economic security in sub-Saharan Africa. World Development, 68, 32–42.

Achoroi, A. (2017). Industrialization and Sustainable Growth, an Assessment of the Influence of Growth Poles on Land-use Transformations in Uganda: Evidence from Kampala Industrial and Business Park (KIBP).

Adamek, M. E., Kotecho, M. G., & Teshome, A. Z. (2024). Promoting the well-being of older people in Ethiopia: Lost opportunities due to the poverty of policy. Innovation in Aging, 8(4), igad120.

Ahmed, M. I. (2023). Assessment of the Impact of Urbanization on Environmental Conservation Measures in Namanve Industrial Park Area, Mukono District, Uganda.

Akol. A., Makumbi. F., Babirye J. N., Nalugya. J. S., Nshemereirwe. S., Engebretsen. I. (2018). Does MhGAP Training of Primary Health Care Providers Improve the Identification of Child- and Adolescent Mental, Neurological or Substance-use Disorders? Results from a Randomized controlled trial in Uganda. *Global Mental Health*, 5, e29. https://doi.org/10.1017/gmh.2018.18

Alaçayir, D., Irmak, H. S., & Yurtsever, E. (2025). Perceived social support and psychological well-being as mediators in the relationship between social media use and quality of life among older adults in nursing homes in istanbul. https://doi.org/10.1080/13607863.2025.2514057

Amurwon, J. (2019). “It’s like I never had a child of my own”: Care and support for the elderly in a changing socioeconomic context in rural Uganda. *The Journals of Gerontology: Series B*, *74*(8), 1483-1491.

Antonucci, T. C. (2001). Social Relations: An Examination of Social Networks, Social Support, and Sense of Control. *Handbook of the Psychology of Aging, 5,* 427-453.

Antonucci, T. C., Ajrouch, K. J., Birditt, K. S. (2013). The Convoy Model: Explaining Social Relations from a Multidisciplinary Perspective. Gerontologist, 54, 82–92. https://doi.org/10.1093/geront/ gnt118

Antonucci, T. C., Ajrouch, K. J., & Webster, N. J. (2019). Convoys of Social Relations: Cohort Similarities and Differences Over 25 Years. Psychology and Aging, 34, 1158–1169. https://doi.org/10.1037/

Apecu, L. S. (2018). Gender, Land rights and Fragility in Northern Uganda: The Case of Amuru District. Globe: *A Journal of Language, Culture and Communication*, 6, 184-195.

Beard, J. R., Officer, A., De Carvalho, I. A., Sadana, R., Pot, A. M., Michel, J. P., Chatterji, S. (2016). The World report on ageing and health: a policy framework for healthy ageing. *The lancet*, *387*(10033), 2145-2154.

Bodie, G.D., Brisini, K.S.C. (2021). Social Support in Families. In *The Routledge Handbook of Family Communication* (pp.345-358). Routledge

Bražinová, I., Chytil, O. (2024). The Family as a Source of Social Support for Older Adults: Implications for Gerontological Social Work. *Journal of Social Work 24(3),* 339-356 https://doi.org/10.1177/14680173231222612

Byaruhanga, I., Debesay, J. (2012). The Impact of a Social Assistance Program on the Quality of Life of Older People in Uganda.
Sage Open,11(1),2158244021989311.

Carstensen, L. L. (1992). Social and emotional patterns in adulthood: Support for socioemotional selectivity theory. Psychology and Aging, 7(3), 331–338

Drageset J. (2021). Social Support. In: Haugan G, Eriksson M, editors. Health Promotion in Health Care –Springer; 2021.doi: 10.1007/978-3-030-63135-2_11

Ene, J. C., Ajibo, H. T., Okoye, U. O., Asiamah, N. (2024). The Future of Healthy

Ageing Amidst Sustainable Ageing: Re imagining Healthy Ageing Through the Lens of Flagship Campaigns.

Fridayani, H. D., Atmojo, M. E., Mutmainah, N. F., Mawaddah, H., & Widyasari, S. (2025). Strengthening Family-Community Synergy: Enhancing Protection and Well-being for Women and Children. Jurnal Pengabdian Masyarakat Universitas Merdeka Malang, *10*(1), 179-192.

Golaz, V., Wandera, S. O., Rutaremwa, G. (2017). Understanding the Vulnerability of Older Adults: Extent of and Breaches in Support Systems in Uganda. *Ageing & Society*, 37(1), 63-89.

Gulobal, M. M., Kakuru, M., Nakubulwa, T., Mugume, R., Mweisigwa, A. (2025). The POWER Model's Impact on Unpaid Care Work in Uganda.

Gumikiriza-Onoria, J. L., Nakigudde, J., Mukasa, M. K., Tibasiima, I., Mayega, R., Nakasujja, N. (2023). Reflections of ageing among older adults in a Ugandan community: A qualitative analysis into the benefits and pains of ageing. *Journal of mental health and aging*, *7*(6), 171.

Hossen, M.S., Salleh, S.F.B. (2025). Social Influences on the Psychological Well-being of Elderly Individuals. Journal of Humanities and Applied Social Sciences,7(4),315-332.

Ikeorji, C. R. (2024). Care-Giving Practices for Older Persons in Africa: Changing Trends and Implications for Trans-formative Social Work. *Journal of Social Development in Africa*, 39(1), 72-100.

Johnson, J. E., Brown, G., Moore, K. E., Siebert, S., Felton, J. (2021). Stressful Life Events Among Incarcerated Women and Men: Association with Depression, Loneliness, Hopelessness, and Suicidality.

Kasedde, S., Doyle, A.M., Seelay, A.J., Ross, D.A. (2014). They are not Always a Burden: Older People and Child Fostering in Uganda During the HIV Epidemic. Social Science and Medicine, (113),161-168. https://doi.org/10.1016/j.socscimed.2014.05.002.

Kinyanda, E., Kyohangirwe, L., Mpango, R. S., Tusiime, C., Ssebunnya, J., Katumba, K., Patel, V. (2021). Effectiveness and Cost-effectiveness of Integrating the Management of Depression into Routine HIV Care in Uganda (the HIV+ D trial): A Protocol for a Cluster-randomized Trial. *International Journal of Mental Health Systems*, *15*(1), 45.

Kwiringira, J., Knizek, B. L., Vancampfort, D., Kyazike, E., Mugisha, J. (2021).

A Struggle for Survival: Meaning of Late Life in a Rural District in Uganda:

A Qualitative Study. *Frontiers In Psychology, 12, 699485*

Kuteesa, M. O., Weiss, H. A., Cook, S., Seeley, J., Nakyambadde, H., Mpendo, J. (2019). Contextualizing Mental Health Within a Community Care Model: Experiences from an Urban Site in Uganda. PLoS ONE, 14(4), e0214853.

Knizek, B. L., Vancampfort, D., Kwiringira, J., Kyazike, E., Mugisha, J. (2021). A Struggle for Survival: Meaning of Late Life in a Rural District in Uganda: A Qualitative Study. *Frontiers in Psychology,* 12, 699485.

Lois, D. (2022). Social networks, family social capital, and child health. Social networks and health inequalities, 109

Lowsky, D. J., Olshansky, S. J., Bhattacharya, J., Goldman, D. P. (2014). Heterogeneity in Healthy Aging. Journals of Gerontology Series A

Matovu, D. P., Pio, K. F., Norman, N.D. (2025). Personal Growth on Depressive Symptoms among Older Adults in Central Uganda.

Mugisha, J. O., Schatz, E., Seeley, J., & Kowal, P. (2015). Gender perspectives in care provision and care receipt among older people infected and affected by HIV in Uganda. *African Journal of AIDS Research*, *14*(2), 159-167.

Ministry of Gender, Labour and Social Development, Uganda. (2020). The State of Older Persons in Uganda; Situational Analysis Report.

Ministry of Gender, Labour and Social Development, Uganda. (2016). The National Roadmap on the Year of the Family in Uganda.

Muhwezi. D. D., Mugumya. F., Kansiime. M.K. (2023). Water Scarcity and Women's Mental Health: A Study of Rural Communities in Uganda, Under Ethnographic Perspective.

Nakimuli-Mpungu, E., Wamala, K., Okello, J., Alderman, S., Odokonyero, R., Mojtabai, R. (2014). Developing a Culturally Sensitive Group Support Intervention for Depression Among HIV Infected and Non-infected Ugandan Adults: A Qualitative Study. *Journal of affective disorders, 163, 10-17.*

Namuli, R., Ahmed, A. (2018). Understanding the Lived Experiences of Elderly Women: A Qualitative Study from Uganda. *International Journal of Environmental Research and Public Health, 15(6)*, 1260.

Nankinga, P. N., Maling, S., Chemali, Z. (2020). Informal Support for People with Alzheimer's Disease and Related Dementias in Rural Uganda: A Qualitative Study. *Int J Ment Health Syst 14, 33* https://doi.org/10.1186/s13033-020-00364-9

Nuwayhid, I., Mohtar, R. (2022). The Water, Energy, and Food Nexus: Health is yet Another Resource. Frontiers in Environmental Science, 10. https://doi.org/10.3389/fenvs.2022.879081

Nzabona, A., Ntozi, J., & Rutaremwa, G. (2016). Loneliness among older persons in Uganda: examining social, economic and demographic risk factors. Ageing & Society, 36(4), 860-888

Paknejad, F., Mohtashami, J., & Naderi, M. (2021). Investigating the relationship between mental health and perceived social support in the elderly referred to selected hospitals of shahid beheshti university of medical sciences in tehran. Technium Social Sciences Journal, 20, 569-577. https://doi.org/10.47577/tssj.v20i1.2949

Rost, L. (2020). Unpaid Care Work and Social Norms: Gender, Generation and Change in Northern Uganda (Doctoral dissertation, University of Oxford).

Sah, L. K., Sah, R. K., Singh, D. R., Burgess, R. A. (2024). Coping Strategies Employed by Older Nepalese Migrant Women to Manage their Mental Distress in the UK: A qualitative Research. *PloS one*, *19*(12), e0310832.

Ssebunnya, J., Medhin, G., Kangere, S., Kigozi, F., Nakku, J., Lund, C. (2019). Prevalence, Correlates and Help-seeking Behavior for Depressive Symptoms in Rural Uganda: A Population-based Survey. *Global Mental Health*, *6*, e27.

Syaharuddin, S., Dewi, S. U., & Saputra, M. K. F. (2023). The relationship of family social support with loneliness in the elderly. Jurnal Edukasi Ilmiah Kesehatan, 1(3),92-98. https://doi.org/10.61099/junedik.v1i3.22

Tannen, D. (2017). You're the only one I can tell:Inside the Language of Women's Friendships. New York, NY: Ballantine Books

Toyoshima, A., Kusumi, T. (2022). Examining the Relationship Between Preference for Solitude and Subjective Well-being Among Japanese Older Adults. Innovation in Aging, 6(1)

Uganda Bureau of Statistics, (2021). Statistical Abstract.

Uganda Population and Housing Census Report, (2024).

Uganda Bureau of Statistics2024: The National Population and Housing Census 2024-Final Report- Volume 1(Main), Kampala, Uganda.

Upton, P., Cartwright, M., Upton, D. (2021). Living with Chronic wounds: an Exploration of Adaptive and Maladaptive Coping Strategies and their Association with wellbeing. *Wounds International*, *12*(1), 12-17.

Wamara, C. K., Bennich, M., Strandberg, T. (2021). Missing Voices: Older People's Perspectives on Being Abused in Uganda. Journal of Elder Abuse & Neglect, 33(4), 288-310.

Wrzus, C., Wagner. J. (2018). Social Relationships Across Adulthood and Old Age. *In Oxford research encyclopedia of Psychology.* https://doi.org/10.1093/acrefore/9780190236557.013.391

APPENDICES

Appendix A: Interview Guide for Elderly Women

Dear respondent, my name is Namatovu Christine, a master's student from Uganda Christian University, conducting academic research under the topic "The contribution of family social support towards the well-being of elderly women in Kati-Kolo Village, Mukono municipality, Uganda". You are requested to participate in this study by responding to some questions. This is academic research and your responses will be treated with the utmost confidentiality they deserve.

SECTION I: General Information (please tick the most appropriate option below)

1. Age: _____

2. Marital Status:

a) Married

b) Widowed

c) Divorced/Separated

d) Single/Unmarried

3. Education Level:

a) No formal education

b) Primary education

c) Secondary education

d) Tertiary education

4. Employment Status:

a) Employed

b) Unemployed

c) Retired

d) Other (please specify): _____

SECTION II: Family members' companionship and the well-being of elderly women

1. Describe your relationship with your immediate family members.
2. How do you rate the quality of interactions with your immediate family members? (comfortable, moderately stressing, very stressing)
3. How do these interactions contribute or affect your overall happiness?
4. Describe the kind of care you receive from family members.
5. How would you compare the experience of just having companionship to receiving material support?

SECTION III: Influence of family networks on elderly women's well-being

1. Describe the forms of interaction you have with your extended family members.
2. How do these interactions influence your emotional well-being?
3. In your experience, how have these family interactions influenced Your overall quality of life?

SECTION IV: Elderly women's perceptions of the most beneficial family social support in Kati-Kolo village

1. In your experience, what is the most beneficial family social support that can improve elderly women's general well-being?

APPENDIX B

Interview Guide -Luganda Translation

Nkulamusizza nnyo nyabo! Nze Namatovu Christine, omuyizi mu yunivasite ya Uganda Christian University, ng'ankola okunoonyereza ku by'ensoma wansi w'omulamwa ''Emiganyulo gy'okulabirirwa aba famire mu kutumbula embeera z'obulamu bwa abakyala abakadde mu kyalo kye Kati-Kolo, mu munisipali ye Mukono, mu Uganda". Osabibwa okwetaba mu kunoonyereza kuno ng'oddamu ebibuuzo bino wamanga. By'oddamu mu kunoonyereza kuno bijja kukwatibwa n'obwegendereza era tebija kwoleka ani azeemu bibuuzo.

Ekitundu ekisooka:

Ebikukwatako

1. Emyaka gyo …….
2. Embeera y'amaka

a) Mufumbo

b) Namwandu

c) Yayawukana n'omwami

d) Tafumbirwangako

3. Okusoma

a) Teyasomako yadde

b) Yakoma mu pulayimale

c) Yakoma mu siniya

d) Yatuuka mu tendekero erya wagulu

4. Embeera yo kukola

a) Ninna omulimu mwenfuna ssente

b) Sirina mulimu

c) Nawumula emirimu

d) Ebirala (nyonyola)……

Ekitundu eky'okubiri:

Engeri abantu b'enju yo bobeera nabo gyebakyusa embeera mu bulamu bwo ng'omukazi omukadde.

1. Enkolagana yo n'abenju yo oba ab'enganda zo eri etya? (nungi nnyo , ssi nungi nnyo, ssi nungi ddala).Nyonyola ensonga eno.
2. Enkolagana eno ogiganyulwamu otya, oba ekosa etya embeera ze birowoozo byo ?
3. Nyonyola engeri ab'enyumba yo gye bakuyambamu mu kusitula embeera y'obulamu bwo obw'awaka.
4. Okubeera n'omuntu akuyambako ewaka n'okufuna obufunyi obuyambi, Olondawo ki? Era lwaki?

Ekitundu eky' okussatu

Engeri enkolagana yo n'abenganda zo abenjawulo gyekyusa embeera y'okwenyamira mu bulamu bwo nga omukazi omukadde abeera mu munisipali ya Mukono.

1. Enkolagana yo n'abenganda zo abenjawulo eri etya?
2. Enkolagana eno ekyusa etya engeri gyewewuliramu?
3. Mu by'oyiseemu nga omukyala akuzze, enkolagana n'abenganda zo ekuyambye etya okutambuza obulamu bwo okutwaliza awamu?

Ekitundu eky'okuna: Endowooza za'bakyala abakadde ku engeri aba famire gyebandifuddeyo mukubalabira okusitula embeera z'obulamu bwabwe.

1. Biki byewandiyagade abe nganda zo bakukolere gwe okuwulira nti offiibwako nga omukyala akaddiye?

Appendix C: Observation Checklist (Non-participant Observation)

Observer Information

- Name ……
- Date ……
- Location ……..
- Role ……..

Observation criteria

Participant - care giver environment/interaction	**Yes**	**No**	**Comment**
1.Home is accessible and habitable			
2.Participant appears calm and comfortable			
3.Participant's verbal communication is appropriate (Clear expressions, positive, open eye contact)			
4.Participant – caregiver communication (open body language, calm and respectful voice tone)			
5.Paricipant able to make decisions and express preferences			
6.Regular interaction with immediate caretakers			
7 Participant's privacy respected			

APPENDIX D: Introduction Letter

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

November 29th, 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: **INTRODUCTORY LETTER FOR RESEARCH**

This is to introduce to you **NAMATOVU Christine** Registration number **KM22M31/011**, a student of Uganda Christian University, pursuing Master's degree in Social Work. She is expected to carry out research project in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: **"Effects of Family Social Support on Depression Levels among Elderly Women in Mukono Municipality: A Case of ROTOM Mukono."**

The purpose of this communication is to request your office to allow her collect data from your organization. Any assistance rendered to her will be highly appreciated.

UGANDA CHRISTIAN UNIVERSITY
29 NOV 2024

Yours faithfully,

.....

Jeremy Waiswa, PhD
HoD, Research & Postgraduate Studies
Tel: 0752319951
Email:jwaiswa@ucu.ac.ug

APPENDIX E: INFORMED CONSENT FORM

Title of Research: Effect of family social support on depression levels among elderly women in Mukono municipality, a case of ROTOM, Mukono. Principle Investigator: Namatovu Christine….; Tel. contact +256-772424085…Affiliated to Uganda Christian University, School of Social Sciences, P.O Box 4, Mukono, Uganda.

1. **Introduction and Purpose of the Study**

The purpose of this study is to determine the effect of family social support on depression levels of elderly women in Mukono municipality- a case of ROTOM, Mukono. ROTOM is an organization based on Christian values and dedicated to the care and support of vulnerable older persons of 60 years and above, and the children in their care. The general objective of this study is to explore the influence; family companionship, family network and sense of belonging has on the depression levels of elderly women in Mukono municipality. The information you give us, will be confidential and only used for purposes of this study. In the process of report writing, your name will never be used and so everything you tell us will remain anonymous. We shall ask questions about the availability of family companionship and networks and how these affect your mental well-being as an older person. If you do not want to respond to a particular question, you can simply say so, and we will not insist.

2. Subject Participation

Participants will be the elderly women of 60 years and above, under the care of ROTOM but living in their homes and the ROTOM staff.

3. Potential Risks and Discomforts

This is a study involving a dialog between the researcher and the respondents on how the social support offered by family members in form of companionship and networking affect their depression levels. Minimal risk is expected.

4. Potential Benefits

The findings will inform strategies by the Ministry of health and Palliative care Association of Uganda aimed at improving Palliative Care establishment in Health facilities across the country.

5. Confidentiality

The information you give us, will be confidential and only used for purposes of this study. In the process of report writing, your name will never be used and so everything you tell us will remain anonymous. We shall ask questions about availability and functionality of palliative care services in this health facility. If you do not want to respond to a particular question, you can simply say so, and we will not insist. Every participant will be asked to sign a written study informed consent form before participating in the study as this ensures voluntarism and acceptability to participate in the study.

6. Authorization

By signing this form, you will be authorizing us to use the information from this research; for example, for Education and evidence interventions to improve Palliative care services.

7. Participation

Your decision to participate in this study is completely voluntary. If you decide to not participate in this study, it will not affect your work in any way.

8. Withdrawal from the Study and/or Withdrawal of Authorization

As a participant in this study, you can withdraw at any point if you choose not to continue.

9. Reimbursements

Reimbursement which is equivalent to Ug Sh. 10,000 for you.

10. Whom to Contact in Case of Ethical Related Concerns

This study was Approved by Uganda Christian university Research Ethics Committee (UCU-REC) and cleared by Uganda national Council for Science and Technology (UNCST), In case of any Ethical related concerns or inquiries, you can contact UCU-REC chairperson; Prof. Peter Waiswa on 0772 405 357, pwaiswa@musph.ac.ug or UCU-REC Secretariat, Mr. Osborn Ahimbisibwe on 0775737627 or oahimbisibwe@ucu.ac.ug UNCST; Tel: +256 414 705500/ info@uncst.go.ug

I voluntarily agree to participate in this research program; to tick appropriately

Yes No.

I understand that I will be given a copy of this signed Consent Form.

Name of Participant: ……

Signature: …… Date: …….

Name of Researcher/designee: …….

Signature: ……. Date: ……

APPENDIX F:

UCU- REC APPROVAL

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

UG-REC-026 Approval Version 4.105th September, 2024

05th September, 2024

CHRISTINE NAMATOVU
Uganda Christian University
0 772424085
Email: christinewaako48@gmail.com

UG-REC-026 APPROVAL NOTICE

To: Christine Namatovu, Principal Investigator

Re: UCU-REC Application titled: *Effect of family social support on depression levels among elderly women in Mukono municipality, A case of ROTOM, Mukono.*

Application Number: UCUREC-2024-951

Version: 4.1

UGANDA CHRISTIAN UNIVERSITY
APPROVED
UNTIL
05 SEP 2025
RESEARCH ETHICS COMMITTEE

Type: [ ] INITIAL REVIEW
[ ] Protocol Amendment
[ ] Letter of Amendment (LOA)
[ ] Continuing Review
[ ] Material Transfer Agreement
[ ] Other, Specify:

I am pleased to inform you that the **UG-REC-026;** UCUREC approved the above referenced application.

Approval of the research is for the period from **05th September, 2024**, to **05th September, 2025**
This research is considered minimal risk category.
As Principal Investigator of the research, you are responsible for fulfilling the following requirements of approval:

1. All co-investigators must be kept informed of the status of the research.
2. Changes, amendments, and additions to the protocol or the consent form must be submitted to the REC for re-review and approval prior to the activation of the changes. The REC application number assigned to the research should be cited in any correspondence.
3. Reports of unanticipated problems involving risks to participants or other must be submitted to the REC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for REC review.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be retained on file. The REC may conduct audits of all study records, and consent documentation may be part of such audits

5. Regulations require review of an approved study not less than once per 12-month period. **Therefore, a continuing review application must be submitted to the REC eight weeks prior to the above expiration date of 05th September, 2025 in order to continue the study beyond the approved period.** Failure to submit a continuing review application in a timely fashion may result in suspension or termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.
6. The REC application number assigned to the research should be cited in any correspondence with the REC of record.
7. Your research details have been shared with the Executive secretary of Uganda National Council for Science and Technology (UNCST) and you are not required to get clearance since you are a Master's Degree research. Refer to UNCST Research registration and clearance Policy and guidelines (July 2016) in Uganda section 6(e).

The following is the list of all documents approved in this application by **UG-REC _026:**

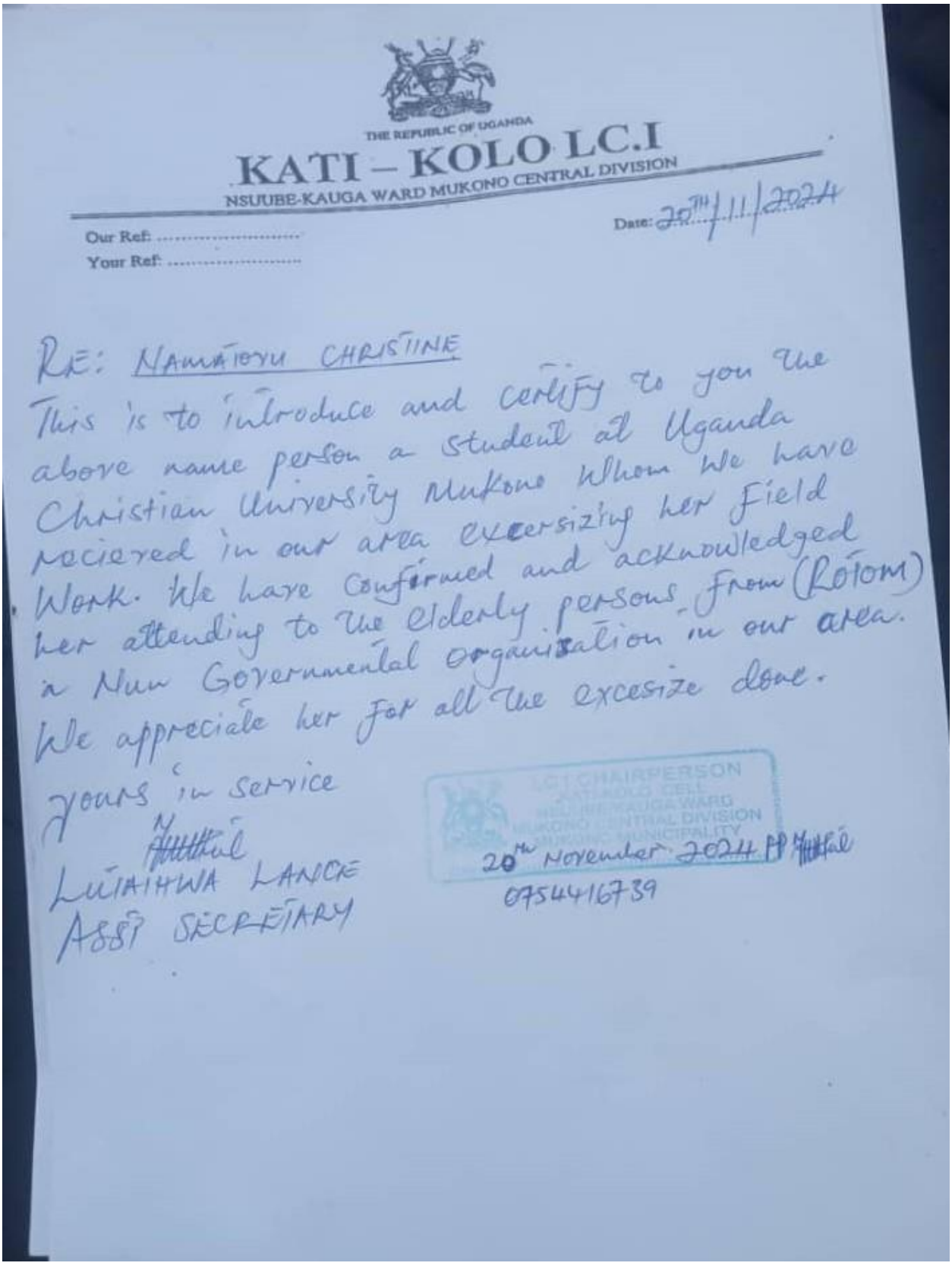
	Document Title	Language	Version	Version Date
1.	Protocol	English	1.0	2024-07-08
2	Questionnaires	English	1.0	2024-07-08
3	Informed Consent Form	English	1.0	2024-07-08
4	Geriatric Depression Scale	English	1.0	2024-07-08
5	Interview Guide	English	1.0	2024-07-08
6	Questionnaires	Luganda	1.0	2024-07-08
7	Interview Guide	Luganda	1.0	2024-07-08

Signed and Stamped

Prof. Peter Waiswa.
UCUREC Chairperson,
pwaiswa@musph.ac.ug

UGANDA CHRISTIAN UNIVERSITY APPROVED INTI 05 SEP 2025 RESEARCH ETHICS COMMITTEE

APPENDIX G: ACCEPTANCE LETTER FROM KATI-KOLO LOCAL AUTHORITY



THE REPUBLIC OF UGANDA

KATI – KOLO LC.I

NSUUBE-KAUGA WARD MUKONO CENTRAL DIVISION

Our Ref: .....

Your Ref: .....

Date: 20th/11/2024

RE: NAMATOVU CHRISTINE

This is to introduce and certify to you the above name person a student at Uganda Christian University Mukono whom we have received in our area exercising her Field Work. We have confirmed and acknowledged her attending to the Elderly persons From (Rotom) a Non Governmental organisation in our area. We appreciate her for all the excesize done.

Yours in service

LUTAIHWA LANCE

ASST SECRETARY

LC I CHAIRPERSON
KATI-KOLO CELL
NSUUBE-KAUGA WARD
MUKONO CENTRAL DIVISION
MUKONO MUNICIPALITY

20th November 2024 PP

0754416739