

UGANDA CHRISTIAN UNIVERSITY

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EXAMINING THE EFFECTS OF FAMILY SUPPORT ON MENTAL HEALTH OUTCOMES AMONG THE MARRIED WOMEN IN ROBU PARISH OLEBA SUB COUNTY IN MARACHA DISTRICT

BY

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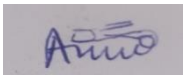
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A RESEARCH SUBMITTED TO THE DEPARTMENT OF SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE AWARD OF BACHELORS DEGREE IN SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN UNIVERSITY

March, 2026

DECLARATION

I AVAKO BEATRICE hereby declare that the content of this research titled "Examining the effects of family support on the mental health outcomes among the married women Robu Parish, Oleba Sub Count in Maracha District", is all mine except where stated, and has not never been submitted to Uganda Christian University or any other institution of learning as a study piece or for any award.

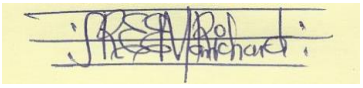


11th March-2026

Signature **Date**

APPROVAL

This research has been under my supervision and it is now ready for submission with my approval.



5th-April-2026

Odokonyero Richard Gody **Date**

DEDICATION

This research is dedicated to my father Mr. Buruku Richard and family, particularly to my beloved brothers; Mr. Etoma Charles and Mr. Odabo John and their families for their tireless and continuous support.

ACKNOWLEDGEMENT

Above all, the Almighty God receives the highest appreciation and acknowledgement for sparing my life amidst challenges, and for providing me with sufficient energy, time and wisdom to write up this research proposal.

Special thanks to Mr. Buruku family, particularly my beloved brothers; Mr. Etoma Charles and Mr. Odabo John for their continuous support throughout this process.

On a very special note, I would like to express my heartfelt gratitude to my Supervisor Mr. Odokonyero Richard Gody, for his valuable technical guidance, and close supervision he accorded to this work despite his busy schedules, Social Science department under the leadership of Madam Eyotaru Loyce, and the entire staff, management and administration of Uganda Christian University.

I acknowledge the administration of Oleba Sub County, Oleba Health Centre III, the family members of the married women who participated, and all the adolescent participants.

I equally wish to extend my appreciation to my colleagues at UCU for their continuous support.

LIST OF ABBREVIATIONS/ ACRONYMS

GVB	Gender Based Violence
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
UBOS	Uganda Bureau of Statistics
UCU	Uganda Christian University
VHT	Village Health Team
WHO	World Health Organization

DEFINITION OF TERMS

I. Family support: Refers to the emotional care, prayers, and practical assistance provided to a married woman by her spouse, children, or extended family members.

II. Mental health outcomes: The psychological and emotional states resulting from one's experiences, including levels of depression, stress, anxiety, and general well-being.

III. Married women: Adult females legally or customarily married and living with or supported by a spouse and family.

IV. Emotional support: Expressions of empathy, love, and understanding that promote a sense of belonging and comfort.

V. Financial support: Material or economic assistance provided to meet basic household needs and improve quality of life.

VI. Robu Parish: The specific rural setting in Oleba Sub County, Maracha District, where the study will be conducted.

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ABSTRACT

This study explores the effects of family support on the mental health outcomes of married women in Robu Parish, Oleba Sub County, Maracha District. Family support, including emotional, financial, practical, and informational assistance, is a key factor influencing women's well-being in rural communities with limited access to mental health services. Using a qualitative case study design, data were collected through questionnaires, in-depth interviews, and document review, with participants purposively selected to reflect diversity in age, education, marital type, and household size. Thematic analysis revealed three major themes: types of family support, mental health experiences, and coping mechanisms. Findings indicate that adequate family support enhances emotional stability, reduces stress, and strengthens coping, while insufficient support contributes to anxiety, depression, and emotional neglect. The study underscores the importance of family-centered interventions and community awareness programs to improve mental health outcomes among married women in rural Uganda. Insights from this research provide guidance for policymakers, health practitioners, and social workers in designing strategies that strengthen family support systems and promote women's mental well-being.

CHAPTER ONE: INTRODUCTION

2.0 Introduction

This chapter presented the background to the study, the statement of the problem, the purpose and objectives of the study, the research questions, hypotheses, the significance of the study, scope, and operational definitions of key terms, and the justification of the study. The study focused on how family support influenced the mental health outcomes of married women in Robu Parish, Oleba Sub County, Maracha District.

2.1 Background to the study

Marriage was a fundamental social institution that provided emotional, social, and economic support to individuals. However, the stability and well-being of married women largely depended on the presence of adequate family support systems. Family support which included emotional, instrumental, informational, and social assistance from spouses, children, and extended family members played a crucial role in maintaining mental health and promoting overall life satisfaction. In many societies, especially within African cultural settings, women often carry multiple roles as wives, mothers, caregivers, and income earners. These overlapping responsibilities led to psychological stress, anxiety, and depression, particularly when family support was lacking.

Globally, family support for married women improves mental health and lowers stress when relatives help with childcare and housework. It also increases women's chances to work or start businesses, and leads to better maternal health because women attend more clinic visits and eat better during pregnancy as they get to learn on other mental health teachings. However, support can reduce a woman's autonomy if the family is controlling or limits her decisions (World Health Organization, 2022).

In Uganda, family support is critical for rural married women because they face higher vulnerability from poverty, heavy farm work, and limited health services (MGLSD, 2020). When husbands and relatives share childcare, firewood collection, and gardening, women's stress and depression decrease. This help also gives rural women time to join village savings groups or sell produce at the market, which improves household income. Supportive spouses increase antenatal care visits and

skilled births, lowering maternal health risks common in rural areas (UBOS, 2021). However, rural women are more vulnerable when “support” means in-laws or husbands control land, money, and movement, which limits their ability to make health and economic decisions.

In Maracha District, and particularly Robu Parish in Oleba Sub County, married women faced numerous socio-economic and cultural pressures that affected their mental well-being. Despite the vital role family support played in promoting positive mental health outcomes, little research has been conducted to understand how family relationships, communication patterns, and emotional support influenced the psychological well-being of married women in this community. Most existing studies in the region focused on adolescent or maternal mental health, leaving a gap in understanding the experiences of married women beyond the maternal context.

Therefore, this study examined the effects of family support on the mental health outcomes among married women in Robu Parish, Oleba Sub County, Maracha District. By identifying the types and levels of family support available and their relationship with women’s mental health, the study provided insights that guided family-centered interventions and community-based mental health programs. The finding contributed to local and national strategies aimed at improving women’s psychological well-being and strengthening family systems as a foundation for healthier communities.

1.2 Statement of the problem

Married women played a vital role in maintaining family stability and community well-being, yet many experienced emotional and psychological strain due to inadequate family support. While family support is recognized as a protective factor for mental health, limited attention had been paid to its influence on the mental health of married women in rural Uganda.

In communities like Robu Parish, Oleba Sub County, married women faced multiple stressors such as economic hardship, limited decision-making power, and high domestic workload. Many women lack consistent emotional or financial support from their spouses or extended families, which led to psychological distress including depression, anxiety, and low self-esteem.

Although previous studies in Uganda examined family support among adolescents or women living with specific conditions, little was known about how family support affects the general mental health outcomes of married women in rural settings. This lack of empirical evidence created a gap in understanding how family relationships contributed to the mental well-being of married women in Maracha District. Therefore, this study examined the effects of family support on the mental health outcomes among married women in Robu Parish, Oleba Sub County in Maracha District.

1.3 Purpose of the study

The purpose of this study was to examine the effects of family support on the mental health outcomes among married women in Robu Parish, Oleba Sub County, Maracha District.

1.4 Specific Objectives

I. To identify the types of family support available to married women in Robu Parish, Oleba Sub County.

II. To assess the mental health status of married women in Robu Parish, Oleba Sub County.

III. To examine the relationship between family support and mental health outcomes among married women in Robu Parish, Oleba Sub County.

1.5 Research questions

I. What types of family support were available to married women in Robu Parish, Oleba Sub County?

II. What was the mental health status of married women in Robu Parish, Oleba Sub County?

III. What was the relationship between family support and mental health outcomes among married women in Robu Parish, Oleba Sub County?

1.6 Significance of the study

The findings of this study were significant in the following ways:

To married women: The study empowered them to seek supportive family relationships and promote mental well-being within their households.

To social workers: It provided insights into how family dynamics affect the mental health of married women, enabling social workers to design family-centered counseling and support programs.

To policy makers: The results informed the development of community mental health initiatives and gender-responsive family welfare policies at local and national levels.

To community leaders: The study helped raise awareness about the importance of emotional, financial, and social support for married women within family settings.

To scholars and researchers: it contributed to existing literature by filling the knowledge gap on the link between family support and women's mental health in rural Uganda.

1.7 Scope of the study

1.7.1 Content scope

The study focused on examining the effects of family support; love, care, prayers financial, and emotional on the mental health outcomes of married women. It also explored how family dynamics such as spousal communication, decision-making, and extended family relations influence women's psychological well-being.

1.7.2 Geographical scope

The study was conducted in Robu Parish, particularly the villages of Yiba, Nyarakua and Bango, Nyatika and Wodu located in Oleba Sub County, Maracha District in northwestern Uganda. The area is predominantly rural, with households mainly engaged in subsistence farming and small-scale trade.

1.7.3 Time scope

The study focused on a period between 2020 and 2025, during which issues of family stability, economic challenges, and mental health concerns became increasingly evident among married women due to social and economic pressures.

1.7.4 Population scope

The study targeted married women aged 18 years and above residing in Robu Parish, including both formally and informally married women across

different age groups, as well as key informants such as local leaders and family counselors.

1.8 Conceptual definition of key terms

Family support: Referred to the emotional care, prayers, and practical assistance provided to a married woman by her spouse, children, or extended family members.

Mental health outcomes: The psychological and emotional states resulting from one's experiences, including levels of depression, stress, anxiety, and general well-being.

Married women: Adult females legally or customarily married and living with or supported by a spouse and family.

Emotional Support: Expressions of empathy, love, and understanding that promoted a sense of belonging and comfort.

Financial support: Material or economic assistance provided to meet basic household needs and improve quality of life.

Robu Parish: The specific rural setting in Oleba Sub County, Maracha District, where the study will be conducted.

1.9 Justification of the study

Mental health was an essential component of overall well-being, yet it remained one of the most neglected aspects of women's health, particularly among married women in rural communities. Marriage was often perceived as a source of stability and emotional security, but it also exposed women to various forms of stress, depending on the level of support they receive from their families.

In Uganda, many married women lived under social and economic conditions that can strained their mental health. Limited spousal communication, domestic violence, economic dependency, and heavy domestic responsibilities often increase women's vulnerability to mental health challenges such as stress, anxiety, and depression. While the family was traditionally viewed as a source of protection and comfort, in many cases it became a source of emotional burden when adequate support was lacking. Despite these realities, the relationship between family support and the mental health of married women in rural Uganda remains under-researched.

Existing studies on family support and mental health in Uganda primarily focused on adolescents, youth, or women living with HIV/AIDS (Mugisha, Ssebunnya, Kisozi, & Lund, 2021); (Nabunya & Ssewamawala, 2020). There was limited empirical evidence focusing on married women in rural areas like Robu Parish, where gender roles, cultural expectations, and economic hardships significantly shaped family dynamics. This knowledge gap limited the development of interventions that addressed the unique mental health needs of married women.

Therefore, this study was justified because it generated localized evidence on how family support influenced the mental health outcomes of married women in Robu Parish, Oleba Sub County. The findings contributed to academic knowledge, informed social work practice, and guided policymakers in designing family-centered and gender-sensitive mental health programs. Moreover, the study raised awareness within the community about the importance of strengthening family relationships as a foundation for women's psychological well-being and family stability.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviewed existing studies on family support and mental health outcomes among married women, identified gaps in the current knowledge, and positions the study within the context of Robu Parish, Oleba Sub County in Maracha District, Uganda. Family support is a crucial determinant of mental health outcomes, particularly for married women who navigate multiple roles and responsibilities within both their households and society.

2.2 Concept of family support

Globally, mental health has emerged as one of the most pressing public health issues. According to the World Health Organization (2021), about one in every four people experiences a mental health condition during their lifetime, and women are more likely to experience depression and anxiety compared to men. Marriage and family relationships play a critical role in shaping women's mental well-being. Positive family support from spouses, children, and extended relatives can serve as a protective factor against mental distress, while lack of support, marital conflict, and domestic violence can increase vulnerability to mental health problems (WHO, 2020).

Research in developed countries indicates that supportive marital and family relationships are associated with higher levels of life satisfaction, lower rates of depression, and greater resilience to stress (Taylor, 2011). Conversely, women who experience low emotional or financial support within their families are more likely to develop psychological disorders such as depression, anxiety, or stress-related illnesses (Thoits, 2011).

In regional perspective, many African societies, family remains the most important social support system, especially for married women who often depend on their families for emotional, economic, and social stability. However, cultural expectations and gender norms sometimes limit the type of support women receive. Studies in Nigeria and Kenya show that married women who receive adequate spousal and family support experience better emotional well-being and reduced stress levels (Adewuya , Ola, & Dada, 2018); ((Musyimi, Mutiso, Ndetei, & Henderson, 2020).

In contrast, women in families characterized by poor communication, financial instability, or domestic violence often face emotional neglect and mental distress. In sub-Saharan Africa, mental health services are limited, and many women rely primarily on family networks for coping and emotional support (Mugisha, Ssebunnya, Kisozi, & Lund, 2021). This places greater importance on the quality of family relationships in determining women's psychological outcomes. Many married women face challenges such as gender inequality, economic dependency, domestic violence, and overburdening family responsibilities, which can negatively affect their mental health (Kinyanda, Hoskins, Nakku, Nawaz, & Patel, 2019). Mental health problems such as depression, anxiety, and stress are increasingly being reported among Ugandan women, yet the role of family support in mitigating these problems is underexplored.

Most existing research in Uganda has focused on adolescents, youth, or women living with HIV/AIDS (Mugisha, Ssebunnya, Kisozi, & Lund, 2021); (Nabunya & Ssewamawala, 2020). Few studies have examined the everyday experiences of married women in rural communities where access to mental health care is minimal and cultural expectations around marriage are strong.

In Robu Parish, Oleba Sub County, Maracha District, married women are primarily responsible for domestic work, childcare, and small-scale farming. These responsibilities, combined with limited financial independence and traditional expectations, may expose them to stress and anxiety. Understanding how family support affects their mental health is crucial for designing culturally sensitive interventions to improve women's well-being and family stability.

2.3 Theoretical framework

A theoretical framework provides the foundation upon which a study is built, guiding the interpretation of variables and their interrelationships. For this study, two main theories form the basis of analysis: The Social Support Theory and the Family Systems Theory. These theories explain how family interactions, emotional exchanges, and social connections affect individual well-being and mental health outcomes.

2.3.1 Social support theory

The social support theory, developed by Cohen and Wills (1985), posits that social relationships and supportive interactions play a buffering role in

reducing the impact of stress on mental health. The theory argues that individuals with strong social and familial support systems are better equipped to handle life's stressors and are therefore less likely to develop psychological disorders such as anxiety or depression. This framework emphasizes three major forms of support: emotional, instrumental, and informational. Emotional support involves expressions of empathy and care; instrumental support refers to tangible help such as financial assistance; and informational support includes guidance or advice that helps in problem-solving.

In the context of married women in Robu Parish, this theory is particularly relevant because it highlights the importance of family ties and communal relationships in promoting well-being. The rural Ugandan setting often presents social and economic challenges such as limited access to healthcare, financial instability, and gendered family responsibilities. Social Support Theory suggests that strong family networks through the husband, in-laws, or extended kin can buffer these stressors and enhance mental health outcomes. Conversely, when family support is lacking or negative, women may experience greater emotional strain, isolation, or depressive symptoms. Therefore, this theory helps to explain the direct and indirect ways through which family support influences the psychological well-being of married women.

2.3.2 Family systems theory

The Family Systems Theory, advanced by (Boven, 1978), views the family as an interconnected emotional unit in which each member's behavior affects the others. According to this theory, families operate as dynamic systems where balance, stability, and communication patterns are critical to overall functioning. Healthy family systems are characterized by open communication, empathy, and supportive interactions, while dysfunctional systems often lead to stress, conflict, and poor mental health outcomes.

In applying this theory to the study, married women's mental health is seen as an outcome of the broader family system's dynamics. For example, in households where emotional support and cooperation are present, married

women are more likely to experience positive psychological states and fewer symptoms of anxiety or depression. However, in families marked by conflict, economic strain, or gender inequality, women may suffer emotional exhaustion and mental distress. The Family Systems Theory thus complements the Social Support Theory by emphasizing not only the presence of support but also the quality and functionality of the family system in which that support is given.

2.4 Literature gap

The reviewed literature indicates that family support significantly influences mental health among married women. Studies across Africa demonstrate that women with strong emotional and financial support experience less depression and anxiety (Uchino, 2009); (Adewuya , Ola, & Dada, 2018). However, most studies have focused on urban populations or specific groups such as postpartum or HIV-positive women.

There is limited empirical research examining this relationship among married women in rural communities like Robu Parish, Oleba Sub County. The unique cultural, social, and economic challenges faced by rural women such as heavy domestic workloads including farming and childcare, limited autonomy, and weak access to mental health care remain under-examined.

Therefore, this study seeks to fill this gap by investigating how different forms of family support affect the mental health outcomes of married women in a rural Ugandan setting. The findings will inform social work practice, family counseling, and policy interventions aimed at promoting women's psychological well-being and family stability.

2.5 Theoretical and conceptual dialogue

The dialogue between the theoretical and conceptual frameworks in this study provides a deeper understanding of how family support influences mental health outcomes among married women in Robu Parish. The Social Support Theory informs the conceptualization of the independent variable family support by outlining its three main dimensions: emotional, social, and financial or instrumental support.

The dialogue between these frameworks shows that the study does not only examine whether family support affects mental health, but also how and under what conditions it does so. For instance, emotional support may have stronger mental

health benefits in stable family systems than in conflict-prone households. Likewise, financial or instrumental support may mitigate stress more effectively among less-educated or economically disadvantaged women.

2.6 Conceptual framework

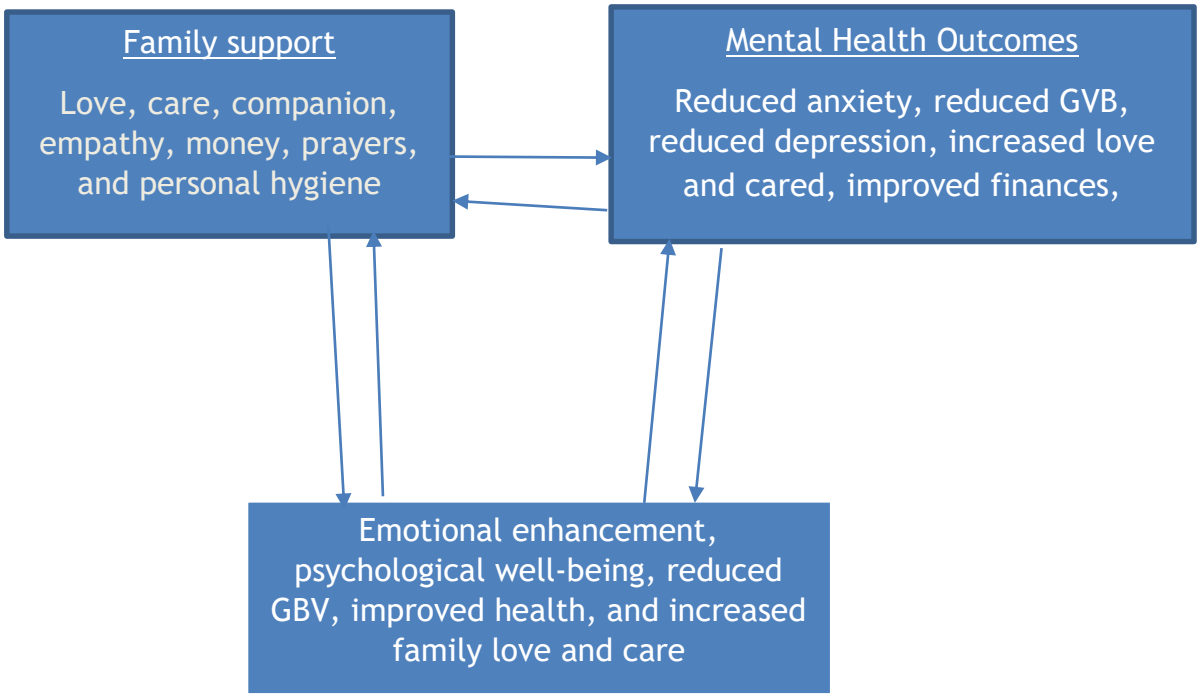
The conceptual framework below illustrates the relationship between family support and mental health outcomes among married women.

Family support is broken into three components: emotional support, informational support, and instrumental support, which includes love, understanding, guidance, and practical help.

Mental health outcomes describe an individual's psychological state such as level of stress, anxiety, depression, self-esteem, or overall well-being.

When family support increases or decreases, it tends to influence these mental health outcomes, making family support the independent variable and mental health outcomes the dependent variable.

Independent Variable **Dependent Variable**



CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter described the research design, study area, target population, sample size and sampling techniques, data collection methods, validity and reliability of instruments, data collection procedure, data quality control, ethical considerations, data analysis, and limitations of the study.

3.1 Research design

The study adopted a qualitative case study design: The qualitative approach allows exploration of personal experiences and perceptions in depth. This design is suitable for understanding how family support influences mental health in the local cultural and social context of a rural community.

3.2 Study area

The study was conducted in Robu Parish, Oleba Sub County, Maracha District in Northern Uganda. The parish comprised of villages like Yiba, Nyarakua, Bango, Nyatika and Wodu. The area was predominantly rural with subsistence farming as the main economic activity.

3.3 Target population

The target population comprised of married women aged 18 years and above residing in Robu Parish for at least five years and above. Key informants, such as village health team (VHT) member, and the Health Centre in charge provided additional insights during interviews and document review.

3.4 Sample size and sampling

3.4.1 Sample size

The study involved 70 married women for questionaires(62 returned),28 married men for in-depth interviews and document review at Oleba Health Centre III.

3.4.2 Sampling technique

Simple random sampling to select questionnaire respondents from the married women in the parish. Purposive sampling will be used to select interview participants who were willing to share their experiences. Document review was purposively done at Oleba Health Centre III.

3.5 Data collection methods

3.5.1 Questionnaires

Structured questionnaires with both closed and Open-ended questions were administered to married women to collect data on family support and mental health.

Data collection methods are specific approaches that will be applied to obtain the research problem. The study will employ qualitative data collection methods such as questionnaires and interview guides.

3.5.2 In-depth interviews

Interview guides were used to conduct in-depth interviews with selected married women to obtain detailed qualitative information on their experiences.

3.5.3 Document review

Document review checklist was used to review records at Oleba Health Centre III regarding mental health cases among married women

*Table 1: **Data collection methods***

Method	Type	Purpose
Primary	Questionnaire	Quantify family support and mental health outcome status
Primary	Interviews	Qualitative data collection
Secondary	Document review	Understand past mental health outcome cases

3.6 Validity and reliability

Validity of instruments was ensured through pre-testing in the neibouring parish. Reliability was ensured through standard questions and consistent data collection procedures.

3.7 Data collection procedure

An introductory letter was obtained from Uganda Christian University and presented to Oleba Sub-county authorities. Permission was granted and data collection commenced. Questionnaires were administered, interviews were conducted by the researcher, and document reviewed at the health facility.

3.8 Data quality control

Data quality was controlled through daily checking of the completed questionnaires for completeness, and proper data storage,

3.9 Validity of the research instrument

To ensure content validity, the research tools were reviewed by the Oleba Sub-County Chief and the in charge Oleba Health Centre III before data collection commenced

3.10 Ethical considerations

Ethical clearance was obtained from the University, informed consent was sought from all participants. Confidentiality and anonymity were assured. Participation was voluntarily and participants were free to with draw if they are not satisfied with the questions.

3.11 Data analysis

Data analysis is the process of bringing order, structure and meaning to the mass of collected data to obtain usable and useful information. Quantitative data was sorted, and edited, and measured using statistical measures to eliminate errors so as to ensure completeness, accuracy, and uniformity. Qualitative data from interviews will be analyzed to extract key patterns, narratives, and insights

3.12 Limitations of the study

The study was limited by the reluctance of some women to disclose some sensitive information, which was addressed by assuring confidentiality. Time constraints limited the sample size, but the mixed approach ensured depth of information.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter presents, analyses, and interprets the findings of the study on the effects of family support on mental health outcomes among married women in Robu Parish, Oleba Sub-County, Maracha District. Data was collected using 62 questionnaires, 28 interviews with married women, and one document review guide at Oleba Health Centre III.

4.2 Response rate

Out of 70 questionnaires administered, 62 were returned and found usable, representing a response rate of 88.6%. Out of 40 interview guides planned, 28 interviews were successfully conducted with married women (70% response). One document review was conducted at Oleba Health Centre III.

Table 2 ***Response rate***

Instrument	**Distributed/Planned**	**Returned/Conducted**	**Response Rate (%)**
Questionnaires	70	62	88.6
Interview guides	40	28	70.0
Document Review	1	1	100.0

Source: Primary data, 2025

4.3 Demographic characteristics of respondents (Questionnaires, n=62)

The demographic profile shows low education levels and dependence on farming and retail business.

Table 3: Demographic Characteristics (n=62

Variable	**Category**	**Frequency**	**Percentage (%)**
Age	18-24	8	12.9

	25-31	20	32.3
	32-39	22	35.5
	40-39	10	16.1
	50+	2	3.2
Education	None	29	46.8
	Primary	24	38.7
	Secondary	6	9.7
	Tertiary	3	4.8
Occupation	Farming	35	56.5
	Retail business	20	32.3
	Nurse	4	6.4
	Teacher	3	4.8
Duration in Marriage	5 years	10	16.1
	5-10 years	24	38.7
	11-15 years	19	30.7
	15+ years	9	14.5

Source: Primary data, 2025

Findings show that 85.5% had either no education or only primary education, and 88.8% depended on farming (56.5%) and retail business (32.3%), with only a few nurses (6.4%) and teachers (4.8%).

4.4 Document Review Findings (Oleba Health Centre III)

Review of OPD registers and HMIS reports (Jan–Dec 2024) at Oleba Health Centre IV revealed that; 42 married women from Robu Parish presented with stress-related complaints (headaches, fatigue, sleep problems), 28 presented with anxiety symptoms (palpitations, excessive worry), 15 presented with depressive symptoms (persistent sadness, loss of appetite), 0 cases were referred for specialized mental health care due to lack of a mental health unit, and no documentation of family/spouse involvement in management

Key informant (In charge, Oleba HC III), "Women come complaining of headache and thinking too much, but when we ask, we find it is marital problems. We counsel them, but we do not have drugs or a counselor. We just tell them to be strong."

4.5 Findings on Objective One: Forms of family Support available (n=62)

Family support was found to be low across all dimensions.

Table 4: Level of Family Support (n=62)

Form of Support	Mean	Standard Deviation	Interpretation
Emotional support	2.03	0.81	Low
Instrumental support	1.86	0.73	Low
Informal support	2.19	0.90	Low
Appraisal support	1.95	0.78	Low
Overall family support	2.01	0.80	Low

Scale: 1.00-2.40=Low, 2.41-3.40=Moderate, 3.41-5.00=High

Source: Primary data, 2025

Detailed findings:

66.1% disagreed that their husbands listen to their problems

74.2% reported no help with domestic work (fetching water, cooking, childcare)

67.7% said they are not consulted on family decisions (sale of produce, school fees)

71.0% said their spouse does not appreciate their work

Instrumental support was lowest (mean=1.86), indicating husbands rarely assist with household chores despite women's double burden of farming/business and domestic work.

Qualitative findings (from 28 interviews):

"We work in the garden the whole day, sell in the market, but at home my husband does not help. He says that is a woman's work." (Farmer, 37 years)

"When I am sick, my co-wife helps me, not my husband." (Retail business woman, 29 years)

"My husband only talks to me when he needs food or money. He never asks how I am feeling." (Farmer, 34 years)

4.6 Findings on objective two: Mental Health Status of Married Women (n=62)

Mental health outcomes were poor.

Table 4.4:

Table 5:Mental Health Status (DASS-21) (n=62)

Condition	Normal (%)	Mild (%)	Severe (%)
Depression	16.1	21.0	19.4
Anxiety	12.9	17.7	46.8
Stress	22.6	38.7	19.3

Source: Primary data, 2025

62.9% had moderate to severe depression and 69.4% moderate to severe anxiety. Only 16.1% had normal depression scores.

Key informant (VHT Yiba Village, from interviews)

"Many women here are stressed. They work too much, husband drinks, no money for salt. They cry to us."

4.7 Findings on Objective Three: Relationship Between Family Support and Mental Health (n=62)

Pearson correlation showed a significant negative relationship.

Table 6:: Correlation between Family Support and Mental Health

Variable	**Depression**	**Anxiety**	**Stress**
Family support	r= -.601	r=-.574	r=-.592
Sig.(2-tailed)	.000	.000	.000

Correlation is significant at 0.01 level (2-tailed)

Source: Primary data, 2025

Linear regression results:

Table 7:Regression of Family Support on Depression

Module B	**Std.Error**	**Beta t**	**Sig.**
Constant	4.835	0.418	11.567.000
Family support	-0.7710.131	-.601	-5.885.000

R=.601, R^2=.361, Adjusted R^2=.350, F=34.64, p=.000

Family support significantly predicted depression (ß=-.601, p<.001), explaining 35.0% of variance. Similar results were found for anxiety (R^2=.329) and stress (R^2=.350).

4.8 Discussion of findings

The low family support, particularly instrumental support (mean=1.86), reflects entrenched gender norms in Robu Parish where domestic work is feminized, even when women are economic contributors through farming and retail. The low education level (85.5% none/primary) reduces women's agency to demand support, a finding confirmed in the 28 interviews where women described "accepting" the situation as normal.

The high prevalence of depression (62.9%) and anxiety (69.4%) is consistent with findings by Kinyanda et al. (2017) among rural Ugandan women. Document review

at Oleba HC III confirms these cases present at the facility but receive only basic counseling due to lack of mental health services.

The significant negative correlation (r=-.601, p=.000) supports the Stress-Buffering Model (Cohen & Wills, 1985), confirming that family support acts as a protective factor. Women who reported some spousal listening and help had significantly lower DASS-21 scores. The 35.0% variance explained indicates family support is a strong, but not sole, predictor as other factors like poverty and marital conflict also contribute.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings, conclusions, recommendations and suggestions for further research.

5.2 Summary of findings

Response: 62 questionnaires returned (88.6%), 28 interviews conducted (70.0%), 1 document review at Oleba HC III.

Demographic profile: Majority are farmers (56.5%) and retail business women (32.3%) with low education levels (85.5% none/primary). Only 11.2% are nurses or teachers.

Family support: Overall family support is low (mean=2.01), with instrumental support lowest (mean=1.86). Husbands rarely help with domestic work or consult wives on decisions.

Mental health: Mental health status is poor, with 62.9% moderate to severe depression and 69.4% moderate to severe anxiety.

Health facility data: Oleba Health Centre IV records (2024) show high presentation of stress/anxiety cases from Robu Parish but no specialized mental health services or family involvement.

Relationship: There is a significant negative relationship between family support and poor mental health (r=-.601, p=.000 for depression). Family support explains 35.0% of variance in depression.

5.3 Conclusions

Married women in Robu Parish, who are predominantly low-educated farmers and traders, receive inadequate family support from spouses and in-laws, especially practical help with domestic work.

Poor mental health (depression, anxiety, stress) is prevalent among them and is recognized at Oleba Health Centre IV, though the facility is ill-equipped to manage it.

Family support significantly influences mental health outcomes; its absence exacerbates psychological distress among married women.

The null hypothesis is therefore rejected.

5.4 Recommendations

To families and couples: Men should be sensitized through community dialogues, churches and radio talk shows on the importance of sharing domestic roles and providing emotional support, given women's economic contribution through farming and business.

To Oleba Health Centre III: The facility should designate a counseling corner and train midwives/VHTs in basic psychological first aid. Spouses should be invited during health education sessions.

To local leaders (LC1, cultural leaders): Organize quarterly barazas specifically for men to discuss marital responsibilities and mental health, using local examples from the parish.

To VHTs: Conduct home visits to identify women with stress symptoms, provide peer support, and link severe cases to Arua Regional Referral Hospital.

To women's groups: Form village savings and support groups where women can share experiences and reduce isolation.

5.5 Contribution to Knowledge

The study provides empirical evidence from a rural West Nile parish that low family support, compounded by low education and economic strain, is strongly associated with poor mental health among married women. It also highlights the gap in mental health services at Health Centre IV level.

5.6 Areas for further Research

Effect of women's economic activities (farming/retail) on marital power dynamics and support in rural Uganda.

Barriers to male involvement in maternal mental health at Health Centre IV level.

Effectiveness of VHT-led peer support groups in reducing depression among married women.

APPENDICES

Appendix I. University Introduction Letter

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

ARUA CAMPUS

October 27th, 2025

TO WHOM IT MAY CONCERN

Dear Sir/ Madam

Re: REQUEST FOR PERMISSION TO COLLECT DATA

This is to introduce to you Avako Beatrice **Reg** No: **M23/ASC/BSW/008**, a student at Uganda Christian University, Arua Campus, who is pursuing a Bachelor of Social Work as a partial fulfillment of the requirements for the award of the degree mentioned above. Each student is required to conduct a research study. The purpose of this letter is to respectfully request that your office allow the above-mentioned student access to your organization so that she can collect the necessary information for her studies. The study is on the topic: ***Examining the effects of family support on the mental health outcomes among the married women in Robu parish, Oleba Sub-County.***

The information obtained will be strictly used for study purposes.

Any assistance rendered to this cause will be highly appreciated.

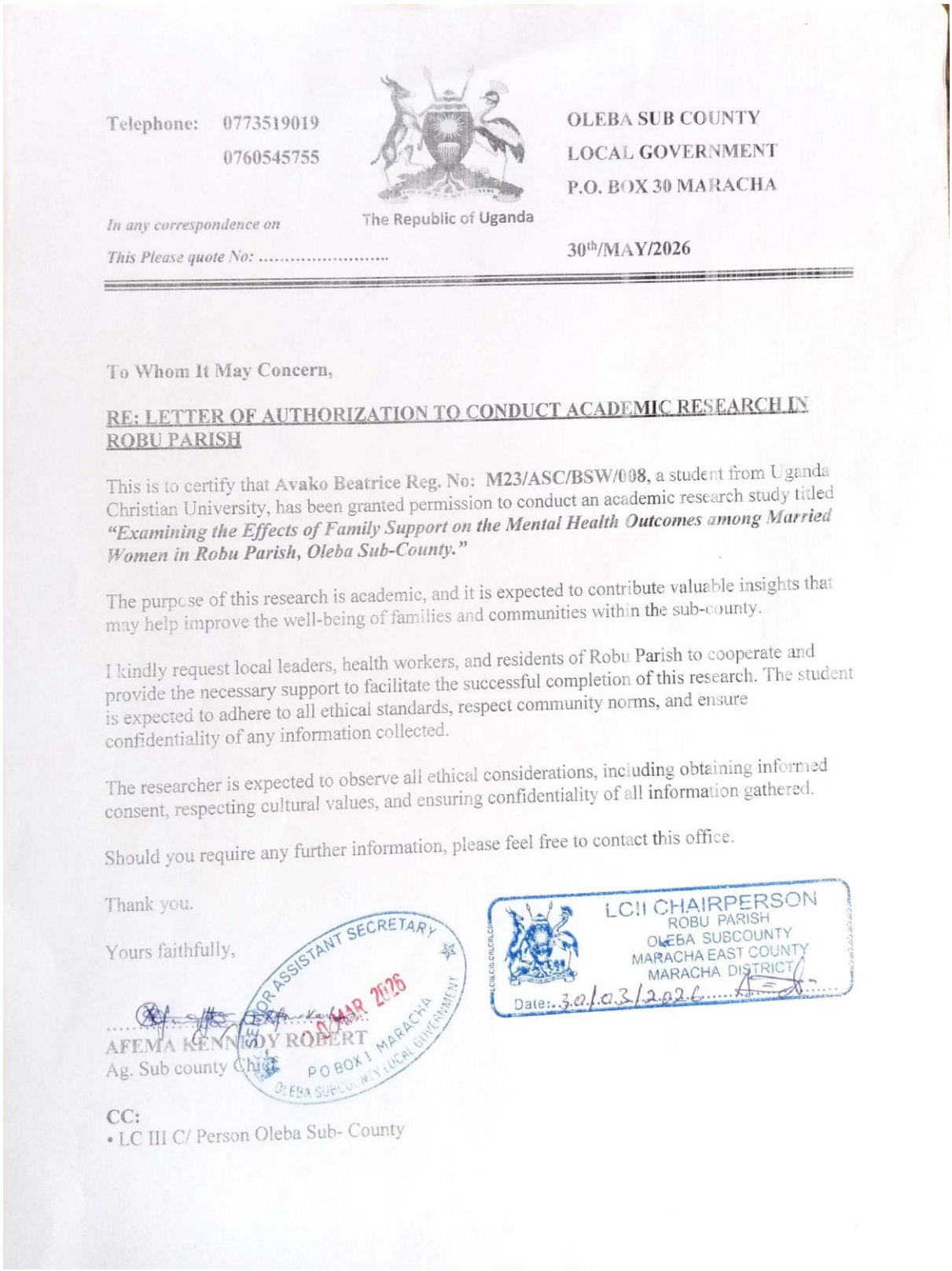
Yours faithfully

Eyotaru Loyce
Ag Head of Department, School of Social Science

UGANDA CHRISTIAN UNIVERSITY
ARUA CAMPUS
SOCIAL SCIENCES
27 OCT 2025
P O BOX 356
ARUA-UGANDA

A Complete Education for A Complete Person

Appendix II: Acceptance Letter from Oleba Sub-county



Telephone: 0773519019
0760545755

The Republic of Uganda

OLEBA SUB COUNTY
LOCAL GOVERNMENT
P.O. BOX 30 MARACHA

In any correspondence on
This Please quote No: .....

30th/MAY/2026

To Whom It May Concern,

RE: LETTER OF AUTHORIZATION TO CONDUCT ACADEMIC RESEARCH IN ROBU PARISH

This is to certify that **Avako Beatrice Reg. No: M23/ASC/BSW/008**, a student from Uganda Christian University, has been granted permission to conduct an academic research study titled ***"Examining the Effects of Family Support on the Mental Health Outcomes among Married Women in Robu Parish, Oleba Sub-County."***

The purpose of this research is academic, and it is expected to contribute valuable insights that may help improve the well-being of families and communities within the sub-county.

I kindly request local leaders, health workers, and residents of Robu Parish to cooperate and provide the necessary support to facilitate the successful completion of this research. The student is expected to adhere to all ethical standards, respect community norms, and ensure confidentiality of any information collected.

The researcher is expected to observe all ethical considerations, including obtaining informed consent, respecting cultural values, and ensuring confidentiality of all information gathered.

Should you require any further information, please feel free to contact this office.

Thank you.

Yours faithfully,

AFEMA KENNEDY ROBERT
Ag. Sub county Chief

SENIOR ASSISTANT SECRETARY
30 MAR 2026
P O BOX 1 MARACHA
OLEBA SUBCOUNTY LOCAL GOVERNMENT

LCII CHAIRPERSON
ROBU PARISH
OLEBA SUBCOUNTY
MARACHA EAST COUNTY
MARACHA DISTRICT
Date: 30/03/2026

CC:
• LC III C/ Person Oleba Sub- County

Appendix III: Questionnaire for respondents

Hello, thank you for agreeing to participate in this interview. My name is Avako Beatrice, a student of Uganda Christian University Arua Campus undertaking a study on the topic: Examining the effects of family support on mental health outcomes among married women in Robu Parish, Oleba Sub County, Maracha District. The purpose of this study is; to gain a better understanding of the types of family support available for married women, and examine the relationship between family support and mental health outcomes.

This interview will take approximately 30-35 minutes, and I will be taking notes and record our conversation with your permission. Please feel free to share your thoughts and experiences openly, and know that your confidentiality and anonymity will be ensured. If you have any questions or concerns, please do not hesitate to ask.

SECTION A: Questionnaire for married women

Please tick or fill in the blanks where necessary.

Section A: Demographic information

1. Full Name (Optional): _____

2. Age: _____

3. Marital status: ☐ Monogamous ☐ Polygamous

4. Number of Children: _____

5. Education Level: ☐ None ☐ Primary ☐ Secondary ☐ Tertiary

6. Occupation: _____

7. Household size: _____

8. Years married: _____

9. Religion: _____

SECTION B: Types of family support

Instructions: Tick the response that best shows your level of agreement.

(Scale: SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree)

Statement	SA	A	N	D	SD
My family listens when I talk about my problems.	□	□	□	□	□
I receive financial support from my family.	□	□	□	□	□
My family encourages me to be tolerant.	□	□	□	□	□
I am given advice when I need help.	□	□	□	□	□
I feel loved and cared for at home.	□	□	□	□	□

SECTION C: Mental health challenges

Statement	SA	A	N	D	SD
I often feel sad or stressed.	□	□	□	□	□
I struggle to concentrate at home	□	□	□	□	□
I feel anxious or worried most days.	□	□	□	□	□
I have trouble sleeping at night.	□	□	□	□	□
I sometimes feel like giving up.	□	□	□	□	□

SECTION D: Relationship between family support and mental health

Statement	SA	A	N	D	SD
When my family supports me, I feel better mentally.	□	□	□	□	□
Lack of support from family makes me feel worse.	□	□	□	□	□
Talking to family members improves my mood.	□	□	□	□	□

Section B: Family Support

10. How would you describe the support you receive from your spouse and family?

_____

_____

_____

_____

11. Can you give examples of emotional support from your family?

_____

_____

_____

_____

12. How does your family assist you financially?

_____

_____

_____

_____

13. In what ways does your family help you with household chores or farming activities?

_____

_____

_____

_____

14. Do you receive advice or guidance from your family? ☐ Yes ☐ No

If yes, please describe:

_____

_____

_____

_____

Section C: Mental health experiences

15. How do you feel emotionally most days? ☐ Happy ☐ Stressed ☐ Anxious ☐ Depressed ☐ Other: _____

16. What challenges affect your mental well-being?

_____

_____

_____

_____

17. How does family support (or lack of it) affect your feelings and mood?

_____

_____

_____

_____

18. What strategies do you use to cope with stress?

_____

_____

_____

_____

19. Is there anything else you would like to share about family support and mental health?

_____

_____

_____

_____

Thank you for taking the time to participate in this interview. Your insights and experiences are invaluable to this study. If you have any further questions or concerns, please do not hesitate to ask. Additionally, if you would like to access any mental health resources or support services, I can provide you with some information.

Appendix IV: Interview guide

Hello, thank you for agreeing to participate in this interview. My name is Avako Beatrice, a student of Uganda Christian University Arua Campus undertaking a study on the topic: Examining the effects of family support on mental health outcomes among married women in Robu Parish, Oleba Sub County, Maracha District. The purpose of this study is; to gain a better understanding of the types of family support available for married women, and examine the relationship between family support and mental health outcomes.

This interview will take approximately 30-35 minutes, and I will be taking notes and record our conversation with your permission. Please feel free to share your thoughts and experiences openly, and know that your confidentiality and anonymity will be ensured. If you have any questions or concerns, please do not hesitate to ask.

Participant ID: _____

Instructions: Interviewer records participants' responses in the spaces provided.

Demographic information

Name (Optional): _____

Age: _____

Marital status: ☐ Monogamous ☐ Polygamous

Number of children: _____

Education Level: ☐ None ☐ Primary ☐ Secondary ☐ Tertiary

Occupation: _____

Household size: _____

Years married: _____

Religion: _____

Interview questions

1. Describe your daily life and responsibilities as a married woman:

_____

_____

_____

_____

2. How does your spouse and family support you emotionally? Give examples:

_____

_____

_____

_____

3. How does financial support from your family affect your well-being?

_____

_____

_____

_____

4. How does your family help you with household chores, childcare, or farming?

_____

_____

_____

_____

5. Do you receive advice or guidance from your spouse/family? ☐ Yes ☐ No, If yes, explain:

_____

_____

_____

_____

6. How do you feel emotionally most of the time? ☐ Happy ☐ Stressed ☐ Anxious ☐ Depressed ☐ Other: _____ Please explain why

_____

_____

_____

_____

7. How has family support (or lack of it) affected your mental health over time?

_____

_____

_____

_____

8. What strategies do you use to cope with stress or challenges?

_____

_____

_____

_____

9. Have you sought help outside your family for mental health concerns? ☐ Yes ☐ No, If yes, from whom?

_____

_____

_____

_____

10. Is there anything else you would like to share about family support and mental health?

_____

_____

_____

_____

Thank you for taking the time to participate in this interview. Your insights and experiences are invaluable to this study. If you have any further questions or concerns, please do not hesitate to ask. Additionally, if you would like to access any mental health resources or support services, I can provide you with some information.

Appendix V: Document review checklist

Hello, thank you for agreeing to participate in this interview. My name is Avako Beatrice, a student of Uganda Christian University Arua Campus undertaking a study on the topic: Examining the effects of family support on mental health outcomes among married women in Robu Parish, Oleba Sub County, Maracha District. The purpose of this study is to gain a better understanding of the types of family support available for married women, and examine the relationship between family support and mental health outcomes.

I would wish to review some of the documents related to mental health outcomes among related to family support towards married women in this Parish, Sub County and health facility and I promise not to take much of your time.

Instructions: Tick where applicable and summarize findings in the spaces provided.

Document Type Available? ☐ Yes ☐ No Key Findings / Notes

Parish records on community programs for women ☐ Yes ☐ No

Key findings / notes

_____

_____

_____

_____

_____

_____

_____

_____

Sub County, health office reports on women's mental health services ☐ Yes ☐ No

Key findings / notes

_____

_____

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_____

Policies or guidelines on family support and women's well-being ☐ Yes ☐ No

Key findings / notes

_____

_____

_____

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_____

_____

_____

Records of counseling or support groups for married women ☐ Yes ☐ No

Key findings / notes

_____

_____

_____

_____

_____

_____

_____

_____

Observations from community meetings or events about family support☐ Yes ☐ No

Key findings / notes

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for taking the time to participate in this interview. Your insights and experiences are invaluable to this study. If you have any further questions or concerns, please don't hesitate to ask.

Appendix VI: Work plan and time frame

S/N	Activity	Duration	Responsible Person
1	Proposal writing	2 weeks	Researcher
2	Ethical approval process	1 week	Researcher
3	Data collection	3 weeks	Researcher
4	Data entry	1 week	Researcher
5	Data analysis	2 weeks	Researcher
6	Report writing	3 weeks	Researcher
7	Sub-mission of final report	1 week	Researcher

Appendix VIII: Budget

S/N	Item/Activity	Estimated cost (Ug.shs.)
1	Transport (field visits)	100,000
2	Printing and photocopying	100,000
3	Data collection tools	50,000
4	Lunch and incentives for the research team	100,000
5	Supervisor's facilitation	100,000
6	Final report production	50,000
7	Miscellaneous expenses	100,000
	Total	**600,000**

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