THE IMPACT OF FAMILY SOCIAL SUPPORT ON THE WELL-BEING OF OLDER PERSONS IN KAUGA VILLAGE, MUKONO MUNICIPALITY, MUKONO DISTRICT

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DECLARATION

I, **SSENTONGO CALEB MUGERWA** hereby declare that this is my own work, it is not plagiarized and never been submitted in other institute for any reason or academic assessment

Signature: .....

Date: 18th/5/2026

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APPROVAL

This dissertation was written under my supervision and has been submitted with my approval.

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14/5/2026

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ABSTRACT

The study on “The Influence of Family Support on the Well-being of Older Persons in Kauga Village, Mukono Municipality in Mukono District” was applicable to social work practice since it provided essential insight into older people's everyday life within a specific local setting. The primary objective of this study was to create an in-depth understanding of how family social support promotes the well-being among old people residing in Kauga Village, Mukono District. This study would contribute to academic and professional knowledge by providing academic scholarship for gerontology, social work, and community development especially for Uganda and East African context. This would be helpful for professional and student communities who would be interested to learn about inter-linkages among family care and aging. The study contributes to professional knowledge of gerontological social work, which sensitized practitioners to how family composition affects physical, emotional, and social health of aged persons in rural and peri-urban Ugandan communities.

Moreover, the research guides policy and activism by recognizing gaps within informal care systems and proposing further mechanisms of support. The social workers were able to utilize the research to push for interventions at the community level, public sensitization of caregiving roles, and further government support to older people. Family support played a crucial part in maintaining and improving the physical health of older adults through various pathways. To maximize benefited and distorted harms, policy practice should actively support family caregivers integrate them into care systems and ensure formal services complement the family support and capacities to render help to the older persons. Further research should be done to redefine the casual understanding, identify the most effective types of family support and design equitable interventions.

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CHAPTER ONE

INTRODUCTION

1.0 Introduction of the study

This chapter provided background to the research, problem statement, objectives of the research, scope of the study which comprised content scope, geographical scope and time scope.

1.1Background of the study

Globally, United Nations knew about aging people and most especially women from developing countries. After the UN Decade of Healthy Aging (2021-2030), which talked of integrated support systems. According to it, reliance by aging people alone from family was not feasible and could be inequitable most especially to women who took most of the care responsibility (2023). Another research from other parts of the globe such as Nepal and India had revealed that family care to aging people has positive effects to their welfare, absence of formal support systems could lead to vulnerabilities.

Globally, and particularly among African communities, traditional family systems were the prime source of support for the elderly persons notwithstanding pressures of modernization, urbanization and migration which seem to have eroded the pattern or shape. For example, the youth who vacate their traditional village and move to town and city to seek greener pastures, migration due to war. A research conducted in Cameroon indicated importance of family support to aged psychology, noting that there was a need for sustained intergeneration relationships. "Family social support system and psychological wellbeing of the aging (60 years and above) in NSO community, North West region of Cameroon/ Modern Journal of Social Science humanities

(academia Journal). Similarly, from across Central, East, Southern and West African there was an acknowledgement that family care was important but had to be complemented by formal support systems to address emerging issues which confronted the ageing persons.

At National level Uganda's number of older persons was estimated to increase from 1.3 million of year 2010 to 5.5 million by 2050. Here has been a culture that elderly persons were taken care of or supported by family informal systems, though such systems were eroded by HIV/ AIDS, urbanization, and conditions of poverty. Although government had initiated Senior Citizens Grant (SCG), which was meant to offer monetary support to elderly, such support to elderly people was called for to be multifaceted. This was in view that Uganda had conducted a research which had revealed that elderly people were characterized by poor quality of lives and little involvement by them in social activities which are critical towards their health. “The impact of social assistance program on the quality of life of older person in Uganda- Byaruhanga and Debasay (2021).

There was minimal literature focused specifically on Kauga village or well-being among old adults, but overall context of Mukono District that supports National trend where old adults in rural settings like those of Kauga were dependent upon family for their well-being. The continued out-migration of young families to urban centers for employment and access to improved social services has exposed lives of old adults to risks of Isolation, economic uncertainties and health complications. Establishment of specific dynamics of Kauga village calls for professional investigation that would be used to inform intervention which would reinforce family support system and family support mechanisms.

1.2. Problem Statement.

Preferably, older persons are to enjoy a good quality of life consisting of emotional security, social integration and good physical care which is largely furnished through stable family support. To traditional societies like Uganda particularly rural and semi-urban communities like Kauga village, families for several centuries acted as the chief caregiver of elderly persons by offering support which is social, physical, emotional and economic through embedded cultural values of intergenerational solidarity (Aboderin, 2004).

But according to today's reality, the traditional support system of nature are quickly disintegrating due to socio-economic transformation such as rural-urban movement, poverty, individualization, the quick changing nature of family and the nature of the modern employment system which has alienated many of their extended family Oppong,2006), The World Health Organization (2015) In the world report of aging and Health highlights how modernization and urbanization have greatly impacted family structures interrupting the family ties and bond. As in any village in Uganda, elderly in Kauga village are experiencing abandonment, Loneliness, and poor care. This is particularly due to the fact that young people like to move to cities for employment and to access quality social services and therefore leave elderly behind who receive little caregiving which has resulted into poor physical condition, physiological distress, and social alienation.

Mismatch between expected intensive family based care and actual dwindling family family care provides justification for conducting such a study. There is an imperative need to know the effect of family support or non-support by family upon the health condition of elderly people of Kauga village with a view to guiding individualized social work intervention and policy intervention accordingly.

1.3 Purpose of the study.

The primary objective of this study is to create an in-depth understanding of how family social support promotes the well-being among old people residing in Kauga Village, Mukono District. Specifically, the study seeks to determine the level to which and the kind of family support received by old people and how it affects their welfare from an emotional, social, and physical point of view which will aid in identifying gaps

1.4 Research Objectives.

What is your major objective of the study?

To assess the impact and domains of family social support on the emotional, mental, and physical health of elderly people in Kauga Village.

1.4.1 Specific objectives

I. To find out the impact of family social support on the physical health of older persons in Kauga village.

II. To find out the impact of family social support on the mental and emotional health of older persons in Kauga village.

III. To explore sources of social support for older persons in Kauga village.

1.4.2 Research Question

1. What is the impact of family social support on their physical well-being of the elderly persons.

2. How does family social support influence older people's emotional and mental well-being in Kauga Village?

3. What are the major sources and forms of social support that older individuals in Kauga Village use.

1.5. Scope of the study

1.5.1 The time scope.

This study will cover a period of three months with specific target on the age range of 60 and above. The targeted population shall give insights on how family support influences their well-being by responding to questionnaires, direct interviews using interviews guides, and also observations methods that will help the researcher to gain more indepth understanding of the impact of family support on the well-being of older persons in Kauga village.

1.5.2 The Geographical scope.

This study will be conducted in Kauga village, Mukono Sub-county under Mukono District.

1.5.3 Content of study.

This study will be solely intended to investigate how different forms of family support influence the well-being of older persons in Kauga village. This will give an insight in the different forms of family support, challenges encountered and how they can be resolved.

1.6 Significance of the study.

This study will be of benefit in different dimensions.

1.6.1 Significance of the study to Research

The project would contribute new knowledge about aging well-being within the local setting. The project would contribute new knowledge about specific vulnerabilities of members of the order, housing and their challenges and solutions to challenges. When emphasis is put on the local setting, there is an increase in knowledge about how family life influences aging well-being within the local setting.

This study would contribute to academic and professional knowledge by providing academic scholarship for gerontology, social work, and community development especially for Uganda and East African context. This would be helpful for professional and student communities who would be interested to learn about inter-linkages among family care and aging.

It will help identify gaps and highlights for further research to be carried out by other individuals or institutions.

1.6.2 Significance to Social Work Practice

The study on "The Influence of Family Support on the Well-being of Older Persons in Kauga Village, Mukono Municipality in Mukono District" is applicable to social work practice since it provides essential insight into older people's everyday life within a specific local setting. Identifying levels and kinds of family support which are provided to aged people, the study provides social workers with evidence to perform sufficient need assessments, create individualized care plans, and apply appropriate interventions. The study contributes to professional knowledge of gerontological social work, which sensitizes practitioners to how family composition affects physical, emotional, and social health of aged persons in rural and peri-urban Ugandan communities.

Moreover, the research guides policy and activism by recognizing gaps within informal care systems and proposing further mechanisms of support. The social workers are able to utilize the research to push for interventions at the community level, public sensitization of caregiving roles, and further government support to older people. The research provides culturally sensitive and ethical social intervention by recognizing family and community relationships as important within the Ugandan context. Lastly, it is consistent with the social work goal of working for dignity, health, and human rights of vulnerable populations through evidence-informed, holistic, and empathetic intervention.

1.6.3 Significance of the study to Policy Makers

Research on "The Impact of Family Support on the Well-being of the Elderly in Kauga Village, Mukono Municipality in Mukono District" has significant utility for policymakers since it provides evidence-based facts about what is challenging and supporting elderly people within a local Ugandan context. Owing to Uganda's aging population, such research provides concrete facts about whether and how family support or the lack therefore affects elderly people's physical, emotional, and social well-being. Policymakers are able to draw upon such research to ascertain particular family care and social protection mechanisms needs and hence inform particular and complete policies aimed at improving elderly people's welfare and their care.

In addition, the research guides the formulation and application of age and place-specific interventions that target the older people in the peri-urban villages like Kauga village. It encourages the transition from blanket national programmes to more place-specific, evidence-based interventions. The research also gives credibility to the call for mainstreaming elderly welfare in the overall policy frameworks like health, housing, and social development. Lastly, it helps policymakers to prioritize the older people in development planning and resource

allocation and to spur partnerships among the state, families, and community-based organizations in an effort to enhance the well-being of Uganda's older people.

1.8 Theoretical Framework

This study will adopt two social work theories, namely, the Ecological Systems Theory, and the Strengths-Based Perspective. The latter presents a general framework for explaining how family support has been an important facilitator of healthy aging among older individuals within their community.

1.8.1. Ecological Systems Theory

This theory envisioned people situated within multiple levels of the environment from their immediate family (microsystem) to broader social and policy settings (macrosystem). To be relevant to this study, older adults in Kauga village are influenced not merely by their immediate family lives but by broader community relations, health systems, and socio-economic policies. Family care within the microsystem influences physical, emotional, and social welfare of older adults. The mesosystem (family and health services interaction, say), exosystem (children's workplace or emigration policy), and macrosystem (aging policy and prevailing culture), respectively, influence family care provision and quality. Drawing from this theory, the study recognizes multi-layered influences for older adults' welfare and advocates for coordinated, systemic intervention.

1.8.2. Strengths-Based Approach

It aims to recognize and build individual, family, and community strengths, resilience, and assets. According to this perspective, aging people are not delineated merely as passive dependants, but are characterized by their valued experiences, coping capacity, and social

capital. Family care, for example, in Kauga village, can be conceived not merely as a source of caregiving, but a context of mutual giving, emotional, cultural, and spiritual support. The Strengths-Based Perspective allows us to learn how aging people maintain their positive functioning through positive family relationships, active family involvement, and their roles and status within their community. It allows us to learn effective family support practices which can be reinforced or replicated by policy and social intervention.

Collectively, these theories provide a solid basis for understanding how relationships within and aspects of one's surroundings generally affect the lives of aging individuals, and how to further social work practice through dignity, inclusion, and empowerment.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

This chapter particularly presents a review of various related literature that seek to understand family support impacts the life of the elderly persons just as the researcher intends to study. The chapter contains the specific objectives which alines with the different literature which will help the researcher to find out the gaps in the literature and possible solutions.

2.1 Impact of family support on the physical health of older persons

Family emotional support is important to the psychological and physiological status of elderly people and their physical wellbeing as a consequence thereof. According to Social Support and Physical Health Uchino (2004), emotional support lowers stress hormone levels and boosts immune function, leading to improved overall outcomes. For rural community-dwelling elderly like those in Kauga Village who are likely exposed to stress due to family member urban migration, emotional bonding through regular visiting or communication by family members averts depression and feelings of loneliness. Emotional bonding not only helps maintain improved mental status but also supports elderly people to maintain overall physical wellbeing through enhanced self-care and adherence to health advice.

Practical support—instrumental activities such as bathing, cooking, or going for doctor's appointments—directly affects physical independence among the aged. In Aging and Health in Africa (2006), edited by Pranitha Maharaj, it is described how people who receive consistent help in their activities of daily life are less likely to be physically deteriorated or institutionalized. At Kauga Village, since there is no access to formal caregiver services, such practical help from

family members becomes important to help sustain mobility and prevent injury. Such help reduces frailty and promotes active and purposeful aging.

Family economic support allows aged persons to access medical services, healthy diets, and safe accommodation. The author of the book ageing in Africa: Sociolinguistic and Anthropological Approaches (2007), Koen Stroeken, is aware that economic dependency by adult children is common among most of the aged populations, especially African societies in rural areas. For those among Kauga Village residents who fail to receive a pension, they greatly rely on remittances or family member assistance to access clinics and purchase prescribed medication. The economic support has a positive association to enhanced health outcomes through access to frequent checkup and early treatment of illnesses.

Family caregiving is an important factor for chronic disease management such as hypertension, arthritis, or diabetes among elderly people. The author explains in Family Caregiving in the New Normal (2017) how regular caregiving has a positive effect on management of disease, medication adherence, and communication between patients and physicians. At Kauga Village, where chronic conditions are not managed due to a lack of health infrastructure, family caregivers fill that gap by providing needed supervision and bodily support. They are capable custodians of keeping elderly people compliant with treatment regimens, and it has a wide-reaching positive effect upon their body and averts rehospitalization.

Quality overall of family support, practical, emotional, and economic, determines overall quality of life for older adults, deeply impacting physical health. According to The World Report on Ageing and Health World Health Organization (2015), stronger family support systems promote resilience, prevent declining health, and increase life satisfaction. Even in a community like

Kauga Village, where extended family continues to be a foundation of social life, whether or not one has supportive family members determines whether or not one can successfully age. Those who have stable, high-quality family support are likely to adopt healthy lifestyles and be open to health interventions.

2.2 impact of family support on the mental and emotional health of older persons

Family emotional support is an important factor supporting the emotional and mental health of elderly people. Alluding to Bert N. Uchino's publication, Social Support and Physical Health: Understanding the Health Consequences of Relationships (2004), emotional intimacy with family members correlates to lower depression and anxiety levels among older adults. This is especially the case in rural settings like Kauga Village, where social isolation caused by youthful family members working outside and away from their homes could lead to feelings of loneliness for their aging parents. When family members phone, visit, or even communicate with their aging relatives occasionally, it gives them a sense of belonging and emotional security, which is key to their mental health.

Intergenerational relationships contribute to feelings of continuity, identity, and purpose among older persons, strengthening their psychological resilience. Ian Stuart-Hamilton (2012), The Psychology of Ageing, states that older people who are well connected to their children and grandchildren are likely to be emotionally satisfied and less depressed. Intergenerational relationships are therapeutic when, for example, such relations are common within Kauga Village. Older people who are respected and consulted concerning family affairs or rituals have a positive self-image, which gives them a positive outlook and emotional resilience.

Family support is a buffer for life stressors likely to trigger emotional distress among the elderly. According to Daniel L. Segal, Sara Honn Qualls, and Michael A. Smyer (2010), authors of Aging and Mental Health, a stable family support system is, among the elderly, related to improved emotional management and lower incidence of mood disorders. For example, when an aging person is going through bereavement, illness, or financial hardship, family members available to support them can shield them from the psychological impact. This is significant especially in Kauga Village, where there is limited access to mental health facilities. A stable family system can fill the gap by offering emotional resilience and coping mechanisms.

Family rejection or abandonment typically leads to feelings of worthlessness and then chronic depression among older adults. According to Ageing and Older Adult Mental Health by Suman Fernando (2011), it is argued that disengagement from family is one of the most significant predictors of aging persons' psychological decline. In Kauga Village's rural community, if elderly are not nurtured or attended too much, they would adopt rejection. Conversely, when families are actively involved caregiving for their elderly with them, eating together, or through conversational interaction they offer them their sense of purpose and dignity and emotional fulfillment.

The combined result of family emotional, practical, and monetary support leads to greater life satisfaction and emotional health later in life. According to World Report on Ageing and Health by World Health Organization (2015), emotional health is related very much to family bond strength and family members' perceived support. Family setting determines the mindset of the elderly when there are no social protective mechanisms, such as in Kauga Village. If family is close and supportive, not just are elderly individuals free from emotional turbulence, but cognitive ability and social integration are enhanced.

2.3 Benefits of family support for order persons

Family support is equally important to enable social inclusion of older adults by getting them active in family and community life. As Victor, C. R., writes about in her article Social Isolation and Loneliness in Old Age (2011), family members offer social contacts of older adults to wider groups and community activities. In remote communities like that of Kauga Village, where older adults are likely to get isolated by their diminished mobility or that of their friends who die, active intervention from family members like taking them out to a function or church meeting can ensure their continued social interaction. This prevents their feelings of not belonging and thwarts social withdrawal late in life.

Family support maintains traditional roles that are a source of self-esteem and identity for the elderly. Using Leslie A. Morgan and Suzanne R. Kunkel (2016) from their book Aging, Society, and the Life Course, meanings are drawn by elderly people from roles like grandparents who take care of their grandchildren, or advisors, or holders of traditional knowledge. Family support involving engaging elderly people in family or household activities or giving them a say in making decisions gives them their relevance and maintains dignified roles. The existence of these dignified roles preserves their dignity and sustain healthy family and community relationships.

Family members who are supportive can protect elderly individuals from isolation's negative effects. According to Ageing and Social Policy in Ireland by Virpi Timonen (2008), family contact decreases elderly loneliness when frequent and very supportive and bidirectional. Even without formal elderly support services, such as in Kauga Village, family members are the primary shield against isolation. When family members regularly visit, listen, and converse with

their elderly family members, it satisfies their social needs and allows for psychological resilience.

Family support helps to strengthen and sustain interpersonal relationships which are needed for social health. According to The Social World of Older People by Christina Victor, Sasha Scambler, and John Bond (2009), family members are generally social relationship builders and maintainers between elderly individuals. Adult children and grandchildren of Kauga Village assist elderly individuals by giving them transport, communication, or social contact to help them maintain relationships with their neighbors, relatives, and friends. These contacts not only enhance social connectedness but also protect against marginalization associated with aging.

Older people with supportive families tend to receive social respect and esteem from society. According to Global Aging and Challenges to Families by Vern L. Bengtson and Ariela Lowenstein (2004), societies appreciate and take care of when their family elders are valued publicly and looked after by their families. Family care in Kauga Village, whose community fame and values are important, is a public affirmation of love, duty, and respect that confers social value to aging people. The public support confirms their value in their environment and leads to greater integration and social dignity within their communities.

In summary, the literature highlights the important role contributed by family support towards the mental, emotional, and social health of older adults, particularly in rural villages like Kauga Village. Emotional support through regular visits, communication, and intergenerational bonding alleviates loneliness, depression, and anxiety among the elderly. Researchers such as Uchino (2004), Stuart-Hamilton (2012), and Segal et al. (2010) highlight that emotional closeness and involvement in family affairs instill a sense of meaning, continuity, and psychological resilience.

In the setting where formal mental health care is unavailable, as in Kauga Village, the family provides the primary source of affective safety and coping power. Family disownment or disregard, however, is directly related to emotional worsening, according to Suman Fernando (2011).

The literature also points to the high social benefits of family support to older individuals. It fosters social inclusion by connecting them with community activity and maintaining traditional roles that promote their self-worth and identity. Authors such as Victor (2011), Morgan and Kunkel (2016), and Timonen (2008) emphasize that frequent and meaningful family contact reduces loneliness, preserves social contacts, and assists older people in being active in cherished roles. In Kauga Village, where there is a shortage of formal support structures, families are responsible for ensuring older people's dignity, salience, and public respect. Overall, family involvement ensures elderly people experience social belonging, community esteem, and healthier relations with others towards old age.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The chapter presents the research methodology that is going to be used in the analysis of how family support affects the health status of the elderly in Kauga Village, Mukono Municipality in Mukono District. It outlines the research design, study location, source of information, population for study, sampling of samples, key informants, methods and procedures for data collection, instruments and methods of data collection, ethical aspects, and the method used to manage and analyze the data. Since the research will be qualitative in nature, it will mostly attempt to grasp the lived experiences, meanings, and perceptions of older persons and other stakeholders regarding family support and well-being.

3.2 Research Design

The research will employ a qualitative exploratory research design. It is appropriate for this research design as it facilitates an in-depth comprehension of older persons' subjective experiences and social reality concerning family support. The design will facilitate it to investigate patterns, themes, and meanings from narratives, observations, and interviews, which are fundamental to qualitative inquiry. The approach is essential in invoking the richness of human experiences that are not quantifiable but must be described and interpreted within context.

3.3 Field of Study

Fieldwork will be conducted in Kauga Village, Mukono Municipality of Mukono District, Central Uganda. Kauga is a semi-urban village and presents a mix of rural and urban characteristics, so a concentration on traditional and evolving support systems in the family. The village has a readily apparent high concentration of older people and is experiencing social and

demographic changes that can affect intergenerational support systems. The accessibility and diversity of family make-up of the area lend itself to suitability for this study.

3.4 Source of Information

The data will be gathered solely from primary sources. They include older people aged over 60 years, family carers, the leaders in the village, and social workers in Kauga Village. Their experiences, perceptions, and stories will form significant understanding the family support processes and its influence on the health of older people.

3.5 Study Population

The sample to be recruited includes older individuals 60 years and older who reside in Kauga Village, their principal family caregivers, and also community stakeholders such as local leaders and health workers. These are seen to have extensive knowledge on the systems of support that older individuals get and will be selected to provide detailed, descriptive information that is relevant to the study objectives.

3.6 Selection of Sample

Purposive sampling, one of the non-probability sampling techniques employed for qualitative research, will be employed in this research. Respondents will be purposely selected based on specific criteria such as their age (60 years and above), their role as caregivers, or occupation in the community. The objective is to obtain a variety of participants who will give rich information and possibly generate in-depth understanding of the phenomenon under study. 25 participants will be selected: 15 older persons, 5 family caregivers, and 5 key community informants.

3.7 Key Informants

Key informants are individuals who possess the unique experience or expertise pertinent to the well-being of older persons in Kauga. They will include:

Faith leaders or elders

Health care providers at the local health centre

Local Council leaders (LC1)

Representatives of community-based organizations or social workers They provide professional insights and contextual knowledge of the impact of family and community support on older persons' lives.

3.8 Procedure for Data Collection

The researcher will obtain an introductory letter from the host institution and obtain clearance from local authorities in Kauga. Following this, appointments with the participants will be arranged. Data collection will be conducted through face-to-face interviews and focus group discussions, arranged at convenient and comfortable times and places for the participants. The process will be inclined towards trust establishment and rapport to allow free and frank conversation so that the researcher can get a detailed report.

3.9 Data Collection Instrument and Methods

The following qualitative data collection methods will be used.

In-depth Interviews: This will be administered with caregivers and older adults at home with an interview guide. That is, because it gives participants the liberty to say what they think, feel, and have gone through.

Focus Group Discussions (FGDs): This will be administered with caregivers and community leaders in order to obtain collective perceptions, beliefs, and practices toward family support and the well-being of elderly people.

Observation: The researcher will use non-participant observation in order to document everyday life of the elderly, physical status, mobility, and interaction with relatives.

The main instruments used are interview guides, FGD guides, and an observation checklist—all constructed in a manner that reflects the study objectives.

3.10 Ethical Considerations

The study shall adopt rigorous ethical standards to ensure the dignity and safety of all participants.

Informed consent from respondents will be obtained following the description of the objective of the study, confidentiality measures, and their right to withdraw any time without penalty.

Confidentiality and anonymity shall be maintained through the use of pseudonyms and safeguarding all data collected by recording.

Respect and sensitivity will especially be observed while working with the elderly, appreciating their vulnerability as well as the cultural respect for elders in Ugandan society.

The study will be cleared by the University research ethics committee.

3.11 Data Processing and Analysis

The data will be collected in interviews and FGDs where audio will be taped (with consent), transcribed and translated if necessary. Thematic analysis will be utilized by the researcher to

interpret and examine the data. This entails reading transcripts multiple times in order to observe, coding data into themes, and then categorizing them into broad themes relevant to the study objectives.

CHAPTER FOUR

FINDINGS, DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter comprises of findings of the study as gathered by the research. The responses helped in answering the research questions on the Impact of family social support on the well-being of older persons in Kauga village, Mukono Municipality, Mukono District.

4.1 Demographic information of participants

The researcher gathered content about the research participants which included age, occupation and education level of the respondents.

4.2 Education level of respondents

The researcher collected information from participants who had atleast completed O-Level as their academic qualification. The interaction with the respondents and the researcher revealed that many people in Kauga as the area of study completed the ordinary level of education hence proving that data was collected from informed respondents.

4.3 Occupation of respondents

Key respondents. The researcher collected data from five key respondents where two were chairpersons in both lower and upper kauga. The researcher went ahead to seek information from two women leaders of Upper Kauga and Lower Kauga and then one Community Development Officer from municipality. The social worker still collected information from five caregivers from different home and these were mainly house helpers in Kauga households.

4.4 Age of respondents

The researcher collected findings from the age group which ranged from 25 to 70 and these respondents had the required information. This was because the age group included the older persons, the educated about the elderly age and professionals.

4.5.1 Empirical findings.

In this section the researcher presented the field findings gathered from the respondents and these were presented according to research objectives.

4.5.2 Impact of family support on the physical health of older persons.

The researcher presented the findings from respondents regarding the impact of family support on the physical health of older persons and a number of findings were recorded as presented. The findings indicated that family support is important to in improving the psychological and physiological status of the elderly person (field data,2025). The respondents reported to the researcher that family support creates lower stress levels and also increases immune functions that improves the overall outcomes to the elderly.

Family support maintains overall physical wellbeing through enhanced self-care and adherence to health advice which they rarely do without the support of the family members (Key informants, field data2025). This helps to enhance medication and self-management of diseases common among the elderly persons such as diabetes, hypertension and improves medical attendances among the elderly supported by families.

Sustain mobility and prevent injury which promotes active and purposeful aging. The findings from the field and respondents indicated that family support is key in ensuring sustainable

mobility because many older persons rarely move alone so they need people to move with. This prevents physical injury due to likely static of the older persons. (Field data,2025).

The findings from the key informants and respondents showed that there was great instrumental family support which was associated with slow functional decline, slowed institutionalization hence improved ability to remain at home (Field data, 2025). This is so important especially in observing the government's support systems where it advises the vulnerable groups to be cared for in family system settings.

Family support ensures hospitalization readiness and healthcare utilization. The key informants responded that strong family support association with fewer hospital admissions and fewer admission rates by ensuring post-discharge care and follow ups (Field data,2025).

Pain and symptom management. The researcher found that emotional support from the family improves reporting and management behaviours leading to better control of pain and related dysfunctional outcomes (Field data,2025).

Field findings showed that the protective effects of family support are moderated by socioeconomic status, culture and geographic settings. The respondents reported that in situations where emotional and practical assistance interplay with formal services the families are very crucial when such demands arise (Field data,2025).

4.5.3 Impact of family support on the mental and emotional health of older persons.

The following are the findings the researcher found from the respondents while in field collecting data. Depression symptoms. Consistent inverse associated by higher perceived family support relates to lower prevalence and incidence of depressive symptoms and major depression

in older adults (Field data,2025). The respondents reported that if an elderly person is usually not supported by the family, they stand higher chances of being mentally unstable through depression (Field data, 2025)

Instrumental and emotional support both protective. perceived emotional availability showed particularly strong associations with Family conflict, caregiving strain and unsupportive interactions increased depression risks (Field data, 2025).

Anxiety and psychological distress. Based on the field findings, the researcher argues that ffamily support reduces anxiety and general psychological distress through reassurance, problem-solving aid, and reducing uncertainty. Mixed findings where overprotective and controlling family behaviors can exacerbate anxiety by limiting autonomy (Field data,2025).

Loneliness and social isolation. The field findings showed that family connectedness is a key buffer against loneliness; frequent meaningful contact and emotional closeness reduce subjective loneliness. However, living with family does not guarantee reduced loneliness relationship quality and reciprocity matter more than mere presence (Field data,2025).

Life satisfaction and subjective wellbeing. The respondents urged that strong family ties and perceived support are positively associated with higher life satisfaction, positive affect, and a sense of purpose. Reciprocal supportive relationships where older adults can contribute further enhance wellbeing (Field data,2025).

Cognitive health and dementia related outcomes. The field findings showed that family support may delay cognitive decline indirectly by promoting engagement, adherence to treatment and access to stimulating activities which are evidenced in mixed and largely observational interactions (Field data,2025).

Family caregivers play a key role in behavioural and psychological symptoms of dementia management. Caregiver skills and relationship quality influences patient agitation, distress. suicide risk and severe mental health outcomes (Field data,2025).

Low perceived social support and high family conflict are risk factors for suicidal action and attempts in older persons. The supportive family relationships are protective and their effects were considered to be stronger when support reduces the feelings of burdens and hopelessness (Field data,2025).

4.5.4 Benefits of family support for older persons.

The findings revealed that improved physical health and functioning instrumental support helps with mobility and medication management which reduced functional decline, delays institutionalization, and lowers risk of injury and complications. Family assistance after hospital discharge reduces readmission rates and supports recovery. Family support promotes adherence to treatment regimens for chronic diseaseshence improving control and reducing complications (Field data,2025).

Enhanced mental and emotional well-being. Emotional and perceived support are strongly associated with lower depressive symptoms, less anxiety, reduced psychological distress, and higher life satisfaction. Family closeness and meaningful contact reduce loneliness and social isolation, which are major risk factors for poor mental health (Field data,2025).

Greater social connectedness and role continuity. Family relationships provide social engagement, opportunities for reciprocal roles (caregiving, advice), and preserved identity and purpose factors linked to resilience and wellbeing (Field data,2025).

Better cognitive outcomes and dementia support. Family involvement promotes engagement in cognitively and socially stimulating activities that may slow cognitive decline; evidence is mixed but suggestive. For persons with dementia, skilled family caregiving reduces behavioural symptoms and improves care continuity when caregivers have training and support (Field data,2025).

Economic and material security. Financial support can reduce material hardship, improve nutrition, medication access, and housing stability resulting in better health outcomes, especially in low-resource settings. Family assistance substitutes or supplements formal services, potentially lowering out-of-pocket costs for older adults and health systems (Field data,2025).

Increased safety and reduced risk. Family members often provide supervision, home modifications, and fall-prevention assistance, reducing accidents and emergency needs. Supportive families facilitate timely help-seeking and monitoring during acute episodes (Field data,2025).

Improved access to navigation of health and social services. Family members coordinate appointments, transportation, and communication with providers, increasing uptake of preventive services and adherence to follow-up care. Informational support helps older adults understand treatment options and consent processes (Field data,2025).

Reduced healthcare utilization and costs. Respondents reported to the researcher that, robust family support correlates with fewer preventable hospitalizations and delayed long-term care placement though effects vary by context and caregiver capacity. Cost savings are contingent on adequate caregiver support to avoid burnout and crises (Field data,2025).

CHAPTER FIVE

DISCUSSION, SUMMARY, CONCLUSSION AND RECOMMENDATION

DISCUSSION

5.0 Introduction

This section consists of the discussions of field findings as presented in the previous chapter which is chapter four and this will be discussed through the guiding objectives. The discussion was also based on the field findings presented by the respondents to the researcher and the key informants' information was also part of the discussed content and findings.

5.1 Impact of family support on the physical health of older persons.

The findings from both primary data and literature review proved that family caregiving is a very important factor for chronic disease management such as hyperactive responses (World Health Organization, 2017 and Field data,2025).

Family support maintains overall physical wellbeing through enhanced self-care and adherence to health advice which they rarely do without the support of the family members (Key informants, field data2025). The researcher stresses that its always important that the family support around the older persons creates room for older persons to initiate self-responsibility for their own healthcare.

Family support helps to enhance medication and self-management of diseases common among the elderly persons such as diabetes, hypertension and improves medical attendances among the elderly supported by families (Field data,2025).

Sustain mobility and prevent injury which promotes active and purposeful aging. The findings from the field and respondents indicated that family support is key in ensuring sustainable mobility because many older persons rarely move alone so they need people to move with. This prevents physical injury due to likely static of the older persons. (Field data,2025).

The findings from the key informants and respondents showed that there was great instrumental family support which was associated with slow functional decline, slowed institutionalization hence improved ability to remain at home (Field data, 2025). Family support is so important especially in observing the government's support systems where it advises the vulnerable groups to be cared for in family system settings (Field data,2025).

5.2 Impact of family support on the mental and emotional health of older persons.

Perceived emotional family support availability showed that it is was strongly associated with family conflicts, caregiving strained and encouraged unsupportive interactions which increased depression risks among the elderly persons (Field data, 2025). This proved to be one of the negative sides of family support on the mental health and emotional health of the older persons who need a safer environment to stay healthy in terms of mental and emotional health for older persons. (World Health Organization Report, 2015).

Based on the field findings, the researcher argues that ffamily support reduces anxiety and general psychological distress through reassurance, problem-solving aid and reducing uncertainty are all provided within the supportive family support. There were mixed findings from respondents where overprotective and controlling family behaviors were reported as leading factors of exacerbated anxiety by limiting autonomy among the older persons (Field data,2025).

From the researcher's view the family support and connectedness is a key in erasing loneliness frequent meaningful contact and emotional closeness reduce subjective loneliness. However, the researcher urges that living under family does not guarantee reduced loneliness relationship and reciprocity which matters more than mere presence (Field data,2025).

The researcher urges that strong family support and perceived support are positively associated with higher life satisfaction, positive affect, and a sense of purpose. Reciprocal supportive relationships where older adults can contribute further enhance wellbeing (Field data,2025). The field findings showed that family support may delay cognitive decline indirectly by promoting engagement, adherence to treatment and access to stimulating activities which are evidenced in mixed and largely observational interactions (Field data,2025).

5.3 Benefits of family support for older persons.

Emotional and perceived support are strongly associated with lower depressive symptoms, less anxiety, reduced psychological distress, and higher life satisfaction. Family closeness and meaningful contact reduce loneliness and social isolation, which are major risk factors for poor mental health (Field data,2025). The researcher found out from the responses that family support enables the existence of low depression and anxieties that so common among the elderly people especially those that lack family systems to provided the support needed in any form especially emotional support.

Family involvement promotes engagement in cognitively and socially stimulating activities that may slow cognitive decline; evidence is mixed but suggestive. For persons with dementia, skilled family caregiving reduces behavioural symptoms and improves care continuity when caregivers have training and support (Field data,2025). For this in particular the researcher

disagrees with the find or response because family support is naturally developed and not trained that a family member should be skill but it is rather a responsibility that develops through the natural bond. Therefore, family support in either way generates cognitive and social development among the older persons.

Financial support can reduce material hardship, improve nutrition, medication access, and housing stability resulting in better health outcomes, especially in low-resource settings such as Kauga village where older persons stay in low economic households. Family assistance substitutes or supplements formal services, potentially lowering costs for older adults and health systems (Field data,2025). The researcher also some how disagrees with such responses because the financial support seems to be necessary only when required by medication and feeding which majority of older persons are able to meet. However, the argument is that all older persons just need people to communicate with for them to feel worthy so they are not materialistic.

5.2 Summary

The field findings showed that positive family support was very strongly associated with better mental and emotional health outcomes in older persons. There were identified pathways gathered from the respondents' feedback and these included increased social engagements which encouraged healthy behaviours hence helped in finding services and cognitive stimulation among the older persons.

Policy and clinical practices are supposed to be prioritized through family interventions that are inclusive, caregivers' support and strategies that enhance relationship quality and mitigate harmful dynamics.

5.3 Conclusion

Family support plays a crucial part in maintaining and improving the physical health of older adults through various pathways. To maximize benefits and distort harms, policy practice should actively support family caregivers integrate them into care systems and ensure formal services complement the family support and capacities to render help to the older persons. Further research should be done to redefine the casual understanding, identify the most effective types of family support and design equitable interventions.

5.4 Recommendation

The researcher recommends that there is need to investigate how socioeconomic and cultural factors affect the support health relationship and how interventions can reduce disparities.

The researcher still recommends that the test scalable family caregiver training, financial support models and technology enable monitoring is established for the older persons.

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Appendix 1

INTERVIEW GUIDE FOR KEY INFORMANTS

About the researcher

I am……. a student of Bachelor of Social work and social administration at Uganda Christian University. Am carrying out this study/research on the Impact of Family Social Support on the Well-being of Older Persons in Kauga Village Mukono Municipality.

It is my pleasure to kindly let you know that you are the selected research participants in my research study and your thoughtful feedback will be of great aid towards this research study. Your feedback may play a crucial role in addressing the identified challenges that will depend on your genuine feedback on the research questions.

Section A: Demographic information

1.Age: …….

2. Gender: ……

3. Education ……

4. Occupation ……

5. Place of residence ……

Section B: Impact of family support on the physical health of older persons

1.How do you understand physical health of older persons?

2.What do you think is the impact of family social support on physical health of older persons?

3.What are the positive impacts of family support on the physical health of older persons?

4.What do you think is the older persons' perceptions of family support towards their physical health?

5.How do you think family members are able to show/exercise family support to older persons to ensure physical health of older persons?

Section C: Impact of family support on the mental and emotional health of older persons.

1.How do you understand mental health?

2.What is mental health to you?

3.How do you understand emotional health?

4.Under which circumstances is family support to the mental and emotional health of older persons?

Section D: Benefits of family support for older persons.

1.How do you understand family support?

2.When is the family support for older persons more beneficial to the clienteles?

3.What are the benefits of family support for older persons?

YOUR RESPONSES ARE TRUELLY APPRECIATED

Appendix 2

INTERVIEW GUIDE FOR FOCUSED GROUP DISCUSSIONS

About the researcher

I am……. a student of Bachelor of Social work and social administration at Uganda Christian University. Am carrying out this study/research on the Impact of Family Social Support on the Well-being of Older Persons in Kauga Village Mukono Municipality.

It is my pleasure to kindly let you know that you're are the selected research participants in my research study and your thoughtful feedback will be of great aid towards this research study. Your feedback may play a crucial role in addressing the identified challenges that will depend on your genuine feedback on the research questions.

Section A: Demographic information

1.Age: …….

2. Gender: ……

3. Education ……

4. Occupation ……

5. Place of residence ……

Section B: Impact of family support on the physical health of older persons

1.How do you understand physical health of older persons?

2.What do you think is the impact of family social support on physical health of older persons?

3.What are the positive impacts of family support on the physical health of older persons?

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5.How do you think family members are able to show/exercise family support to older persons to ensure physical health of older persons?

Section C: Impact of family support on the mental and emotional health of older persons.

1.How do you understand mental health?

2.What is mental health to you?

3.How do you understand emotional health?

4.Under which circumstances is family support to the mental and emotional health of older persons?

Section D: Benefits of family support for older persons.

1.How do you understand family support?

2.When is the family support for older persons more beneficial to the clienteles?

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YOUR RESPONSES ARE TRUELLY APPRECIATED