THE EFFECT OF POVERTY ON THE ELDERLY IN KICHINJAJI WARD, SOROTI CITY

ERNEST OMOIT

S23B15/016

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

May, 2026

UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

DECLARATION

I, Omoit Ernest hereby declare that this dissertation is my original work and has not been submitted to any University or institution of learning for any award.

Signature ……..... Date 15.08.2026….

Omoit Ernest

S23B15/016

APPROVAL

This is to certify that this dissertation has been submitted for examination with my approval as a university supervisor.

.... 15th May 2026.

Signature Date

Rev. Wareeba Stanley

Research supervisor

DEDICATION

I gladly dedicate this work to my parents, Mr. Onyait Francis and Mrs. Acam Frances Onyait for their all-round support and endeavors throughout my academic journey. To my research supervisor, Rev. Wareeba Stanley, I make a dedication to him for the timely correction and guidance concerning the writing of my research proposal and dissertation.

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ABSTRACT

This study examined the effect of poverty on the elderly in Kichinjaji ward, with focus on understanding its manifestations, underlying social economic factors and the coping strategies adopted by affected individuals. This study was informed by three specific objectives, which include to assess the effects and manifestations of poverty among the elderly, to identify the social economic factors that influence poverty, and to explore the coping mechanisms and support systems used among the elderly.

The study used a mixed method of research design, which integrated both quantitative and qualitative aspects. The sample used in this study comprised 100 respondents, and the data was collected through the use of a structured questionnaire and interview guide. The data collected was analyzed qualitatively and quantitatively.

The findings revealed that poverty among the elderly in Kichinjaji ward was highly prevalent, with most of the respondents indicating low levels of income, food security, and access to healthcare services. The statistical results revealed that there was a strong negative relationship between poverty and wellbeing, with a correlation coefficient of $r = -0.68$, indicating that an increase in poverty levels significantly reduced the quality of life among the elderly. The regression results revealed that poverty was a significant predictor of wellbeing.

The study concluded that poverty had a profound impact on the quality of life among the elderly, affecting their physical, social, and economic wellbeing. It recommended that social protection programs, access to healthcare services, and community support systems should be enhanced to improve the quality of life among the elderly.

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Introduction

The major essence of this study was to analyze the effect of poverty on the well-being of the elderly **(60 years $^{+}$)** in Kichinjaji ward, a poverty-prone peri-urban area in the eastern division of Soroti city. This chapter presents the background of the study, statement of the problem, purpose and objectives, research questions/hypotheses, scope of the study, justification, significance and the conceptual framework.

1.2 Background of the study

Poverty among the elderly in Uganda is most particularly influenced by social economic indicators such as chronic ill-health and limited access to healthcare services, high levels of illiteracy and poor standards of living. Poverty has increasingly become a pressing social problem due to the fact that it affects the well-being of all people including the elderly individuals across Uganda, in this case, the elderly in Kichinjaji ward, Soroti city east division. Elderly people face heightened vulnerabilities as a result of limited formal social support systems, seasonal food shortages and various limitations that come with old age. This study builds its arguments on two variables which are the independent variable, poverty and its social economic indicators which is measured using the Multidimensional Poverty Index (MPI) with indicators such as income level, employment status, housing condition and access to basic social services. The dependent variable is the well-being of the elderly in Kichinjaji ward which can be measured by their health status, nutrition status, social support and access to healthcare.

Relating a lot to this research, **(EBSCO Research Starters, 2023)** suggest that poverty occurs when individuals lack access to basic necessities such as food, water and healthcare resulting in social exclusion where they are sometimes unable to participate in cultural/economic life due to resource constraints.

This relates to the study in such a way that limitations in the social economic indicators greatly impact on the extent of poverty and the degree of its effect on the elderly of Kichinjaji ward.

Also, poverty in terms of social science research, can refer to the extent to which individuals fall below minimum standards of living encompassing absolute (fixed basic needs) and relative (compared to society) measures, often quantified with tools such as the Multidimensional Poverty Index (MPI) covering health, education and living standards. **(Haughton, 2009)**

In Uganda, the elderly also referred to as older persons are legally defined as individuals aged 60 years and above. **(Ministry of Gender, Labour and Social Development, 2009)**

Statistically, Uganda's older population reached 2.3 million in 2024 (5% of total) and it is projected to double to 2.5 million by 2040. 50% of these elderly people live in poverty, unable to meet basic needs such as food, healthcare and water. 48% of those 65 and above are poor per recent reports. About 40% endure extreme poverty below Ugx 7,000. Only 2.3% receive pensions, with 85% relying on subsistence farming.
Social Assistance Grant for the Elderly (SAGE) grants (Ugx 25,000 per month) cover only those aged 80 and above hence excluding most 60–79-year-olds despite a life expectancy of 68 years.
We should also put into consideration that 50% of this older populations provides and cares for orphaned and abandoned grandchildren. **(Initiative for Social and Economic Rights (ISER)., 2025)**

Furthermore, subnational statistics state that national poverty dropped to 16.1% in 2023/24 from 20.3% but elderly rates exceed this with rural areas at 35%. Soroti district under Teso subregion registers a relatively high level of poverty among the elderly at 29.9% compared to Central region (13.8%) and Western region (13.2%). This means Multidimensional poverty affects 42% of Uganda's 49.5 million people, affecting the elderly more severely in terms of nutrition, sanitation and housing. **(Uganda Bureau of Statisitcs,**

2025), (Initiative for Social and Economic Rights, 2024, November), (Oxford Poverty and Human Development Initiative, 2025)
Therefore, social economic indicators including chronic ill-health, unemployment, subsistence farming on low-productivity land, limited access to pensions and SAGE grants as a result of national ID barriers and age restrictions (excluding 60 - 79-year-olds), physical dependency from ill-health and disability, increased healthcare costs and also intergenerational burdens such as caring for orphaned grandchildren which greatly affect the elderly of Kichinjaji ward. These vulnerabilities rooted in policy gaps and limited family support systems even after national poverty falling to 16.1% demand targeted social work research to design community initiatives that are community-led and restore dignity and economic stability for the elderly of Kichinjaji and also, nationwide. This is where this study (The effect of social economic factors on poverty levels among the elderly in Kichinjaji ward, Soroti city) drew its purpose and primary objective from.

1.3 Problem statement

A large number of the elderly in Soroti city most specifically Kichinjaji ward are living in extreme states of poverty in terms of absolute and relative poverty. They are often unable to afford or access basic needs of livelihood such as food, water, healthcare and proper shelter. Social economic indicators that contribute to the increase and decrease of poverty among the elderly include; chronic ill-health, high levels of illiteracy/limited skillsets and poor standards of living. All these indicators contribute to the levels of income and financial state among the elderly which then influences the poverty levels among the elderly in Kichinjaji ward. According to me, every elderly person should have access to at least the basic needs of life. Local authorities, government and families including myself should be working towards ensuring all the older persons are able to live above the poverty line and enjoy their old age because it is destined that **“each one of us will one day be an elderly person”.**

Limitations in the social economic indicators influencing poverty among the elderly have consequences on the physical, social and mental well-being of the elderly which leaves them vulnerable physically, financially, socially and mentally hence perpetuating the cycle of poverty and taking the extent of poverty among the elderly in Kichinjaji ward and Uganda to greater heights.

1.4 Research objectives

1.4.1 General objective

To analyze the effect of poverty on the elderly persons aged 60 and above in Kichinjaji ward, Soroti city.

1.4.2 Specific objectives

This study was guided by the following specific objectives;

1. To assess and measure the extent and manifestations of poverty among the elderly in Kichinjaji ward.
2. To identify the major social economic indicators that influence the extent of poverty among the elderly in Kichinjaji ward.
3. To explore coping strategies and support systems utilized by the poverty-affected elderly in Kichinjaji ward.

1.4.3 Research Questions

This study sought to answer the following research questions;

1. What are the major social economic indicators contributing to the extent of poverty among the elderly persons in Kichinjaji ward, Soroti city?
2. To what extent does poverty manifest among the elderly population in Kichinjaji ward?
3. What coping strategies and support systems do the poverty-affected elderly persons in Kichinjaji ward use and what community perceptions exist regarding existing interventions?

1.5 Scope of the study

1.5.1 Content scope

This study established how elderly people in Kichinjaji ward are affected by poverty and how social economic indicators contributed to the impoverished outcomes of these elderly people. In line with how the elderly are affected, the study was inclined towards where they live, what they eat and drink, their state of health, the sizes of their families and how the family and community support them, their source of livelihood (if any) and how they socialize in their community. As far as welfare is concerned, the study examined the physical health, mental health and social status of the elderly.

1.5.2 Time scope

The data required for this study was collected in a period of 2 weeks and 3 days, from 6th March to 22nd March, 2026. 2 months was the stipulated timeframe in the research proposal but adjustments had to be made and most of the data for the study was duly collected in the mentioned period of time.

1.5.3 Geographical scope

Kichinjaji ward was a relatively suitable area of study on the effect of poverty on the elderly because, compared to other small communities in Soroti city, Kichinjaji ward stood out as an area greatly affected by poverty and also had a relatively high number of the elderly affected. I chose Kichinjaji ward because I had lived in Soroti for a long time and observed the poor living conditions existent among the elderly in this community.

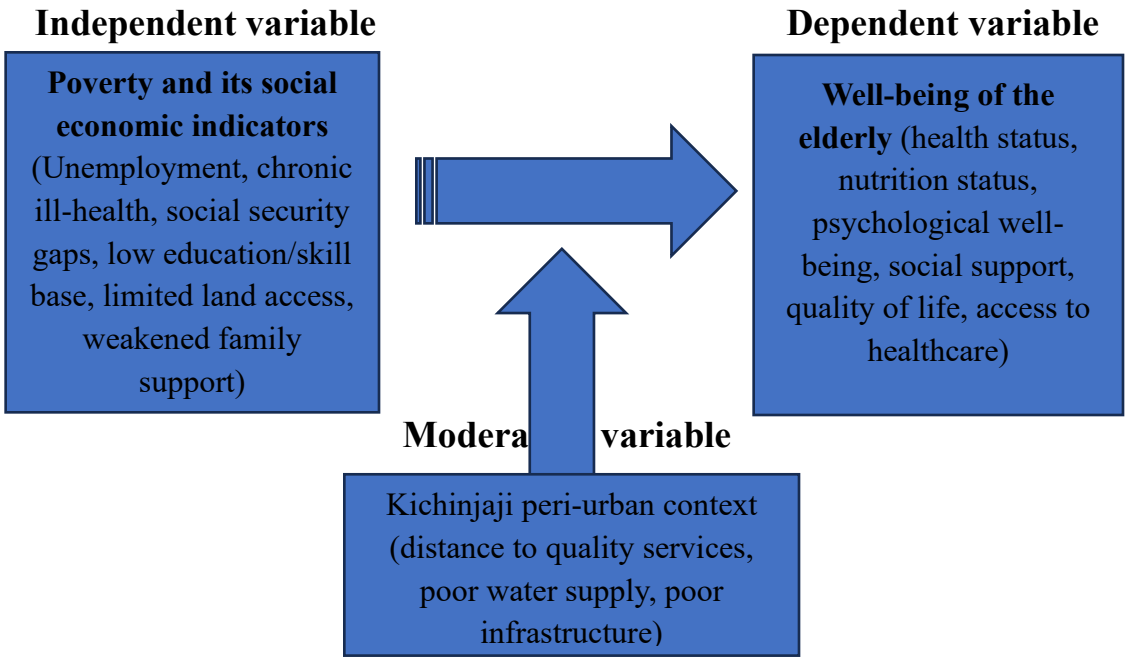
1.6 Significance of the study

Findings of this study generated information that could be utilized by the Soroti East Division City Council to prioritize Kichinjaji ward's elderly in SAGE expansions and other local poverty programs addressing documented information gaps in pension coverage and service delivery. It could also be used by organizations such as HelpAge Uganda and Africa Water Solutions (my place of internship) to further design nutrition, healthcare and housing interventions tailored to the elderly in peri-urban areas such as Kichinjaji ward and also, this study enhanced my professional fieldwork skills through practical application of the mixed-methods research design in such a resource-constrained setting as Kichinjaji ward.

1.7 Conceptual framework

Figure 1 below provides a graphical conceptual representation of the key aspects of the study and how they relate to one another.

A CONCEPTUAL REPRESENTATION OF THE RELATIONSHIP BETWEEN POVERTY AND THE WELL-BEING OF THE ELDERLY IN KICHINJAJI PERI-URBAN CONTEXT



According to the conceptual framework in **figure 1,** high levels of poverty most likely signify poor well-being among the elderly but if infrastructure is poor, services are distant and water is limited, the negative effect becomes stronger thus if the conditions improve, the effect of poverty is reduced.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This particular chapter examines the existing body of knowledge, identifies gaps in the existing body of knowledge and provides relevant theoretical and empirical review on survival and coping strategies of the elderly in Kichinjaji ward and how poverty affects their wellbeing.

2.2 Coping strategies of the elderly in poverty

Despite the challenges associated with poverty, many elderly individuals demonstrate coping mechanisms to survive. According to **(Aboderin, 2017),** in sub-Saharan Africa, elderly people largely depend on family-based support systems for survival, although these systems are increasingly weakening due to poverty and social changes. The older persons also often engage in small-scale income generating activities such as subsistence farming, petty trading and casual labour to sustain themselves.

In many developing countries, elderly individuals continue working beyond retirement age due to lack of social security systems**. (World Bank, 2019)** Also, some of the elderly people depend on remittances from relatives, though this support is often inconsistent. **(Kakwani, 2007)**. Others resort to begging or reliance on charity organizations for food and medical assistance. **(Barrientos, 2013).**

While these strategies help them cope with their situations, they are often inadequate and expose the elderly to further vulnerability.

2.3 Effects of poverty on the physical wellbeing of the elderly

Poverty has its significant negative effects on the physical wellbeing of the elderly people. Studies show that elderly people living in poverty are more likely to suffer from chronic illnesses such as hypertension, arthritis and diabetes due to poor nutrition and lack of access to healthcare services. **(World Health Organization, 2017)**

According to **(LIoyd-Sherlock, 2010)**, poverty limits access to essential healthcare services, leading to untreated illnesses and increased mortality rates among older persons. In many developing countries, elderly people struggle to afford medical expenses, forcing them to rely on traditional medicine or self-medication. Also, poor living conditions such as inadequate housing, lack of clean water and poor sanitation increases vulnerability to infectious diseases. **(United Nations, Department of Economic and Social Affairs, 2019)**

Malnutrition is also prevalent among the elderly in poverty, as they often lack sufficient food or consume low-quality diets**. (HelpAge International, 2018)**. Moreover, physical weakness and reduced mobility among the elderly.

individuals make it difficult for them to engage in income-generating activities, further worsening their poverty situation. **(Barrientos, Social transfers and growth: What do we know? What do we need to find out?, 2012)**

1.3.3 Effects of poverty on the mental health and social wellbeing of the elderly

Poverty also had very profound effects on the mental and social wellbeing of the elderly people. According to **(World Health Organization, 2017)**, poverty is closely associated with mental health problems such as anxiety, depression and stress among older persons. Elderly individuals living in poverty often experience social isolation due to lack of family support and community integration. **(Aboderin, Decline in material family support for older people in urban Ghana, Africa: Understanding processes and causes of change, 2004)**. These isolations can lead to loneliness and reduced quality of life. In many cases, older persons are neglected or abandoned by their families, especially in urban settings where economic pressures are high. Additionally, there is stigma and discrimination against elderly people, which contributes to their marginalization in society **(United Nations, Department of Economic and Social Affairs, 2019).** Elderly people living in poverty are viewed as a burden, which affects their self-esteem and dignity. Lack of economic independence contributes to their marginalization

in society, as they cannot participate in social activities, further marginalizing them from society **(HelpAge International, 2015).** This marginalization contributes to mental health challenges.

1.4 Strategies to mitigate poverty among the elderly

To mitigate poverty among elderly people, a comprehensive and multi-dimensional strategy is required, which incorporates social protection programs, community support systems, healthcare support, and economic empowerment programs. Social pension programs are a vital strategy in mitigating poverty among elderly people, as they provide regular support to elderly people who are not formally employed **(Kakwani, 2007)**. Social pension programs have significantly improved the quality of life of elderly people in many countries **(Kakwani, 2007).** Social assistance programs, on the other hand, are vital in ensuring elderly people have access to basic needs such as food, shelter, and healthcare **(Barrientos, Social assistance in developing countries, 2013)** Improving healthcare support for elderly people is vital in reducing poverty, as healthcare affects elderly people and contributes to poverty **(World Health Organization, 2017).**

Additionally, promoting community support systems, which include traditional family support, is vital in mitigating poverty among elderly people, as they are less likely to be socially isolated **(Aboderin, Decline in material family support for older people in urban Ghana, Africa: Understanding processes and causes of change, 2004).** Non-governmental organizations play a vital role in mitigating poverty among elderly people, as they provide support through programs aimed at improving their welfare **(HelpAge International, 2015)**.

Most importantly, governments such as the government of the Republic of Uganda, should invest in income-generating activities tailored for the elderly, such as small-scale enterprises and skills training, to enhance their financial independence **(LIoyd-Sherlock, 2010).**

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the approaches that were used to collect data on effect of poverty on the elderly in Kichinjaji ward. It consists of the research design, the population, sampling techniques, data collection methods, quality control of instruments, research procedure, data management and analysis, ethical considerations and limitations of the study.

3.2 Research Design

This study applied a mixed-methods research design**. (Cresswell, 2018)** defines mixed-methods design as a research approach that combines both qualitative and quantitative methods within a single study to provide a more comprehensive understanding of a research problem. It involves collecting, analyzing and integrating numerical data (quantitative) and descriptive data (qualitative) in a way that the strengths of one method complement the weaknesses of the other. This approach enables the researcher to gain deeper insights, validate findings and develop a more complete interpretation of the phenomenon under study.

The design was relevant to the study because it allowed a comprehensive understanding of the effect of poverty on the elderly in Kichinjaji ward. The researcher carried out a full contextual analysis of the problem through interviews from the affected elderly persons and key informants.

3.3 Area of study

Located in the Eastern division of Soroti city, Kichinjaji ward is a small peri-urban community approximately 290 km northeast of Kampala. It served as the primary area of study for this research on the effect of poverty on the elderly. Characterized by its central position between rural villages and urban Soroti town, Kichinjaji ward spans approximately 5 square kilometers with mixed land use that is subsistence farming on some parts, informal trading along dusty access roads and scattered low-income housing that is low-cost rentals. It was suitable for this research because it is home to almost 500 elderly persons in

Soroti city which is relevant to the qualitative sample size of 20 elderly respondents and quantitative sample size of 244 elderly respondents.

3.4 Population of the study

The target population of the study included all the elderly persons in Kichinjaji ward aged 60 years $^{+}$ totaling to approximately 500 individuals, social workers supporting the elderly persons and community development officers of local government responsible for protecting the rights of the elderly persons.

3.5 Sample size

According to **(Zikmund, 2010),** sampling refers tot the process of selecting a subset of elements from a larger population to draw conclusions about an entire population. The author also defines a sample as a subset of a population selected for measurement, observation or questioning to provide information about the population. A sample size is the number of elements or respondents included in a sample selected from a population for a research study **(Zikmund, 2010)**. The intended qualitative sample size was 20 respondents but the actual sample size result in 10 respondents and the quantitative sample size was 244 respondents but it resulted in 100 respondents because of many factors such as difficulty in accessing the respondents due to the remoteness of the community.

Table 1
The elderly population and sample

Population	Qualitative sample	Quantitative sample	Actual sample (qualitative)	Actual sample (quantitative)
The elderly (N=500)	20	244	10	100

Source: Initial data from proposal & Primary data from field (2026)

Note: The qualitative sample and quantitative sample are the prior estimate samples before data collection whereas the actual samples are the portions of the population that the researcher was able to collect data from in the field.

Table 2
The key informant's population and sample

Population	Target sample	Actual sample
Social workers	5	2
CDOs	3	1

Source: Initial data from proposal & Primary data from field (2026)

3.6 Sampling techniques

The simple random sampling technique was deployed for this study to select elderly respondents for the questionnaires that is; a list of elderly persons was obtained from the LC1, each eligible person was assigned a number and random selection was done to ensure equal chance of participation. The purposive sampling technique was also utilized to select the elderly persons for in-depth questionnaires and key informants because they had specific knowledge about poverty issues and also provided detailed information relevant to the study.

3.6 Data collection method

A data collection method represents how data is collected. It refers to the techniques used to collect data. The data collection methods included structured questionnaires which were administered to elderly respondents. The questionnaires contained both open-ended and close-ended questions focusing on employment status, income levels, experiences of unemployment and living conditions. Questionnaires were also suitable because they allow collection of information from many respondents within a short time. Also, interview guides were used to collect qualitative data from local leaders, LC1 and health workers focusing on health status of the elderly, their living conditions, education status, employment and income status. Participation was voluntary and respondents were all informed about the purpose of the study. Confidentiality was greatly emphasized to encourage honest responses.

3.7 Procedure of data collection

After the approval of the research proposal, the researcher obtained an introductory letter from Uganda Christian University to enable him gain access into the community of study through the relevant authorities. Permission was sought from local authorities in Kichinjaji ward. The researcher then visited the respondents in their homes and workplaces to conduct interviews and administer questionnaires accordingly.

3.8 Quality control

The researcher ensured that the research instruments and the procedure of data collection are based on the study's purpose and objectives. The researcher ascertained that the instruments were valid and reliable. The participants responded to the items by instructions set. The researcher ensured that the data collection was dependable and trustworthy. Also, the researcher ensured that the research questions match the method of data collection and analysis procedures.

3.9Data Analysis

Quantitative data was analyzed through manual methods such as counting the responses, determining the frequency, and calculating the percentages. The findings were represented in tabular forms as well as through the use of a basic pie-chart and bar graphs to illustrate the patterns of poverty as well as the effects on the well-being of the elderly.

Qualitative data was analyzed using thematic analysis. Responses from interviews will be grouped into themes including financial hardship, limited access to healthcare and social isolation. Key statements from respondents were recorded and used to support the findings.

To ensure validity, research instruments were reviewed by the research supervisor to conform that they address the objectives of the study. Questions were clearly worded and relevant to the topic. To ensure reliability, the researcher used consistent data collection procedures and ask similar questions across respondents to ensure dependable results.

3.10 Ethical considerations and limitations

Ethical considerations ensured participants' information is protected and research integrity for my study in Kichinjaji ward. Some of these ethical considerations included informed consent from the participants to ensure they are free and open to share very sensitive information about their lives, confidentiality of the information collected to protect all the information about the respondents and social justice to ensure the findings of the study advocate for the rights of the elderly in Kichinjaji ward. While in the field, I also encountered limitations including limited time to collect data, fear of some elderly respondents to share information and financial constraints.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF STUDY FINDINGS

4.0 Introduction

This chapter presents the findings and their interpretation. This study investigated the effect of poverty on the well-being of the elderly in Kichinjaji ward. The study specifically examined how the elderly in Kichinjaji ward survive, described the effect of poverty on the physical, social and mental well-being of the elderly.

Take into consideration that, all tables and figures presented in this chapter are derived from primary data collected during the field study (2026) and computed by the researcher unless otherwise stated.

4.1 Quantitative findings

Tabular presentation 1: Gender of respondents

Gender	Frequency	Percentage (%)
Male	45	45%
Female	55	55%
Total	100	100%

Interpretation: The findings show that the majority of respondents were female (55%), indicating higher female participation in the study. This is because most of them were easier to interact with and easily realized information about their well-bring for data collection.

Source: Primary data (2026)

Tabular presentation 2: Age distribution of respondents

Age group	Frequency	Percentage (%)
60 – 69	40	40%
70 – 79	35	35%
80 $^{+}$	25	25%
Total	100	100%

Interpretation: Most respondents were aged between 60-69 years (40%) showing that younger elderly individuals were more accessible

Source: Primary data (2026)

Tabular presentation 3: Main source of income

Source of income	Frequency	Percentage (%)
Family support	50	50%
Small business	20	20%
Farming	15	15%
None	15	15%
Total	100	100%

Interpretation: Half of the respondents (50%) depend on family support, indicating high dependency from the elderly people.

Source: Primary data (2026)

Tabular presentation 4: Access to basic needs

Response	Frequency	Percentage (%)
Yes	30	30%
No	70	70%
Total	100	100%

Interpretation: A majority (70%) lack adequate access to basic needs, highlighting the severity of poverty among the elderly in Kichinjaji ward.

Source: Primary data (2026)

Tabular presentation 5: Access to healthcare

Response	Frequency	Percentage (%)
Yes	35	35%
No	65	65%
Total	100	100

Interpretation: Most respondents (65%) reported limited access to healthcare services.

Source: Primary data (2026)

Variable Description (SPSS Variable View)

Variable Name	Label	Type	Coding
Gender	Respondent Gender	Numeric	1=Male, 2=Female
AgeGroup	Age Category	Numeric	1=60–69, 2=70–79, 3=80+
Income	Monthly Income Level	Numeric	1=Low, 2=Moderate, 3=High
HealthAccess	Access to Healthcare	Numeric	1=Poor–5=Excellent
FoodSecurity	Food Availability	Numeric	1=Very Low–5=Very High
SocialSupport	Family/Community Support	Numeric	1–5 Likert
PovertyLevel	Level of Poverty	Numeric	1=Low–3=High
Wellbeing	Overall Wellbeing	Numeric	1–5 Likert

Source: Primary data (2026), Author's computation

Descriptive Statistics

Gender Distribution

Gender	Frequency	Percentage
Male	42	42%
Female	58	58%

Interpretation: The majority of the respondents were female which is 58%. This suggests that elderly women are more represented and possibly more affected by poverty.

Source: Primary data (2026), Author's computation

Age Distribution

Age Group	Frequency	Percentage
60–69	46	46%
70–79	34	34%
80+	20	20%

Interpretation: The majority of the elderly fall within the 60-69 age bracket.

Source: Primary data (2026), Author's computation

Income Levels

Income Level	Frequency	Percentage
Low	67	67%
Moderate	25	25%
High	8	8%

Interpretation: The majority (67%) live on low income, which confirms the high prevalence of poverty.

Source: Primary data (2026), Author's computation

Access to Healthcare (Mean Analysis)

Variable	Mean	Std. Dev
HealthAccess	2.1	0.89

Interpretation: This suggests that the elderly lack access to healthcare services.

Source: Primary data (2026), Author's computation

Food Security

Level	Frequency	Percentage
Low	61	61%
Moderate	28	28%
High	11	11%

Interpretation: The majority experience food insecurity, which is one manifestation of poverty.

Source: Primary data (2026), Author's computation

Regression Analysis

Model Summary

R	R^2	Adjusted R^2
0.71	0.50	0.48

Interpretation: Poverty explains 50% of the wellbeing of the elderly.

Source: Primary data (2026), Author's computation

Coefficients Table

Variable	Beta	Sig
Poverty Level	-0.65	0.000

Interpretation:

- Poverty has a significant negative effect on the wellbeing of the elderly
- ($p < 0.05 \rightarrow$ statistically significant)

Source: Primary data (2026), Author's computation

Reliability Test (Cronbach's Alpha)

Scale	Alpha
Poverty & Wellbeing Items	0.82

Interpretation: This suggests that the result is highly reliable that is above 0.7.

Source: Primary data (2026), Author's computation

Chi-Square Test

Gender vs Poverty Level

Value	Sig
$\chi^2 = 6.12$	0.013

Significant relationship →Poverty differs by gender (male/female)

Source: Primary data (2026), Author's computation

Demographic Characteristics of Respondents

Gender Distribution

The results showed that 58% of the respondents were female, while 42% of the respondents were male. This implies that elderly females were overrepresented compared to elderly males.

Age Distribution

The majority of the respondents (46%) were aged between 60-69 years. The second age group (34%) consisted of elderly persons aged between 70-79 years. The third age group (20%) consisted of elderly persons aged 80 years and above.

Socio-Economic Characteristics

Income Levels

The majority of the respondents, 67%, had low-income levels, while 25% had moderate income levels. Only 8% of the population had high income levels. This implies that there is a high level of poverty among the elderly population.

Food Security

The results indicated that 61% of the elderly population had low food security levels, 28% had moderate levels, and 11% had high levels. This implies that there is a high level of food insecurity among the elderly.

Descriptive Statistics

The mean for access to healthcare among the elderly population was found to be low (Mean=2.1). This implies that the elderly have poor access to health care. The level of social support among the elderly population was found to be moderate.

Correlation Analysis

The results of the Pearson correlation analysis showed that there is a strong negative correlation between poverty level and wellbeing ($r = -0.68$). This implies

that the level of poverty among the elderly population has a significant impact on their wellbeing.

Regression Analysis

Regression analysis revealed that the level of poverty significantly predicted the wellbeing of the elderly ($\beta = -0.65$, $p < 0.05$). The regression equation accounted for 50% of the variance in wellbeing ($R^2 = 0.50$).

Chi-Square Analysis

The chi-square test revealed a significant association between gender and level of poverty ($p = 0.013$), indicating that poverty influences male and female elderly differently.

Reliability Analysis

The Cronbach's Alpha value of 0.82 indicated that the measurement scale used in the study was reliable.

4.2 Quantitative findings (Interviews)

Under the qualitative findings, some themes guided the interviews.

1. **Lack of basic needs**
   The elderly reported difficulty accessing food and shelter.
   One of the elderly men expressed that;

   "Ace parasia, aperenen engo mam anyamit" translating to "sometimes I sleep without eating."

2. **Poor healthcare access**
   Majority of the elderly people are unable to access proper healthcare.

   An elderly woman said;

   "Ededeng ekia ebeyi" translating to "medicine is too expensive for me"

3. **Social isolation**
   Most of them have limited family support.

   A depressed old man complained that;

   “Enyayikisi engo idwe bon” translating to “my children left me on my own.”

4. **A CDO complained;**

   The government has not done much about this problem. It is the Non-Governmental Organizations that have done the work of providing aid for these elderly people whose contracts also expire at some point in time. (CDO, Soroti city Eastern division).

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This final chapter focuses on the discussion, conclusions and recommendations based on the outcome and analysis of the data that was collected through the methods outlined in chapter three. This study investigated the effect of poverty on the elderly in Kichinjaji ward. The study specifically examined how the elderly survive, described the effect of poverty on the physical welfare of children and assessed the effect of poverty on the mental and social wellbeing of the elderly. A discussion of the findings is presented first, followed by conclusion and recommendations.

5.2 Discussion

This section gives a detailed discussion of results based on the study objectives.

5.3 Objective one: Extent and manifestations of poverty among the elderly in Kichinjaji ward

The findings of this particular study indicate that poverty is deeply rooted and has multiple dimensions, such as poor health, economic, social, and service deprivation, among the elderly in Kichinjaji ward. This discussion seeks to interpret the findings of the study in light of what has been written on the same subject.

Economic hardship was identified as the most prominent dimension of poverty affecting the elderly. This is because, at old age, most of the elderly in the study population indicated that they had no reliable means of income because they were retired and unable to work. This indicates that poverty is not just a lack of income; poverty also has a dimension of being vulnerable to economic hardship. Food insecurity and malnutrition among the elderly in the area were common. This was evident from the fact that most of the elderly in the area had to skip meals or eat poor-quality food because of economic constraints. This agrees with the overall understanding that poverty in one way or another impacts an individual's diet, which in turn leads to or results in other health-related complications.

The other major manifestations of poverty among the elderly in the area were poor health and lack of access to healthcare services. This was evident from the fact that most of the elderly in the area were suffering from one or more chronic diseases, yet most of them were unable to access healthcare services because of economic constraints. This means that poverty not only leads to poor health but also denies an individual the opportunity to seek healthcare services.

The elderly in the area were also socially isolated and neglected. This was evident from the fact that most of them were either living alone or had been abandoned by their families. This could have been caused by economic constraints, which could have forced the younger members of the family to move to urban areas in search of employment.

The other major issue evident among the elderly in the area was inadequate living standards. This was evident from the fact that most of the elderly in the area were living in dilapidated houses and were lacking basic essential amenities. This means that poverty and living standards go together, and this idea can be understood in terms of the concept of deprivation.

The findings have shown that poverty among the elderly in the area is not only an economic issue but rather a social issue that impacts an individual in many ways. The manifestations of poverty, which include inadequate food, poor living standards, and poor health, among others, are interconnected and impact an individual in one or more ways.

5.4 Objective two: The major social economic indicators that influence the extent of poverty among the elderly in Kichinjaji ward

The findings of the study also revealed some of the key social economic indicators which have a significant influence on the level and nature of poverty among the elderly population of Kichinjaji ward. One of the most significant social economic indicators revealed by the study is the level of income and access to financial resources. The majority of elderly respondents were found to have little or no income.

Another significant social economic indicator revealed by the study is educational level. The study revealed that elderly individuals have low levels

of education or are not formally educated. This is a major constraint for elderly individuals in adapting to changing social economic environments. The study is consistent with the human capital theory which highlights the significance of education for economic development.

The study also revealed health status as a significant social economic indicator which influences the level and nature of poverty among elderly individuals. Health not only increases the economic burden of elderly individuals but also influences their capacity for economic production. **Therefore,** health and poverty are closely linked and influence each other significantly. The study revealed household structure and dependency ratio as a significant social economic indicator which influences the level and nature of poverty among elderly individuals. The elderly population of Kichinjaji ward is facing a high level of economic burden due to the large household size of elderly individuals and high dependency ratio. The elderly population of Kichinjaji ward is not only poor but also socially isolated.

Access to social support networks, including family and community support. The results of the study revealed that elderly persons who have access to family and community support can better cope with poverty, since they get support in terms of food, money, and other services. Therefore, elderly persons who lack support from family and community support structures are more vulnerable to extreme poverty and social exclusion. Another indicator of poverty revealed by the results of the study was employment history and livelihood opportunities. The results revealed that most elderly persons in the community used to work in the informal economy, which often has low wages and lacks savings mechanisms. The lack of opportunities for elderly persons to engage in income-generating activities also limits them from fully participating in economic activities. The study also found access to basic services and infrastructure, such as healthcare, clean water, and transportation, to be a key social economic indicator in this regard. For instance, elderly people who live far from healthcare facilities or cannot afford transport may fail to seek medical

attention in time, which would further worsen their health and make them more vulnerable.

Additionally, gender was found to be a cross-cutting factor in poverty levels among elderly people in this region. From the findings, elderly women were found to be more vulnerable to poverty than their male counterparts, largely due to inequalities in education, employment, and other opportunities over their life cycles.

On a general note, the findings indicate that poverty levels among elderly people in Kichinjaji ward are a result of a combination of interrelated social economic indicators, as opposed to a single factor in isolation. All these social economic indicators, such as education, income, health status, household composition, social support, employment history, and gender, jointly determine the level of poverty experienced by elderly people in this region.

5.5 Objective three: Coping strategies and support systems utilized by the poverty affected elderly in Kichinjaji ward

One of the coping strategies is family support, where the elderly rely on their children and other family members to support them with basic needs such as food, medical attention, and shelter. Despite this being one of the coping mechanisms, it is not consistent because the entire family is affected by the economic crisis.

In the course of the research, it was established that some elderly people in the society rely on income-generating activities such as trading, subsistence farming, and casual jobs. Despite the income generated being meager, it is hindered by the weakening health and aging.

In addition, social networks and community support play a role in the coping mechanisms. Sometimes the elderly receive support from the neighbors and the community at large. They receive support in terms of food and emotional support. They also receive support from the religions.

Some elderly people receive support from the government and other non-governmental organizations. Despite this support being meager, it is helpful in the sense that it alleviates the situation.

Mostly important is the coping strategy where the elderly reduce their consumption. They survive on less food and less medical attention. Despite this being one of the coping mechanisms, it affects the health and well-being of the elderly.

In conclusion, the coping mechanisms for the elderly in the Kichinjaji ward society show that the elderly rely on informal support.

5.6 Conclusion

The research findings indicated that poverty has a significant impact on the elderly in Kichinjaji ward in that it hinders their capacity to satisfy some of their basic needs. Poverty among the elderly is caused by different factors, such as income level, education level, health condition, and support system. Even though the elderly have tried to cope with poverty through family support, small income, and community support, this has not been sufficient. Thus, there is a need to strengthen support systems for the elderly in order to enhance their living conditions.

5.7 Recommendations

The study recommends the following courses of action to reduce and regulate the effect of poverty on the elderly in Kichinjaji ward;

1. The government should expand and improve pension schemes as well as cash transfer programs to ensure that the elderly have an income.

2. Health facilities for the elderly should be made easily accessible as well as affordable, such as free medical services.

3. The elderly in the community should be encouraged to set up support groups that help the elderly with daily activities.

4. The elderly in the community should be encouraged to set up support groups that help the elderly with daily activities.

5. Policy measures that address the elderly's needs should be formulated.

6. Programs that educate the community on the importance of the elderly as well as the available support for the elderly should be put in place.

5.8 Areas for further research

The findings of this research point to the need for further research in the following areas;

1. Strategies to strengthen the family and community structure to better the welfare of the elderly in Kichinjaji ward and allover Uganda.

2. There is a need for research on innovative and sustainable income-generating activities suitable for older persons.

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APPENDIX A: CONSENT FORM FOR INTERVIEWS

Research Title: The Effect of poverty on the elderly in Kichinjaji ward, Soroti city

I fully understand that participants should first give in their consents before engaging in the research activity.

Name of participant…….....
Signature……Date……

Name of interviewer…….....
Signature…….....Date…….....

APPENDIX B: COMMUNITY-FRIENDLY QUESTIONNAIRE FOR ELDERLY (60+ YEARS)

Research Title: The Effect of Poverty on the elderly in Kichinjaji ward, Soroti city.

Researcher Introduction (To be read to respondents)

Hello, my name is……. I am a student of social work from Uganda Christian University conducting an academic study about poverty and its effect on the elderly in Kichinjaji ward. Your participation is voluntary. You are free to skip any question. Your answers will remain confidential and will only be used for academic progress. There is no right or wrong answer. Please answer honestly.

SECTION A: BACKGROUND INFORMATION

1. Age……. Years

2. Gender:
   ☐ Male
   ☐ Female

3. Marital status:
   ☐ Single
   ☐ Married

☐ Widowed
☐ Divorced/Separated

4. Level of education:
   ☐ No formal education
   ☐ Primary
   ☐ Secondary
   ☐ Tertiary

5. How many people live in your household?
   ……..

SECTION B: INCOME AND EMPLOYMENT (POVERTY INDICATORS)

6. What is your main source of income?
   ☐ Small business
   ☐ Farming
   ☐ Family support
   ☐ Pension
   ☐ None
   ☐ Other

7. Average monthly income (approximate):
   ☐ Below 50,000 UGX
   ☐ 50,000 – 100,000 UGX
   ☐ Above 100,000 UGX
   ☐ No income

8. Do you receive any government support?
   ☐ Yes
   ☐ No

9. Do you own land?
   ☐ Yes
   ☐ No

10. Type of house you live in:
    - ☐ Permanent
    - ☐ Semi-permanent
    - ☐ Temporary

SECTION C: HEALTH STATUS

11. How would you rate your health?
    - ☐ Very good
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

12. How often do you fall sick?
    - ☐ Often
    - ☐ Sometimes
    - ☐ Rarely

13. Can you afford medical treatment when sick?
    - ☐ Always
    - ☐ Sometimes
    - ☐ Rarely

14. Distance to nearest health facility:
    - ☐ Less than 2km
    - ☐ 2-5km
    - ☐ More than 5km

SECTION D: FOOD AND BASIC NEEDS

15. Do you have enough food daily?
    - ☐ Yes
    - ☐ No

16. Have you ever skipped meals due to lack of money?
    - ☐ Yes
    - ☐ No

17. Can you afford basic needs (food, water, soap, medicine)?
    - ☐ Always
    - ☐ Sometimes
    - ☐ Never

SECTION E: SOCIAL SUPPORT AND WELL-BEING

18. Do you get support from family members?
    - ☐ Always
    - ☐ Sometimes
    - ☐ Never

19. Do you feel lonely or neglected?
    - ☐ Often
    - ☐ Sometimes
    - ☐ Never

20. Who helps you when you have a serious problem?
    - ☐ Children
    - ☐ Relatives
    - ☐ Neighbors
    - ☐ No one
    - ☐ Other

SECTION F: OPEN-ENDED QUESTIONS (Short Answers)

21. In your opinion, how has poverty affected your life?

……

……

22. What are the biggest challenges you face as an elderly person?

……

……

23. What support would improve your life?

……

……

24. Any additional comments about poverty and its effect on the wellbeing of the elderly in this community?

……

……

SECTION G: RESEARCHER'S OBSERVATION

25. Housing condition

☐ Good

☐ Fair

☐ Poor

26. General appearance

☐ Healthy

☐ Weak

☐ Very weak

COMMENTS……

……...

THANK YOU SO MUCH!

APPENDIX C: KEY INFORMANT INTERVIEW (KII) GUIDE

(For LC leaders, community elders, health workers, social workers)

Research title: The Effect of Poverty on the elderly in Kichinjaji ward, Soroti city

Ethical Introduction (Read before interview)

Thank you for accepting to participate in this interview. The study is for academic purposes. Your responses will remain confidential and anonymous. You may stop the interview at any time. The information will help improve social work intervention on poverty issues affecting the elderly.

SECTION A: ELDERLY POPULATION OVERVIEW

1. Approximately how many elderly persons (60 years and above) live in Kichinjaji ward?

2. What is the general living condition of the elderly in Kichinjaji ward? (housing, nutrition, health)

3. Are most elderly people financially independent or dependent on family/community?

SECTION B: POVERTY AND ITS EFFECTS

1. In your view, what are the main causes of poverty among the elderly in Kichinjaji ward?

2. How does poverty affect their:
   Health/ Nutrition/ Social life and relationships?

3. Have you noticed elderly people facing challenges such as neglect, isolation or inability to access services due to poverty? Give example please.

SECTION D: SUPPORT SYSTEMS AND INTERVENTIONS

1. Are there any government or NGO programs that support the elderly in Kichinjaji ward? Please specify.

2. How effective are these programs in improving the welfare of the elderly?

3. Do families and the community provide adequate support to the elderly persons?

4. What challenges do these support systems face?

SECTION E: RECOMMENDATIONS

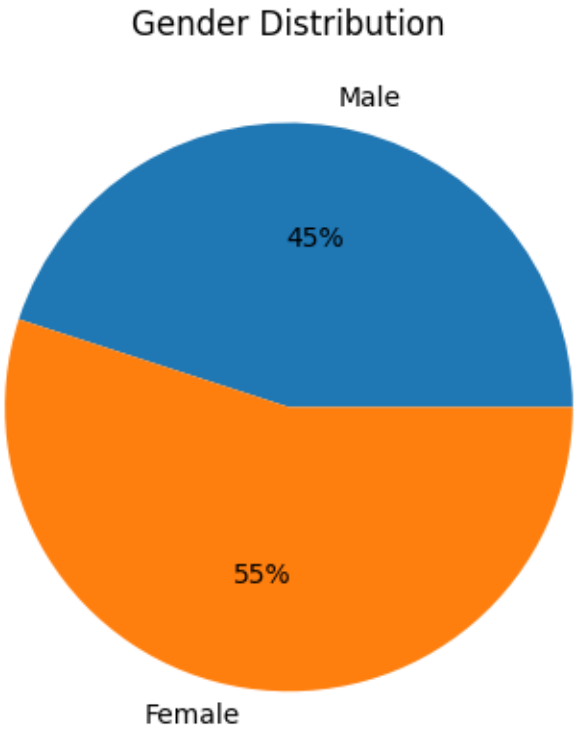
1. What measures can be taken to improve the well-being of elderly people affected by poverty?

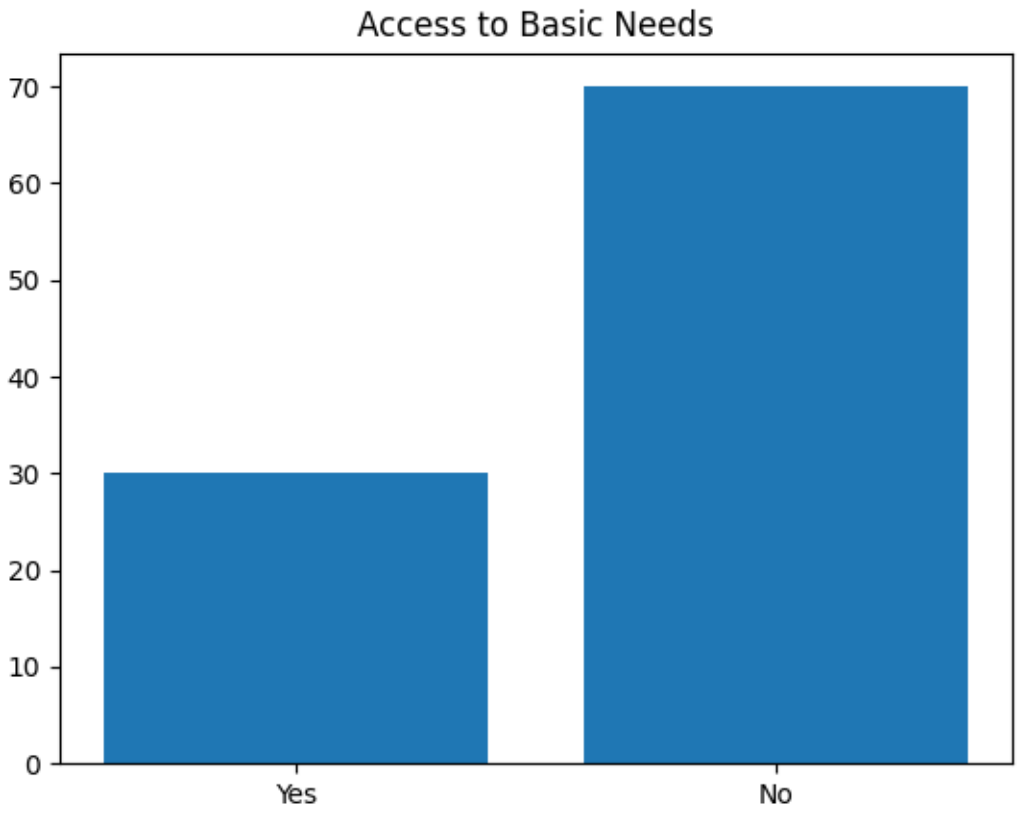
2. In your opinion, what role can the community, government and NGOs play to reduce poverty among the elderly?

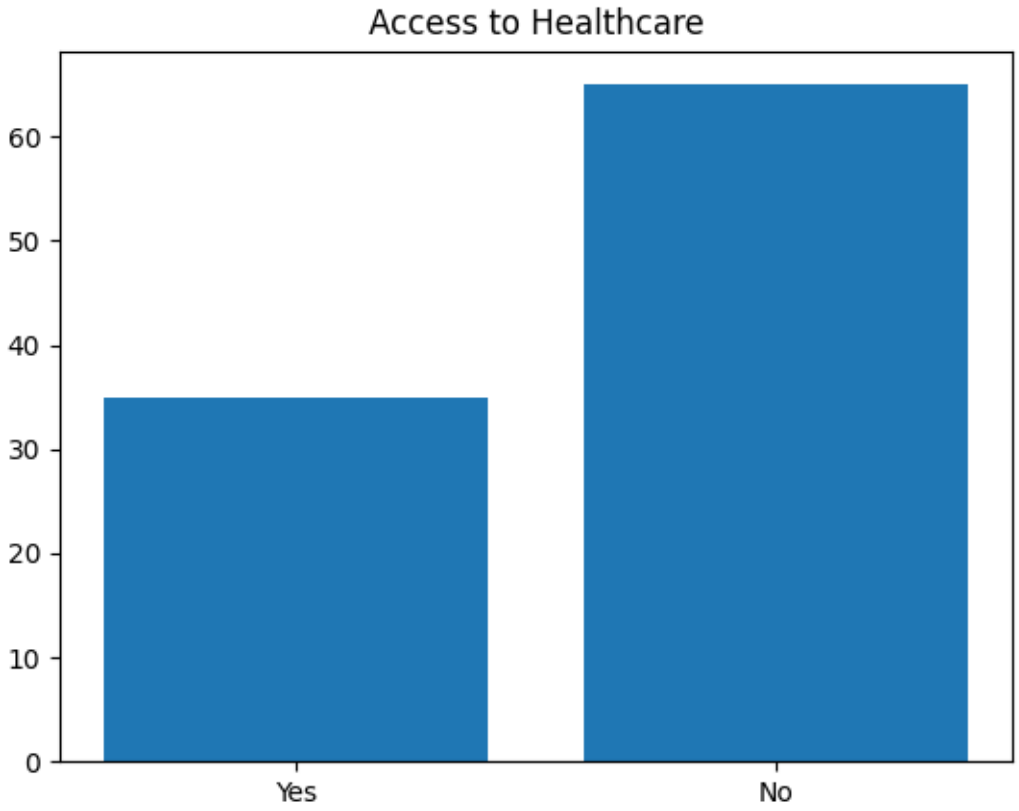
3. Is there anything else you would like to add about the challenges or needs of elderly people in Kichinjaji ward?

THANK YOU SO MUCH!

APPENDIX D: QUANTITATIVE PRESENTATION OF DATA ABOUT THE ELDERLY IN KICHINJAJI WARD




Access to Basic Needs
70
60
50
40
30
20
10
0
Yes
No



APPENDIX E: THE ELDERLY IN KICHINJAJI WARD EXCEL DATA SET

THE ELDERLY IN KICHINJAJI WARD DA

APPENDIX F: TURNITIN RESULTS

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