AN ASSESSMENT OF THE CONTRIBUTION OF SOCIAL WELFARE SUPPORT TO THE WELLBEING OF THE ELDERLY IN ACOWA SUB-COUNTY, AMURIA DISTRICT UGANDA

BY

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DECLARATION

I, AMUGE EDEP STELLA declare that this is my original work and has not been presented to any other Institution or University for the award of a Degree or any other award.

Signed……..……

Date……..

APPROVAL

The dissertation has been submitted for examination with our approval as supervisors

SIGNED……..

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LIST OF ABBREVIATIONS

ACARTSOD: African Centre for Applied Research and Training Development

AHURI: Australian Housing and Urban Research Institute

CESCR: Covenant on Economic, Social and Cultural Rights

CVI: Content Validity Index

LC: Local Council

LRA: Lord's Resistance Army

P-E fit: Person Environment Fit

STIR: Shelter Cost To Income Ratio

TAFU: The Aged Family Uganda

UK: United Kingdom

UN: United Nations

US: United States

VCOSS: Victorian Council of Social Service

WHO: World Health Organization

ABSTRACT

This study was premised on the assumption that wellbeing of the elderly in Acowa Sub County could be predicted by three factors namely; Housing, Health and Nutrition. The moderator variable was hypothesized to be psychological issues. The study was guided by four objectives, four corresponding research questions and four hypotheses. The study adopted a case study research design that used both quantitative and qualitative approaches. Data were collected from both primary and secondary sources which included filled in questionnaires from respondents, interviews, on line journals and book reviews. A sample size of 10% from an estimated total population of 800 elderly persons was drawn basing on recommendations by (Mugenda & Mugenda, 1999) and (Sekaran, 2003). Five (5) key informants were purposively selected making a total of 85 respondents. The response rate was 100% and the survey instruments had an overall reliability coefficient of above 6.0 determined using Cronbach Alpha. Data analysis was done using descriptive statistics utilizing percentages; correlation and regression analysis was also used. The study empirically established that, there is a positive and significant correlation between housing, health, nutrition support and wellbeing of the elderly and a negative significant relationship between psychological issues and wellbeing of the elderly. The test using Pearson correlation analysis returned a result of ($r = 0.445$; $p<0.01$) for housing; ($r = 0.758$; $p<0.01$) for health; ($r = 0.500$; $p<0.01$) for nutrition and ($r = -0.462$; $p<0.01$) for psychological issues. The strength of the relationship was statistically significant at 0.01 level of significance. The study concluded that social welfare support is critical for elderly persons to achieve physical social and emotional wellbeing. However psychological factors also play a critical moderating role in the achievement of wellbeing. Recommendations adopted from the study findings are provided in chapter five with the hope that housing, health and nutrition of the elderly persons in Acowa Sub County gets due consideration. Limitations and areas for further research are also indicated.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This study was an assessment of the contribution of social welfare support to the wellbeing of the elderly in Acowa Sub-County Amuria district, Teso region in North Eastern Uganda. Social welfare support was the independent variable and wellbeing of the elderly was the dependent variable. This chapter presents the background to the study, statement of the problem, general objective, specific objectives, research questions, hypotheses and conceptual framework, scope of the study, significance and definition of operational terms.

1.1 Background to the Study

1.1.1 Historical background

What is labeled social welfare today has been organized and delivered for centuries before 1601 through the rich religious traditions of Buddhism, Christianity, Hinduisim, Fudism, Islam, and thousands of other religions throughout the world (Faherty, 2006). Social welfare began with the dawn of the human race, caring for vulnerable members that were advanced by every clan and tribe on earth. Jewish law required to set aside a portion of each harvest for widows, orphans and strangers (Handel, 1982) cited in (Faherty, 2006). By the door of all Jewish synagogues as noted in Schaff (1910) and cited in Faherty (2006) were placed two alms boxes, one to provide for the poor of Jerusalem and the other for local charities. The Christian evangelist Paul, a convert from Judaism, also collected alms for the poor (Galatians 2:10; 2 Corinthians 9:12–15; Romans 15:25-27) cited in (Faherty, 2006). During the Apostlelic years immediately following Jesus' death, deacons were elected to care for widows [Acts 6: 1-6; Conzelman (1973); Gwatkin (1909)], cited

in (Faherty, 2006), the poor, orphans, strangers, and travelers; and charitable funds were distributed to those considered financially poor (Schaff, 1910) as cited in (Faherty, 2006).

In the Roman Empire, encompassing what is now known as Western and Southern Europe, the Middle East and North Africa, the function of welfare payments was principally achieved through private giving or charity. Handel (1982) cited in Faherty (2006) notes that, "a genuine concern for economically poor did emerge later along a highly organized system for collecting and distributing assistance." Within the late Roman society (Sordi, 1986) cited in (Faherty, 2006) says, voluntary social service organizations were established for the sole purpose of benefiting members who made monthly contributions. Social welfare protection, in the form of insurance and assistance programmes, emerged in Europe in the 1800s in order to provide citizens with an economic safety net during periods of illness, economic hardship, and other shocks (Palacios and Sluchynsky, 2006). Today, nearly every country has some form of social protection developed to provide economic support in times of need (International Social Security Association, 2005) cited in (Faherty, 2006). Assistance comes in the form of old-age pensions, survivor benefits, family allowances or other supports.

In Africa, social welfare programmes were originally developed in the 1950s and 1960s as a safety net for white workers (Dixon, 1987). Still today, these pensions primarily serve the wealthiest workers who live in urban areas and have secure careers in the public sector (Palacios and Sluchynsky, 2006). Those who are excluded from these benefits are left to rely upon the traditional safety net of family aid, mutual support, and communal living. The African extended family network knitted together a network of blood relations, in laws and close friends. This network acted as an insurance against all disabilities of old age and other shortcomings. The

young and energetic were insurance for their older folks and took care of their needs. For example, in Kenya, the clan system has operated as a Labor Union, pooling resources and providing extra support during vulnerable periods (Dixon, 1987). This informal system has eroded however, as countries have developed and urbanized, sources of livelihoods have diversified, family sizes shrunk, and the population aged.

Prior to the colonization and gradual modernization of Uganda beginning in the late 19th century, Ugandans lived as ethnic nationalities in specified geographical areas on the basis of kith and kin (Ouma, 1995).Clan organization and authority were reinforced by the system of extended families in ensuring area-based development through the exercise of collective responsibility in such areas as housing, creating and maintaining access roads, farming, and food harvesting and its storage, hunting down wild animals and destroying vermin that were a potential danger to both human security and food crops, caring for the elderly and the sick, consoling and assisting the clan/family members in bereavement to mention but only a few of the instances based on mutual-aid assistance and reciprocity (Chileshe,1989; Brooks and Nyirenda, 1987). These acts of reciprocity, altruism, social cohesion and personal intimacies were sufficient to guarantee social protection in both good and bad times to all members of any ethnic nationality by ensuring equity and social justice.

However, colonization and its version of modernization destroyed this serenity and indeed the mutual social support systems. The more energetic sections of the population moved to the new urban areas in search of remunerated forms of employment and new lifestyles befitting the modernization era. This in turn led to the gradual trimming of the extended family, decreasing

commitment to one's area of origin and declining commitment to the care of the aged and the sick as many of these (especially with regard to sickness) began to be considered as matters for the state to be taken care of by, for example, public hospitals. New forms of social protection had to evolve in response to this externally-inspired modernization but these remained urban based. For instance, since its establishment by Act of Parliament (Act 21 of 1967) and its operationalisation in 1968, the Social Security (Provident) Fund of Uganda has, like those of many other countries in the region (African Centre for Applied Research and Training Development, 1986), remained urban-biased and in favor of wage earners. It is not founded on the principle of resource-pooling and risk-sharing. Rather it is contributory, because it is contributory, it excludes non-contributors and is, therefore, based on the accumulation of individual contributions [together with those of his employer] and with no insurance element (Jacques, 1993). Ouma (1995) reports that, less than 15% of Uganda's population is in remunerated employment while the majority still remains in the rural and non formal sector. With diminished family and community support, and formal social protection only available for those in formal employment, others in need of social support are left vulnerable.

1.1.2 Theoretical review

Theories of social welfare include Rawls' (1971) theory of social justice. The theory links social justice to a framework of human rights and equality where each person is to have equal right to the most extensive scheme of equal basic liberties (housing, health, nutrition) compatible with a similar scheme of liberties for others. He also uses the notion of the social contract in conception of justice as mutual advantage and any contract must improve on complete equality. This suggests maximizing the well-being of the worst off by ensuring equal basic liberties reasonably expected to be to every ones advantage. This is called the maxim in allocation. The theory pre-

supposes that housing, health and nutrition are fundamental human rights regardless of age, color, or sex of the person; a fair distribution should improve on complete equality. This upholds the Universal Declaration of Human Rights' Act Paris (1948). This theory is important in establishing that respect of basic human rights (housing, health and nutrition) through mutual advantage improves wellbeing of all individuals.

Theories of well-being include, 'evaluative hedonism' or 'prudential hedonism', according to which; well-being consists in the greatest balance of pleasure over pain (Socrates and Protagoras, 1976) in (Crisp, 2008). According to Bentham's (1996), the more pleasantness one can pack into one's life, the better it will be, and the more painfulness one encounters, the worse it will be. The value of the two experiences according to Bentham (1996) is measured using their duration, and intensity. This theory assumes that, wellbeing is achieved through balancing pleasure and pain, the duration of pleasure and pain determine a person's quality of life as manifested through physical, mental, social and emotional aspects. Mill (1998) uses the notion of "higher" and "lower" pleasures famously known as "quality" of pleasure. The claim is that some pleasures, by their very nature, are more valuable than others. People may not have a good house, good nutrition, but what is important for them is good health. Hedonism believes that; well-being is what is good for a person, for it to be of benefit it needs to be enjoyed and enjoyment is only possible during good heath (physical, mental, social and emotional).

These theories were important in guiding the study because they focus on human rights and equality of each person in accessing basic liberties which are critical in improving quality of life and consequently, wellbeing of the individuals. Basic liberties according to this study included;

adequate housing, health and nutrition and wellbeing of individuals is achieved through improved quality of physical, mental, social and emotional health.

1.1.3 Conceptual background

According to Amin (2005), this is the part of the background where the researcher conceptualizes the study variables and shows their relationship in the study. This study was guided by the concepts of social welfare support and wellbeing.

Social welfare support consists of actions and procedures especially on the part of governments, institutions and communities striving to promote the basic wellbeing of individuals in need (http://en.wikipedia.org/wiki/welfare-programme). Welfare is commonly provided to those who are unemployed; those with illness or disability, those of old age, etc. A person's eligibility to welfare may also be constrained by means testing or other conditions. Dolgoff, Feldstein & Stolnik (1997) define social welfare as "all social interventions intended to enhance or maintain the social functioning of human beings." In its narrowest sense, Dolgoff and Feldstein (1980) add that, social welfare includes those nonprofit functions of society, public or voluntary, which are clearly aimed at alleviating distress and poverty or at ameliorating the conditions of the casualties of society. According to the Encyclopedia of Social Work (1971**),** social welfare generally denotes the full range of organized activities of voluntary and governmental agencies that seek to prevent, alleviate, or contribute to the solution of recognized social problems, or to improve the well-being of individuals, groups, or communities. United Nations (1967) describe "Social welfare as an organized function, regarded as a body of activities designed to enable individuals, families, groups and communities to cope with the social problems of changing conditions."

Used in its broadest sense Hong Kong Government (1965) White Paper argues that, Social welfare services, in common with education, medical, housing and other parallel services, are interventions required by those who are not capable without help and support of standing on their own feet as fully independent or 'self-directing' members of the community. It embraces all efforts aimed at improving health, education, employment, housing, recreational and cultural services for the community at large. Hong Kong Government (1991) White Paper further adds that, Social welfare embraces laws, programmes, benefits and services which address social needs accepted as essential to the well-being of a society. It focuses on personal and social problems, both existing and potential.

Well-being is defined by World Health Organization (WHO) as a general term that encompasses physical, mental, and social aspects. The term wellbeing usually refers to the degree to which an individual is well. In this sense it is synonymous with `quality of life'(Veenhoven, 2000)

1.1.4 Contextual background

Acowa Sub-County (s/c) found in Amuria district North Teso, in North Eastern Uganda comprises of 11 parishes and 96 villages; with a population of 83,000 according to 2002 housing census with an estimated 800 elderly persons. Ideally, the elderly in any community are taken care of by their retirement benefits assuming they were all working or grown-up offspring, close relatives and benevolent members of that community.

However, many of the elderly have never worked in jobs that provide retirement benefits and thus have no pension to fall back on. Some have no children to take care of them, either because they never had any to begin with, or they may have had children who have been incapacitated or died before their time. Others have offspring who have abandoned them because they cannot

afford to maintain their parents' up-keep due to poverty. These offspring mainly live in urban areas and are usually unemployed, or have jobs that pay very little, or may even be incarcerated. Still others have offspring with average paying jobs who send up-keep every now and then, but never enough to handle the needs of their parent(s). Other factors range from internal displacement due to the Lord's Resistance Army rebels (LRA) and other rebel groups that operated in the region in the past years, to aggressive armed neighbors; the Karamojong, who thrive on cattle rustling. War and natural disasters often lead to family and social system disruption, putting those who require family care and social support at greater risk. War flight also places those with health and mobility problems at further disadvantage as they are unable to flee to safety.

Many of the elderly depend on subsistence farming for their food, and considering their age and low energy levels, the yield from their agriculture is very low, which means they lack food a lot of the time. The prevailing drought conditions which are present for most of the year, resulting in poor yield from agriculture, make the situation indeed dire. Those who own land have shelter that is so badly dilapidated that it cannot offer protection from the elements especially when bad weather comes. Their low to nonexistent income negates their ability to access medical services and results in many of them having recurring bouts of illnesses which are actually quite easily curable. The situation is made worse by the fact that many of these older persons have grandchildren who look up to them for provision yet they have no resources to provide for them. While Government and non-governmental organizations (NGOs) are running programs and projects in the area directed at poverty reduction and improvement of peoples wellbeing, the elderly are seldom beneficiaries of such interventions; and in response to Madrid International

Plan of Action on Ageing (2002) cited in Baryahebwa (n.d) where Uganda is a member, and in a bid to improve the wellbeing of the elderly in general, associations of older people have been established from village to district level in order to improve access to services. However, these initiatives have had little impact on improving the daily lives of the elderly in Acowa sub-county. This study therefore sought to establish whether selected social welfare issues of nutrition, health and housing in light of psychological problems, could help improve the wellbeing of the elderly in Acowa sub-county.

1.2 Statement of the Problem.

Old age comes with many challenges including psychological, economic and social vulnerability which hinder access to basic social needs (Ouma, 1995). Ideally the elderly in any community are taken care of by their retirement benefits assuming they were all working, or grown-up offspring, close relatives and benevolent members of that community. These act as insurance against all disabilities of old age including housing, farming, food harvesting and its storage, caring for the elderly and the sick, consoling and assisting the clan/family members in bereavement all based on mutual-aid assistance and reciprocity (Chileshe, 1989; Brooks and Nyirenda, 1987).

Presently in Acowa Sub County, the traditional social structure that acted as insurance against disabilities of old age has since broken down due to many factors including childlessness, bereavement, abandonment, poverty, war among others. More than 80% of the elderly in Acowa Sub- County have never worked in jobs that provide retirement benefits and thus have no pension to fall back on (Report by the Chair Person Elder Persons Association Acowa Sub County, 2009). This has left majority of the elderly sleeping in mud and wattle grass thatched

houses, which threaten to collapse on them especially during rainy season; they are malnourished and suffering from ill health and social exclusion, leaving them highly vulnerable. If not checked, many elderly will be destitute as a result of homelessness and death toll due to starvation and quite easily preventable diseases will be on the rise. This study sought to establish the extent to which social welfare support could contribute to the wellbeing of the elderly in Acowa sub-county.

1.3 Purpose of the Study

The purpose of this study was to examine the extent to which social welfare support contributes to the wellbeing of the elderly in Acowa Sub-County in Amuria district.

1.4 Objectives of the Study

The study was guided by the following objectives.

1. To examine the extent of contribution of housing support to the wellbeing of the elderly in Acowa sub-county.
2. To determine the extent of contribution of health support to the wellbeing of the elderly in Acowa sub-county.
3. To find out the extent of contribution of nutritional support to the wellbeing of the elderly in Acowa sub-county.
4. To establish the moderator effect of psychological factors on the relationship between nutrition, housing, health support; and the wellbeing of the elderly in Acowa sub-county.

1.5 Research Questions

The study attempted to answer the following questions.

1. To what extent does housing support contribute to the wellbeing of the elderly in Acowa Sub-County?
2. What is the extent of contribution of health support to the wellbeing of the elderly in Acowa Sub-County?
3. To what extent could nutritional support contribute to the wellbeing of the elderly in Acowa Sub-County?
4. What are the moderator effects of psychological factors on the relationship between nutrition, housing & health support; and the wellbeing of the elderly in Acowa Sub-county?

1.6 Research Hypotheses

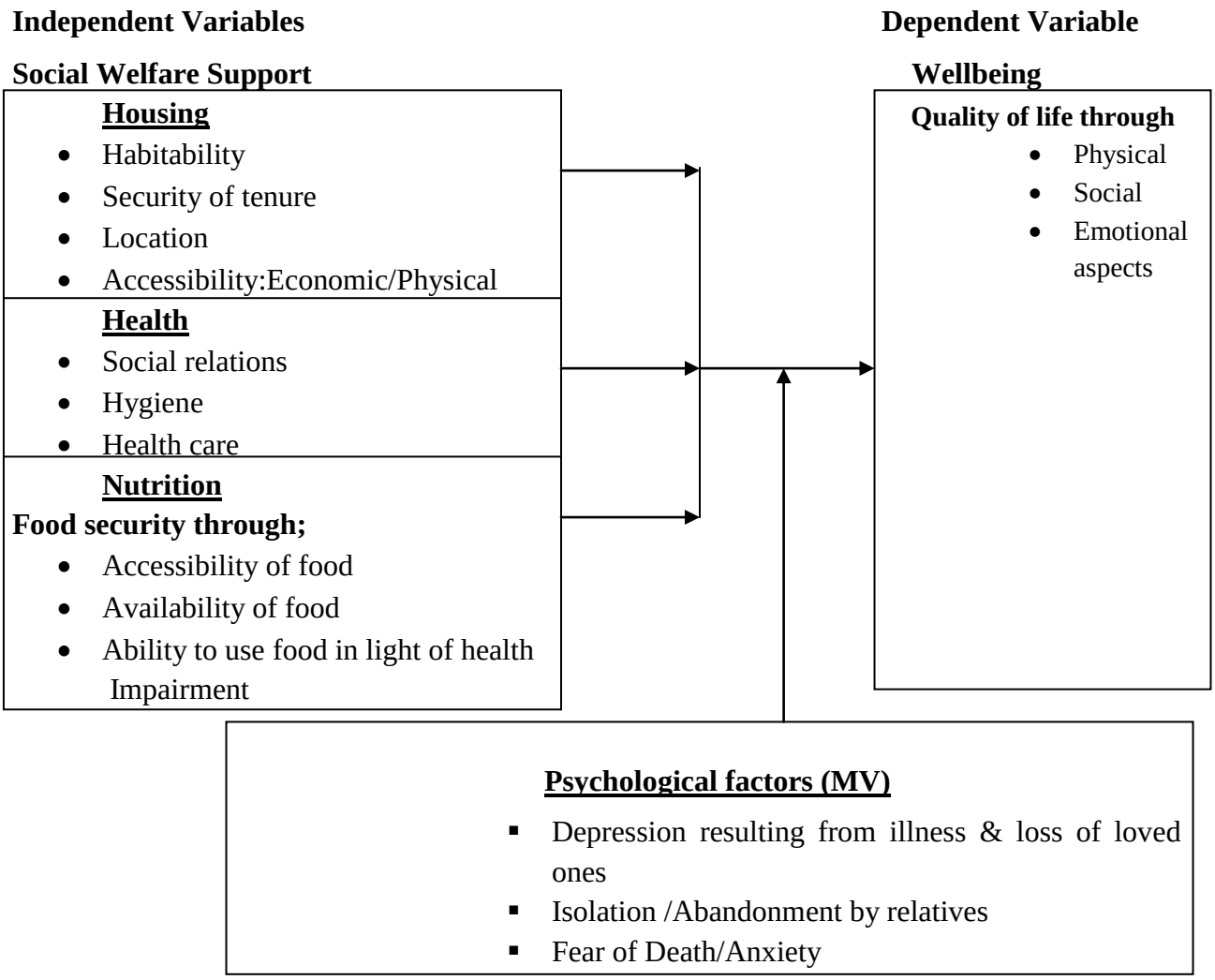
1. Housing support significantly contributes to the wellbeing of the elderly in Acowa Sub-county.
2. Health support has a significant contribution to the wellbeing of the elderly in Acowa Sub-County.
3. Nutritional support has a significant contribution to the wellbeing of the elderly in Acowa Sub-County.
4. There is a significant moderator effect of psychological issues on the relationship between nutrition, housing, health support; and the wellbeing of the elderly in Acowa Sub-county.

1.7 Conceptual Frame Work

The conceptual frame work below illustrates the relationship between social welfare support conceptualized as (housing, health, nutrition) and wellbeing of older persons as manifested

through (physical, social and emotional aspects) in light of psychological issues as a moderating variable.

Figure 1: **Conceptual Frame Work**



Source: Adapted and modified by the researcher from http://en.wikipedia.org, http://www.healthguidance.org, Universal Declaration of Human Rights, Paris (1948), Mikol, Carolyn and Rosenblatt (1980), Maclean (2009).

The conceptual frame work illustrates the relationship between Social welfare support as the independent variable (IV) and wellbeing of the elderly as the dependent variable (DV). Social

welfare support was conceptualized to include housing, health and nutrition. Wellbeing is indicated by quality of life which is characterized by physical, social and emotional aspects. It was further conceptualized that there are moderating variables that influence wellbeing other than elements of social welfare support and these constitute of psychological factors (MV), manifested through depression as a result of loss of loved ones & illness, Isolation/ abandonment by relatives, fear of death/anxiety.

Social welfare support (IV) comes from the family, neighborhood, community, government, non-government organizations or a combination of these, striving to promote the basic wellbeing of individuals in need eg those who are ill, disabled or of old age (http://en.wikipedia.org/wiki/welfare-programme). These efforts are usually directed to address such needs as housing, health and nutrition of the people concerned thus improving their wellbeing. It is believed that in a situation where nutrition, housing and health are lacking, wellbeing of individuals is affected negatively.

There is an interaction between nutrition and quality of life. Nutrition is an input to and foundation for health and development. Interaction of infection and malnutrition is well-documented. Better nutrition means stronger immune systems, less illness and better health. Protein calories and micronutrient under nutrition just like nutrient overload can under mind functional independence and diminish quality of life. Good nutrition can help lessen the effects of diseases and improve the quality of life in people who have such diseases for example osteoporosis, diabetes, pressure. Studies show that a good diet helps both in reducing the risk of

diseases and in managing diseases signs and symptoms. Poor nutrition on the other hand can prolong recovery from illness, and lead to a poorer quality of life.

Similarly, there is an interaction between homelessness and health problems. Health problems can contribute to being homeless and being homeless can decrease access to many health care facilities. Many homeless people face an extreme environment every day, such as, extreme hot temperatures and very cold weather which may lead to ill health and therefore poor quality of life. Number of households also has a direct bearing on the health of the occupants. Crowded house promotes air borne diseases. World Health Organization (1948) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Overall health is therefore achieved through a combination of physical, emotional and social well being, which together is commonly referred to as the "health triangle" (Maclean, 2009). The absence or presence of sound physical, emotional and social well being will directly impact on quality of life and general well being of an individual. It is believed that in a situation where nutrition, housing and health services are lacking, well-being of individuals is affected negatively.

However, there are also psychological issues for example illness and loss of loved ones, affliction of health problems, fear of death/ anxiety, isolation/abandonment by relatives; if not taken care of, will lead to depression and this generally will affect the well-being of the elderly. All the above mentioned (Health, nutrition and housing) work in unison and if well-balanced, will help improve quality of life and general well being of individuals. Any imbalance on the above is likely to cause psychological stress which may negatively impact on health, eating

patterns (habits) and choice of housing and has been cited as a factor in cognitive impairment, depressive illness and expression of disease factors that generally reduce quality of life.

1.8 Scope of the Study

1.8.1 Geographical scope

The study was carried out in Acowa Sub-County basing on 5 (five) Parishes, in Amuria District, Teso Region in North Eastern Uganda. This Sub-County was selected on the basis of its location given the experiences it has gone through i.e. aggressive armed neighbors, the Karimojong, extremes of weather changes, from devastating floods to long droughts; situations that lead to family and social system disruption putting old persons who require family care and social support at greater risk.

1.8.2 Content scope.

The study investigated social welfare support focusing on selected social issues of housing, nutrition and health, together with the moderating effect of psychological problems on the wellbeing of the older persons in Acowa sub-county.

1.8.3 Time scope.

The study evaluated the extent of contribution of social welfare support focusing on housing, health, nutrition and the wellbeing of the elderly in Acowa Sub-County between 2009 and 2010.

1.9 Significance of the Study.

The study highlighted the extent of contribution of housing, health and nutrition to the wellbeing of the elderly in light of psychological problems. Government could use the findings to expedite policy issues governing the elderly in the country. Findings could also help stakeholders develop and strengthen social welfare support for improving the wellbeing of the elderly. Other parties

interested on the wellbeing of the elderly can borrow a leaf from the findings and use them to address similar social problems faced by the elderly in their regions.

1.10 Operational Definition of Terms

Social Welfare Support; In this study social welfare support consists of actions from the family, neighborhood or community or combination of these, striving to promote the basic wellbeing of individuals in need for example those who are ill, disabled or of old age. Adopted from (http://en.wikipedia.org/wiki/welfare-programme and modified by the researcher

Wellbeing; As adopted from (W.H.O, 1948); It encompasses physical, mental, social and emotional aspects of human health.

Elderly; Older persons from the age of 60 years and above (W.H.O, 1948)

Health; World Health Organization (1948) defines health as a state of complete physical, mental, social and psychological wellbeing.

Food security; This is when all people have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs, as well as to culturally acceptable food preferences for an active and healthy life. As well foods are produced as locally as possible and their production and distribution are environmentally, politically, socially and economically just (Food Security Group, 2000) cited in a report on food security in Ottawa (2001). In this study food security is mainly focusing on accessibility, availability and ability to use food in light of health impairment.

Adequate Housing - Housing that conforms to basic standards with regard to security of tenure, affordability, habitability, accessibility and location. Adopted from Universal Declaration of Human Rights, Paris (1948)

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents the arguments and observations of different authors regarding social welfare support and its contribution to the wellbeing of the elderly. The review focused on the main themes of the study; housing, health, nutrition and the moderating effect of psychological issues. This was done by reviewing primary and secondary data from journal articles, books, reports, observation and interviews.

2.1 Housing and Wellbeing of the Elderly

Housing is a bundle of joy (Agbola, 2003). It is a basic need and has one of the biggest impacts on people's well-being and quality of life. It is widely acknowledged as a fundamental component of quality of life and it is a core factor in the health and wellbeing of families and the development of strong communities (Gravitas, 2009). Considerable evidence shows that housing conditions do affect health status (Bonnefoy; Annesi-Maesano; Aznar; Braubach and Ben, 2004). Bonnefoy et al, (2004) define healthy housing as covering the provision of functional and adequate physical, social and mental conditions for health, safety, hygiene, comfort and privacy. A healthy home therefore is not a specifically designed house. The habitat declaration, Istanbul (1996) in Bonnefoy et al (2004) defines the characteristics of an adequate shelter as comprising of adequate privacy, adequate space, physical activity, and adequate security; security of tenure, structural stability and durability; adequate lighting, heating and ventilation; adequate basic structure, such as water supply, sanitation and waste management facilities, suitable environmental and health related-factors and adequate and accessible location with regard to work and basic facilities; all of which should be available at an affordable cost.

However adequacy often varies from country to country, since it depends on specific cultural, social, economic and environmental factors, gender specific and age specific factors (Bonnefoy et al, 2004). The world health organization (WHO) defines housing as being based on four interlinked levels with an array of possible health effects on each; the physical structure; the home as a protective unit; the immediate housing environment, and the community**.** Shaw (2004) categorizes these levels in a model that indicates how housing affects, health through direct and indirect, hard and soft ways.

Housing issues can have flow- on effects for health, education and community wellbeing. Environmental noise acts as a stressor at night by disturbing sleep and via strong annoyance (or bothering) during the day and may impair the cardiovascular and the mental health in the long run. It is also accepted that stressful housing conditions can aggravate pre- existing psychiatric pathologies (Evans, 2003).

Universal Declaration of Human Rights' Paris (1948), declare adequate housing as a universal human right with a number of components including; Legal security of tenure, habitability, location, economic accessibility, physical accessibility, cultural acceptability, availability of services, materials, facilities and infrastructure essential for health, security, comfort, and nutrition such as safe drinking water, sanitation and washing facilities. In this study the variable housing was measured using selected aspects of legal security of tenure, habitability, location and accessibility both economic and physical accessibility.

2.1.1 Housing habitability and wellbeing

Adequate housing must be habitable in terms of providing the inhabitants with adequate space

and protecting them from dump, cold, heat, rain, wind or other threats to health, structural hazards and other disease vectors; the physical safety of occupants must be guaranteed as well (Universal Declaration of Human rights, 1948; Vancouver declaration, 1976). Shaw (2004) points out that inadequate housing can have both direct and indirect effects on mental and physical health. In several instances, researchers have found that low income populations have higher levels of exposure to contaminated water, are also more likely to be exposed to toxic chemicals in the air of their homes, a difference usually associated to structural deficiencies, poorer heating fixtures and older construction. Residential crowding typically indexed by the ratio of people, to a number of rooms, impacts habitability and adequacy of housing (Gravitas 2009). Residents of more crowded rooms are more socially withdrawn and perceive lower levels of social support in comparison to individuals living in less crowded settings. Also low income children and elderly persons are more likely to injure themselves due to hazardous characteristics of residential structures (Evans and Kantrowitz 2002).

Poor housing continues to adversely affect the health of some of the most vulnerable groups of people. The health of the many elderly people who live alone in old, damp, cold, crowded and often in socially excluded homes is at risk. Nathanson (n.d) cited in Mayor (2003), “housing can cause psychological and physical health problems”. In his review of the relationship between the built environment and mental health, Evans (2003) notes that house type (for example, high-rise), floor level, and housing quality (e.g. structural problems) have all been linked to mental health. They suggest that overall housing quality is positively correlated with psychological wellbeing, although issues that may affect this relationship include identity/self-esteem, anxiety about structural hazards or a fear of crime.

There is some evidence to suggest that when people move to better quality housing, mental health can improve (Evans, Wells, Can, and Saltzman, 2000). According to Evans et al (2000), the degree of improvement in housing predicted the level of change in psychological distress. One large-scale, cross-sectional, European housing and health study by the World Health Organization (2004) has indicated a relationship between depression/anxiety and living in a dwelling that has insufficient protection against external aggressions, such as cold, draughts, noise; little space for solitude or freedom; lacks light and/or an external view; does not facilitate socialization; and is prone to vandalism. Studies by (Ambrose, 2001) also established a strong link between poor quality living conditions and health outcomes and concluded 'that very direct associations existed between poor living conditions and a number of adverse outcomes and that there were good reasons to believe them to be causal'.

The majority of older persons in Uganda live in semi permanent and make shift structures usually grass thatched with mud walls. These structures threaten to collapse over them any time especially during heavy rains. The walls, floors and roofs are full of cracks exposing the inhabitants to cold and harmful animals and bags. There is lack of privacy, crowding, poor hygiene, poor quality of dwellings that are dilapidated, lack adequate light and ventilation (Mukiibi, 2009). Others are homeless and on streets. Being homeless can decrease access to many health care facilities. Many homeless people face an extreme environment every day, such as, extreme hot temperatures and very cold weather which may lead to ill health and therefore poor quality of life.

2.1.2 Security of tenure and wellbeing

Security of tenure relates to the confidence dwelling occupants have that their tenure will be guaranteed for a specified period of time to which they have agreed, and is defined in terms of well-being and independence. Tenure takes a variety of forms including rental (public and private) accommodation, cooperative housing, lease, owner occupation, emergency housing and informal settlements, including occupation of land and or property. Notwithstanding the type of tenure, all persons should posses a degree of security of tenure which guarantees legal protection against forced eviction, harassment, and other threats.

Covenant on Economic, Social and Cultural Rights (CESCR) defines forced evictions, as "the permanent or temporary removal against their will of individuals, families and/or communities from the homes and/or land which they occupy, without the provision of, and access to, appropriate forms of legal or other protection". The practice of forced evictions may result in "violations of civil and political rights, such as the right to life, the right to the security of the person, the right to non-interference with privacy, family and home and the right to the peaceful enjoyment of possessions." In the UK, housing tenure (whether the dwelling is owner occupied or rented) has consistently been found to be associated with longevity and with a number of measures of health (Ellaway and Macintyre, 1998). However there is little published research on whether housing tenure predicts mortality and morbidity simply because it is an indicator of material well being, or whether, in addition, different categories of housing tenure expose people to different levels of health hazards in the dwelling itself or in the immediate environment. A study in Glasgow Scotland, associated housing tenure with housing stressors (e.g. overcrowding, dampness, hazards, difficulty with heating the home) and with assessment of the local environment (e.g. amenities, problems, crime, neighborliness, area reputation and satisfaction.

This suggests that housing tenure may expose people to different levels of health hazards (Excerpts from the UN Committee on Economic, Social and Cultural Rights, and the Habitat II Conference) cited in Bonnefoy et al (2004)

According to the Australian Housing and Research Institute (2006), the effect of security of tenure resulted in less residential mobility, which in turn meant residents felt more in control, more settled and less stressed. As a result they had more "mental room" to focus on things such as relationships or their children's education. Shaw (2004), however, points out that although housing tenure is associated with better health outcomes, it is context-dependent, with a range of material factors (e.g., gardens, less damp/mould) and meaningful factors (e.g., able to do what you want with home) involved. In Uganda security of land tenure is not guaranteed despite governments efforts to reform the land sector. Land ownership and security of tenure in many instances is informal and customary especially in rural areas. Cases of forceful evictions of older persons punctuate Uganda's press. The elderly who have no financial muscle to battle court cases over land end up land less without access to productive land, depriving them of their livelihood which greatly affects their wellbeing.

2.1.3 Housing location and wellbeing

Adequate housing must be in a location which allows access to employment options, health care services, schools, child care- centers and other social facilities. This is true both in large cities and in rural areas where the temporal and financial costs of getting to and from the place of work can place excessive demands upon the budgets of households. Similarly housing should not be built on polluted sites or in immediate proximity to pollution sources that threaten the right to health of the inhabitants.

An Information Paper on the economic and social benefits of social housing from Melbourne Affordable Housing (May, 2009) revealed that, stable housing can mean that people are able to access lower cost services, such as a local doctor rather than a hospital emergency department implying that housing that is located near hospitals and doctors, shopping, transportation, and recreational facilities can facilitate access to services that can enhance the quality of life. Studies undertaken in Melbourne by the Social Justice Research Program into location disadvantage, have identified that disadvantage can arise where people have limited access to services and recreational facilities or have poor employment, training and educational opportunities because of where they live. Location disadvantage can reduce the quality of life and can exacerbate other forms of disadvantages, especially those associated with low income (Howe in Kirwin, 1991).

Location has also been noted by Bohl (2000) as being important for informal networks and the maintenance of family. Housing can also be a place of memories of the past and a connection to friends and neighbors. Housing with supportive features and access to services can also make it possible for persons to age in place. However many elderly people live in rural areas, with no infrastructure support which limits access to health care services and other social facilities.

2.1.4 Housing accessibility and wellbeing

Adequate housing must be accessible to those entitled to it both economically and physically. Affordable housing can be broadly defined as "Housing of an adequate basic standard that provides reasonable access to work opportunities and community services and that is available at a cost which does not cause substantial hardship to the occupants" (Disney, 2006). Measuring affordability involves comparing housing costs to a household's ability to meet them. One common measure is the shelter-cost-to-income-ratio (STIR) which is closely related to the "30/40 rule". Housing affordability is compromised when households in the bottom 40% of

income distribution spend more than 30% of their household income on housing, adjusted for household size (Yates and Milligan, 2007). The 30% level is commonly accepted as the upper limit for affordable housing. Those who do not have affordable housing according to this criterion are said to be experiencing "housing stress", which may be measured in terms of people's subjective experiences of managing housing costs (Yates and Milligan, 2007). Housing stress affects the health and wellbeing of individuals negatively and can precipitate a variety of physical, mental and emotional conditions, both chronic and acute.

These correlations make it clear that housing is a social determinant of health, and needs to be treated as part of the web of factors affecting the health and wellbeing of individuals, families, households and ultimately society. Australian Housing and Research Institute (2002) in one Australian study found that people in rental accommodation were more likely than homeowners to report fair/poor health and visit the doctor more often, but the cause and effect relationship is unclear. Cummins, Woerner, Tomyn, Gibson and Knapp (2006) also found that worrying over not being able to make mortgage or rental payments contributes to significant damage to wellbeing. Studies in Canada paint a similar picture. A large scale Canadian study found a gradient in mental health status by housing tenure, even after controlling for demographic variables such as age, gender, marital status and education levels (Cairney and Boyle, 2004). Home owners without mortgages reported less psychological distress than home owners with mortgages, who in turn reported less distress than renters. Taylor, Pevalin, and Todd (2007) analyzed the first 13 annual waves of the British Household. Housing payment problems and entering arrears were found to have significant psychological costs, above and beyond the financial aspect and similar to that experienced as a result of life events such as marital

breakdown or unemployment. The authors concluded that threats to housing represented a major life event affecting mental health. Similar findings occurred in a qualitative UK study on the health consequences of mortgage possession, in which families describe the sense of loss as equal to losing a loved one or part of themselves (Nettleton and Burrows, 2000). There is some suggestion that chronic stress in particular, including stress related to housing issues, can adversely affect health and wellbeing. This type of low-level, "everyday hassles" stress may be more difficult to address than stress associated with significant life events (Redding and Weinberg, 2001), indicating that paying attention to low-level stresses may be just as important as paying attention to bigger stressors. Housing affordability can be a source of independent chronic stress, often in addition to other stressors, for low-income people in particular (Mueller and Tighes, 2007). For example, the anxiety and stress associated with a lack of permanent, affordable housing may contribute to child neglect, with children in turn becoming depressed, aggressive or difficult for parents to handle (Leslie, 2005).

Physical accessibility on the other hand requires that housing must be accessible to everyone, especially vulnerable groups such as the elderly, persons with physical disabilities and the mentally ill. Judith, Frank, Hans-Werner, Oliver, Caritas and Susanne (2007) revealed that very old people living in more accessible housing perceived their homes as more useful and meaning full in relation to their routines and every day activities, and they were less dependent on external control in relation to their housing. Judith, et al (2007) add that, patterns of such relationships were similar in the five national samples carried out in the UK. Access to safe healthy shelter is essential to a person's physical, psychological, social and economic wellbeing that can improve

the quality of life, increase productivity, improve health and reduce the burden of investments in curative medicine and poverty alleviation.

Accessibility is of importance for enhancing older persons and or disabled people possibilities to be able to live independently in society (Steinfed, 1999). Accessibility also includes the concept of complete use of the dwelling and immediate environment. Accessibility refers to the meeting between a persons or groups functional capacity and the environment demands, i.e. person environment fit (P-E fit). It is described in terms of environmental barriers (Iwarsson and Stahl, 2003). Research on housing accessibility as well as valid official statistics on such issues is scarce. However, there is some evidence that most elderly people live in dwellings with environmental barriers, and that the magnitude of accessibility problems increases with age (Iwarsson and Wilson, 2003).

Further, higher levels of housing accessibility problems are related to dependence on activities of daily living like washing, cooking, or getting dressed (Fange, 2004; Nygren, Johansson and Iwarsson, 2004), low subjective wellbeing (Iwarsson and Isacsson, 1997), poor perceived health, and poor psychological wellbeing (Tomsone and Pettigrew, 2004). The issue of accessibility problems is of importance for all frail groups of the society, for instance in Germany, one –third of the persons above 80 years have problems climbing staircases (German ministry for families, elderly, women and youth, 1996). Housing accessibility therefore receives increasing attention, in particular since in most countries the proportion of elderly people increases- as well as the proportion of elderly living in their own dwelling.

2.2 Health Status and Wellbeing of the Elderly

At the creation of the world Health Organization (WHO) in 1948, health was defined as being "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". In 1986, the World Health Organization (WHO) in the Ottawa charter for health promotion said that health is a resource for everyday living. Health is therefore a positive concept emphasizing social and personal resources, as well as physical capacities. Classification systems such as the (WHO-FIC), which is composed of the international classification of functioning, disability and health (ICF) also, define health. Overall health is achieved through a combination of physical, mental, emotional and social wellbeing which together is commonly referred to as the "Health Triangle" (http://en.wikipedia.org). Achieving health and remaining healthy is therefore an ongoing process. This study focused on; social relation, hygiene, and health care as strategies for staying healthy and improving ones health.

2.2.1 Social relations and wellbeing.

It is common to conceptualize social relations in terms of their structure and function. Although these two dimensions are equally relevant, research usually focuses on the first one. Questions on the structure of social relations normally cover: kinship or friendship; marital status, frequency of contact, duration of the relationship, and number of social referents. When the function of social relations is included it normally refers to the resources provided by the relationship, labeled as "social support". This includes emotional, instrumental, appraisal, and information support and it can be difficult to assess because the same tie can provide several types of support (House, Umberson, and Landis, 1988; Litwin, 2001).

Social support is one of the most important factors in predicting the physical health and wellbeing of everyone, ranging from childhood through older adults. A general theory that has been drawn from many researchers over the past few decades postulates that social support essentially predicts the outcome of physical and mental health for every one (Clark, 2005). World Health Organization, Europe (2003) talks of friendship, good social relations and strong supportive networks as improving health at home, work and the community. Social support helps give people the emotional and practical resources they need. A social net work of communication and mutual obligation makes people cared for, loved, esteemed, and valued. This has powerful positive effects on health. Supportive relationships, individual and of society, may also encourage healthier behavior patterns. Social isolation and exclusion are associated with increased rates of premature death and poor chances of survival after a heart attack. People who get less social and emotional support from others are more likely to experience less wellbeing, more depression, and greater risk of health complications and higher levels of disability from chronic diseases. In addition bad close relationships can lead to poor mental and physical health. Clinical research into the relationship between loneliness and biological mechanisms has also found that lonely individuals have impaired cellular immunology, which predicts infectious disease susceptibility. This effect is exacerbated later in life by the reduction in immune function arising from ageing (Hawkey and Cacioppo, 2004).

On the other hand, survival may be improved by social relations through better compliance with medical regimens and motivation to engage in healthy behavior. For example, individual behavior that is detrimental to health seems to be regulated by the presence of espouse (Antonucci, 1990). It's well-known that married people enjoy good health status and have lower mortality rates than unmarried people (Lillard and Waite, 1995). Men tend to derive more

benefits from marriage than women (Ross, Mirowsky and Goldstein, 1990). Family members (spouse, children and relatives) play an important role in determining the security of older people by performing helpful tasks and providing emotional assistance. Lopata (1973) found that children meet the tangible and emotional needs of parents when they are most required.

With regard to friendship, past research shows that it is often characterized through reciprocity, the feeling of being needed, and the voluntary nature of the tie (Powers and Bultena, 1976). According to Adams and Blieszner (1989) the possibility of having significant relations beyond the household sphere can allow the older person to feel a sense of competence in the ability to reciprocate without the sense of obligation that may affect the assistance given and received within the family. Furthermore friends may protect against negative thoughts by making older adults feel competent, liked and needed (Pearlin, Menaghan and Lieberman, 1981). Patterns of social relationships have also been shown to vary by gender [Connidis & Davies, (1990); Shye, Mullooly and Freeborn (1995)].

Past research has found that it is more meaningful for women (Powers and Bultena, 1976). Women are more relationship oriented than men, and their wellbeing is defined as being contingent on the maintenance of social relations beyond the household, while men tend to maintain close relationships with only a few people, primarily their wives. Consequently, "the few people to who they are closest" can be expected to have the greatest impact on them (Shye et al, 1995). Kilpatrick (2005) in (Clark, 2005) reports that, social support is beneficial to a person's physical and mental health, assuming that social support is healthy. However some social networks may be unhealthy because they reinforce behaviors that are in themselves harmful. Healthy and available social networks can still be detrimental in situations of chronic

illness, where people may feel they are a burden to their family leading to low self esteem, creating feelings of hopelessness and helplessness, sufficient causes of depression (Butcher, 2004). Attempted support may be viewed as degrading or humiliating moreover, forced support through the social network may also induce feelings of hopelessness. Social support can both be beneficial and harmful to a person's physical and mental health.

2.2.2 Hygiene and wellbeing.

Hygiene is the practice of keeping the body clean to prevent infection and illness and the avoidance of contact with infectious agents (Kinton and Ceserani, 1989). Hygiene practices include bathing, brushing and flossing teeth, washing hands especially before eating, washing food before it is eaten, cleaning food preparation utensils and surfaces before and after preparing meals, this may help prevent infection and ill health. By cleaning the body, dead skin cells are washed away with the germs, reducing their chance of entering the body (http://en.wikipedia.org/wiki/health-programme). Anderson and Lachen (2004) define hygiene as the practices associated with ensuring good health and cleanliness. The scientific term hygiene refers to the maintenance of health and healthy living**.** The term appears in phrases such as personal hygiene, domestic hygiene, dental hygiene, occupational hygiene and is frequently used in connection with public health. The term hygiene is derived from Hygeia, the Greek goddess of health, cleanliness and sanitation.

Maintaining personal hygiene enhances an individual's physical and emotional wellbeing (www.ec-online.net). It can help keep the skin intact to fight infection and prevent injuries, remove from the skin substances in which bacteria will grow, reducing the risk of infection, keep the mouth and gums healthy, which makes eating easier and therefore promotes good nutrition,

make the person more comfortable and relaxed, boosting the person's moral. Helping elders to smell fresh and look their best can be a great booster (http://www.ec-online.net) Keefer (n.d) eHow contributing writer, adds that inability to groom as may sometimes be the case with the elderly can cause feelings of frustration, depression and loss of self esteem. Assisting elderly individuals manage their personal hygiene can help them feel better about themselves and it helps to identify any changes in the person's skin, lumps, bruises or other physical changes and this will help early diagnosis of illness or infection. Hygiene expert UK (2000-2010) says failure to keep a standard of hygiene can increase risks of getting an infection or illness, epidemic or even pandemic outbreaks and many social and psychological aspects can be affected. Poor personal cleansing can have a very significant effect on the start and spread of many illnesses through contact with nutritional consumables, some that can be lethal. Personal hygiene is essential for both improving health and sustaining the benefits of interventions.

2.2.3 Healthcare and wellbeing.

Health care is the treatment and management of illness and the preservation of health (mental and physical wellbeing) through services offered by the medical, nursing and allied health professionals, complementary and alternative medicine, pharmaceutical, and clinical sciences (http://en.wikipedia.org). It includes preventive, curative and palliative interventions, directed to individuals or to populations. All people suffer from disease at some point in their lives and may need to seek medical advice and treatment. In all cases, health outcomes are profoundly affected by whether healthcare facilities are available to the people. Those denied access to basic health care may live shorter and more constrained lives. Inadequate access to healthcare is thought to be the primary cause of the premature deaths of 100 million "missing women" worldwide (Sen, 1990). Victorian Council of Social Service (VCOSS) in Atkins (n.d) identifies affordability,

timeliness, proximity, inclusiveness and sustainability as key factors in ensuring accessibility of health services.

However elderly persons in Uganda suffer from many diseases but healthcare is inaccessible due to high costs, long distance to health centers, and poor attitude of health workers towards the elderly (Uganda Reach the Aged Association, 2007). This is even made worse due to general lack of geriatricians. Improved health is a key factor for human development. Good health status leads to increased productivity, life expectancy, savings and investments, and decreased debts and expenditure on health care (Kaseje, 2006).

2.3 Nutrition and Well being of the Elderly

Most Africans enter old age after a lifetime of poverty and deprivation, poor access to health care and a diet that is usually inadequate in quantity and quality (Chalton and Rose, 2001). Many older people can be expected to have nutritional and health problems that will adversely affect their quality of life and ability to carry out daily tasks independently (Manandhar, 1995). Unfortunately there is still a paucity of studies that include older people in developing countries WHO (1995). Household food insecurity through its effect on dietary intake is an underlying cause of under nutrition in Africa (Chalton and Rose, 2001). Food insecurity is related to social demographic and economic conditions that limit the household resources available for food acquisition (Alaimo et al, 1998). Limited or uncertain access to food because; food is not affordable, income is low, transport is lacking, food distribution is inadequate or choice is inadequate also results into food insecurity (Kalian, 1993) cited in a community profile on food security in Ottawa, 2001. Food security therefore exists when all people, at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs as well as to culturally acceptable food preferences, and foods are produced as locally as possible

and their production and distribution environmentally, politically, socially and economically just (Food Security Group, 2000) cited in a community profile by food security group in Ottawa, 2001.

While current literature has identified several issues that influence an individual's food security as adequate income and facilities to prepare food, access to stocked fairly priced grocery stores, the variety and quality of food choices, local food production and access to nutrition services, this study will attempt to address food accessibility, availability and ability to use food in light of health problems of the elderly.

2.3.1 Food availability and wellbeing

The effects of seasonal changes on food availability as caused by famine, war and natural disasters (Charlton and Rose, 2001) affect the nutritional status of household members (Kigutha, 1992). At the community or household level, different socio- economic classes, different age groups, and different genders may have different exposure to the effects of seasonal variations in food availability (McNeil, Payne, Rivers, Enos, De Britto and Murkarji, 1998). Recent studies from Ethiopia according to Ferr- Luzzi, Scaccinni, Taffese, Aberra, Demeke (1990) and in Benin according to Schultink, Klaver, Van Wijk, Van Raaij and Hautvast (1990) cited in Kigutha (1989) revealed seasonal changes on body weights of women between different seasons within one year. In both studies, the weight was lowest during the lean season, but then increased gradually as the food became available. Similar results were reported in India by (Durning, 1990). Protein calories and micronutrient under nutrition just like nutrient overload can under mind functional independence and diminish quality of life. (http://www.healthguidance.org).

2.3.2 Food accessibility and wellbeing

Food access is recognized internationally as an important determinant of health. Enablers of

appropriate food access include people having the physical and economic means to meet their dietary requirements for an active and healthy life. The population of the world is getting older and certain attributes of this population are potential sources of poor nutrition and food access.

A report on food security in Ottawa (2001) revealed that, the amount of financial resources available to households is a major indicator of those who are at risk of experiencing food insecurity through poor or lack of access to food. Financial resources directly affect how much and what kind of food is purchased (Windsor- Essex country food security steering committee, 1997) cited in Ottawa food security profile. Living on low income puts people at a greater risk for food insecurity. Poverty is frequently related to increased nutritional vulnerability and is often interrelated with other factors such as growth and ageing. Nutritional vulnerability as it is related to poverty and food insecurity is more prevalent with sub groups of the population including seniors (Ottawa food security profile, 2001). People living on lower incomes are more likely to report poor health status partly due to poor food intake (Windsor-Essex Country Food Security Steering Committee, 1997) cited in Ottawa food security profile (2001). Research conducted by Lukwago (2007) states that, 33% of the elderly in Uganda are malnourished. The research cited poverty, lack of mobility to do daily activities, diseases and lack of knowledge on nutrition as the major causes of malnutrition among the elderly. This limits food access and makes them more vulnerable to malnutrition.

2.3.3 Health impairment and wellbeing

Functional impairments have significant relationships with food insecurity. Alaimo, Frongillo & Olson(1999); Burt, (1993) submit that the current concept of food insecurity has not taken into account limited or uncertain food use, due to impairments and health problems which alter food use, and ability to use food. Lee and Frongillo (2001) and the Nutrition Survey of the Elderly in

New York State (1994) examined functional impairments as well as socio demographic and economic factors as contributors to food insecurity in elderly persons in the United States(US). They found that, food insecurity in elderly persons is associated with functional impairments, suggesting that food insecurity in elderly persons comprises not only limited food affordability, availability and accessibility but also altered food use. Functional ability is not the only, but is an essential component in maintaining adequate food use in elderly persons which includes ways in which individuals prepare foods and combine foods into dishes, meals and meal patterns (Quandt, Arcury and Bell, 1998). Burt (1993); Frongilo et al (1992) add that functional impairments and health problems have significant relationships with food insecurity in the elderly.

While expounding functional impairments and health problems of the elderly, Kurtzweil (1996) and Collier (2009), associate food security to physical problems. Some older people may overtly restrict foods important to good health because of chewing difficulties, and gastro intestinal disturbances; factors which affect intake, digestion, absorption, utilization and metabolism of nutrients which subsequently affect nutritional status and quality of life. Adverse reactions from medications may alter the sense of taste and smell which are already diminished by age and this can adversely affect appetite (Kurtzweil, 1996). He further adds that, other medical problems such as arthritis, stroke, Alzheimer's disease make it difficult, if not impossible for the victims to cook shop or even lift a fork to eat. At the same time many older people because of chronic medical problems may require special diets, for example low fat, low cholesterol, low sodium or a low calories diets. Sutnick, (n.d) cited in Kurtzweil (1996), pointed out that some people may go overboard on their diets, overtly restricting foods that may be more beneficial than

detrimental to their health and all these may have an effect on nutrient intake. Directorate of Health UK (1992) found that not only do older people have practical disadvantages but also have different nutritional requirements to that of the adult population.

According to Karen and Donald (2001), "optimal nutrition in the elderly has implications for improving their health status and general wellbeing as well as for reducing the burden on limited health care resources. Nutrition remains important throughout life (Kurtzweil, 1996). Good nutrition in the later years can help lessen the effects of diseases prevalent among older persons or improve the quality of life in people who have diseases with nutritional implications, reducing the risk of these diseases and in managing the diseases signs and symptoms. This contributes to a higher quality of life, enabling older people to maintain their independence by continuing to perform basic daily activities like bathing, dressing and eating. Poor nutrition on the other hand can prolong recovery from illness, increase the costs and incidence of institutionalization, and lead to a poorer quality of life (http://www.healthguidance.org).

2.4 Moderator Effect of Psychological Factors on the Relationship between Housing Health Nutrition, and Wellbeing of the Elderly.

Psychological problems of the elderly include depression, isolation, and anxiety disorders (Mikol and Rosenblatt, 1980). They further add that, loss of ability, loss of espouse, loss of a sense of purpose, declining competence; are factors which can contribute to the problem of depression in the elderly. United States (US) government study (2004) also reports that, "a change in living situations, death of espouse, or declining health status all contribute to depression in the elderly". Unfortunately, many care givers and older adults believe depression is a normal part of aging (http: //www.agingstats.gov). When a person and or care giver is depressed, appetite declines.

This has a detrimental effect on nutritional status. Loneliness also contributes to decreased food intake. Older people who find themselves single after many years of living with another person may find it difficult to be alone, especially at meal times. Researchers found that newly widowed people, most of whom were women, were less likely to say they enjoyed meal times, less likely to report good appetites, and less likely to report good eating behaviors than their married counter parts (Kurtzweil, 2004).

World Health Organization, Europe (2003), "Psychological circumstances can cause long term stress." Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death. Long periods of anxiety and insecurity and lack of supportive friendships are damaging in whatever area of life they arise. Elderly people who are homeless and lack social supports are especially prone to depression, dementia, and other mental health problems. An elderly demented person may present with significant memory problems, cognitive impairments, poor judgment and poor comprehension. Dementia as well as depression, makes it very difficult to provide follow up, which is necessary to secure housing. Both conditions may also threaten an elder persons housing through nonpayment of rent because of cognitive difficulties and memory loss or create a dangerous environment in the home often leading to loss of housing (for example leaving water running or forgetting to turn off the stove). Literature generally shows that, psychological problems greatly affect nutrition, health, and housing status of older persons and subsequently quality of life.

2.5 Summary of Literature Review

Old age comes with a number of challenges ranging from inadequate housing, malnutrition, chronic health conditions and psychological problems. These factors may predispose this graying

population to decreased health, nutrition, and inadequate housing. Different scholars generally agree that adequate housing, nutrition and health improve quality of life and subsequently wellbeing. However, the extent to which the above mentioned social welfare indicators improve wellbeing given psychological problems faced by the elderly in Acowa Sub-County is not known.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents the research design, study population, sampling procedures, data collection techniques and procedures for data analysis and management of information that was gathered from the field. The chapter also describes how validity and reliability of instruments were measured.

3.1 Research Design

The study employed a case study research design. A case study research design allowed in-depth investigation of individuals, groups, institutions or phenomena under study (Mugenda and Mugenda, 2003:173). Both qualitative & quantitative approaches were used. Qualitative approach was used because it emphasizes meanings, experiences and descriptions (Kumar, 1999) cited in Nawe (2010). It is also favored traditionally when the main research objective is to improve understanding of a phenomenon which is deeply embedded in its context (Josse et al, 2001) in Nawe (2010). Understanding of how people feel, perceptions that underlie and influence behavior, what goes on in their everyday life situations can be captured. Quantitative approach allows application of techniques and measures that produce discrete numerical and quantifiable data needed to answer research questions (Mugenda and Mugenda, 1999)

3.2 Study Population

The study population focused on the elderly in Acowa Sub-County selected from five (5) parishes, these included both male and female, 60 years of age and above. The study had a target study population of an estimated 800 elderly persons according to the 2002 Katakwi District

housing census obtained from Acowa Sub County authorities. Five respondents were purposively selected from Sub County, parish and village authorities.

3.3 Sample Size and Selection

By definition, a sample is a portion of the population selected from the population or Universe (Wilkinson and Bhandarkar, 1992). Sample size depends on such factors as number of variables in the study, type of research design, method of data analysis and size of the accessible population (Mugenda and Mugenda, 1999). Mugenda and Mugenda (1999) noted that determining sample size is a very important issue because samples that are too large may waste time, resources and money, while samples that are too small may lead to inaccurate results. Sekaran (2003) recommends that in qualitative studies, only small samples of individuals, groups or events are invariably chosen in view of the in depth nature of the study. He states that, as a rule of thumb, sample sizes between 30 and 500 could be effective depending on the type of sampling design used and the research question investigated. He further states that qualitative studies like this one use small samples because of their intensive nature. Where samples are to be broken into sub samples (Male/Female, etc) a minimum sample size of 30 respondents for each category is necessary.

Since this was an in depth study whose results will not be generalized and also based on the recommendations by (Mugenda and Mugenda, 1999) and (Sekaran, 2003), the sample size for the study was 10% of the target study population of 800 elderly persons making a total sample size of 80 respondents. This is more than the minimum sample size of 30 respondents. The sampled cases were not only adequate for validity of results but also manageable financially. The cases provided reliable results as they fall within the range recommended. The respondents were

then clustered into male and female to ensure equal participation of both sexes in the study. Simple random sampling was used to select respondents from each of the clusters,

Five respondents were purposively selected because of their particular interest, or position they hold in the community in an attempt to collect information on a number of issues regarding the phenomena under study (Amin, 2005). These included, chairperson of the elders association at the Sub County, LC III of the Sub County, Sub County chief, one opinion leader, and one religious leader in the sub county, making a total of 85 respondents.

3.4 Sampling Techniques and Procedure

These included both random sampling and non-random sampling techniques. Cluster sampling was used for purposes of having equal participation of both sexes in the study as the method takes into account the heterogeneous nature of the population to be sampled and it helped in revealing the level of social welfare support extended to elderly men and women in the area (Sekaran, 2003); (Amin, 2005). Simple random sampling with the use of lottery method in selection of samples from the cluster of males or females in each of the five parishes was used. This technique allows each element to have an equal chance of being selected, it is also simple and a more basic technique than other techniques (Mbaaga, 2000)

3.5 Data Collection Methods and Instruments

3.5.1 Questionnaires

Structured questionnaires with closed ended questions were used in the collection of quantitative data. It was Likert scale statement questionnaire with a five category response continuum of strongly agree, agree, neither agree nor disagree, disagree and strongly disagree. These were preferred because they elicit specific responses which are easy to analyze. The questionnaires were researcher administered and by the help of the research assistants. Given that the majority

of the study population is illiterate or semi-literate the items on the questionnaire were read out to them by the researcher or the research assistant and the choice of the respondent was ticked against by the person administering the questionnaire. Questionnaires helped in eliciting specific responses which were easy to analyze. Furthermore they were economical in terms of time as they were easy to fill and took less of the respondent's time and that of the researcher in administering and analyzing them.

3.5.2 Interviews

Face-to-face interviews were conducted with key informants selected from Sub-county, parish and village authorities with the help of an interview guide. The guide contained a set of open ended questions that were used in interviewing the key informants in the study. The guide helped the researcher have order, remember the items to ask and to ensure smooth flow of the interview. Open ended questions were asked with the aim of getting detailed information from the respondents and the responses were written down by the researcher.

3.6 Validity of Instruments

Validity is defined as the degree to which an instrument measures what it purports to measure (Mugenda, 2008).The validity of the research instruments was checked using face and content validity approaches, the objective of which was to ensure that the instruments included an adequate and representative set of items that tap the key concepts of the study. This was done using the expert judgment of both the work based and UMI based supervisors as suggested by Sekaran (2003) and Amin (2005). Prior to the distribution of the instruments the draft formats were discussed with both the work based and UMI based supervisors, corrected and refined until an acceptable format was drawn up.

3.7 Reliability of Instruments

Reliability of instruments was tested to ensure consistency of the respondents answers. Internal consistency of the scales that were used in the study was estimated by means of the coefficient alpha developed by Cronbach in 1951. Cronbach Alpha splits all the questions on the instrument and computes correlation values for them. Like correlation coefficient, the closer it is to 1 the higher the reliability estimate of the instrument. Reliability coefficients for the variables were tested and results are shown below.

Table 1: Reliability Statistics of the Study Variables

Dimension	**Cronbach's Alpha**	**Number of Items**
Housing	0.819	19
Health	0.915	15
Nutrition	0.823	14
Wellbeing of the elderly	0.695	19

Source: Primary Data

From the table above, it can be noted that health had the highest reliability coefficient of 0.915 and wellbeing had the lowest of 0.695 which is still within the acceptable range meaning that the instruments can be considered reliable.

3.8 Data Collection Procedure

Introductory letter was obtained from Uganda Management Institute**.** The letter helped the researcher seek permission from sub county authorities to allow the study proceed. The purpose and possible benefits of the study were explained to the respondents before the interviews and a positive response was obtained.

3.9 Data Analysis

Data analysis is the process of bringing order, structure and meaning to the mass of information gathered (Mugenda and Mugenda, 1999). The quantitative data from questionnaires were sorted and edited both in the field by the research assistant and the researcher, and also centrally after all forms and schedules had been returned. The data was then categorized according to the variables measuring concepts in the study. Data was then entered using Statistical Package for Social Scientists (SPSS 16.0). Use of this statistical package helped to summarize the coded data into frequency tables and percentages were generated; this facilitated interpretation. Correlation analysis was used to determine the degree of associations between social welfare support on health, housing, nutrition and wellbeing of the elderly, Regression analysis was used to establish the strength of the independent and dependent variables. It is specifically used to establish the combined effect of the independent variables on the dependent variable. This is revealed by the adjusted R-square (Sekeran, 2004).

Qualitative data obtained from interviews and documents was analyzed for content or language used (discourse analysis). Content and discourse analysis was through reading the script to detect categories, themes and patterns and establish the relationships that existed in the information gathered.

Qualitative data was used to make narrative statements of how categories or themes of data are related. Berg (2004) points out that, qualitative data will help to describe opinions of respondents regarding variables under study (Social welfare support on health, housing and nutrition; and wellbeing of the elderly). Graphic presentations, specifically pie charts and bar graphs were used to present the findings

3.10 Measurement of Variables

Variables are the elements that the researcher measures, controls and manipulates. They can be co- relational and experimental or dependent and independent variables which is what the variables in this research take on. The nominal and ordinal scales of measurement were used in the questionnaire. The nominal scale was used for demographic items with common characteristics such as gender, age etc. It was used for purposes of identification but does not allow for comparison of the variables being measured. The ordinal scale represents relative position or order among the variables. The Likert scale statement with five category response continuums; strongly agree, agree, neither agree nor disagree, disagree and strongly disagree was used. The examinee selects the response that best describes his or her reaction to each statement. The interval scale will be used for measuring the age brackets, the nominal scale of categorizing the variables in the questionnaire (Amin, 2005).

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS

4.0 Introduction

This chapter presents analyses and interprets the findings of the study. The findings are presented in line with the study objectives. Pearson's rank correlation was used to establish the relationship between variables as demonstrated in the conceptual frame work in chapter one and to test the hypotheses. The chapter also presents demographic characteristics of the respondents and descriptive statistics for the various dependent and independent variables.

4.1 Response Rate

From Table 2 below, the rate of questionnaire return was 100%. This is attributed to the fact that the questionnaires were researcher administered and since the elderly persons do not make a lot of movements they were always within reach. The elderly are also believed to be honest and would honor appointments.

Table 2: Response rate

Questionnaires	**Elderly persons**		**Key informants**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Received	80	100	5	100
Not-Returned	0	0	0	0
Total	**80**	**100**	**5**	**100**

Source: Primary Data

4.2 Demographic Characteristics of the Respondents

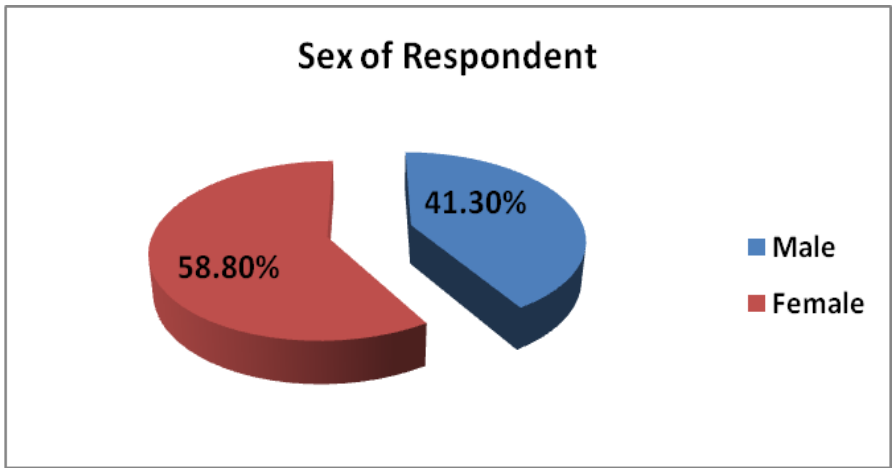
The researcher wished to establish some demographic characteristics of the respondents to establish the categories of respondents in need of social welfare support. Sex, age, marital status, number of biological children and religious affiliation were important to the study in establishing

categories of respondents who participated in the study and the relevance of the study variables to them. Varied characteristics of respondents also enabled the researcher get sufficient information on the study variables. The demographic characteristics are presented below.

4.2.1 Sex of Respondent

The researcher set out to find the sex of the respondents and the findings are presented below.

Figure 2: Sex of respondent



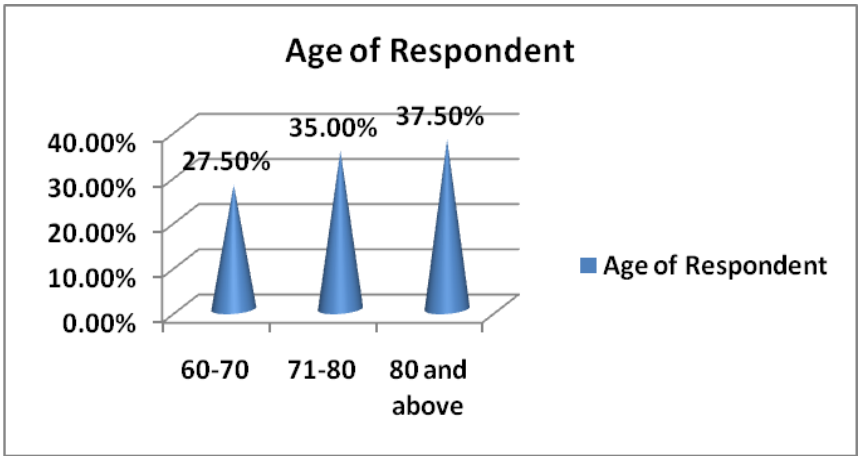
Source: (Primary Data)

Ageing is an increasingly female experience. From the findings in figure 2 above, 58.8% of the respondents were female compared to 41.30% male suggesting that there is a bigger proportion of females in need of social welfare support than male in Acowa Sub County. It was also important to know the age categories of the respondents, the findings of which would be relevant in identifying the age group in greatest need of social welfare support.

4.2.2 Age of Respondents

Age of the respondents was also an area of interest. The findings are presented in figure 3 below.

Figure 3: Age of Respondents



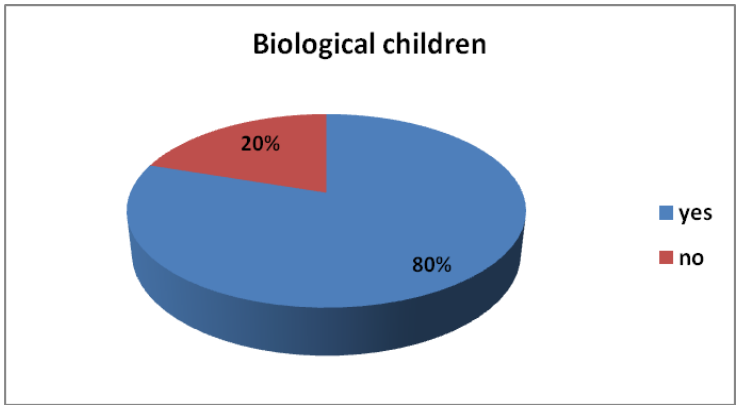
Source: Primary Data

Findings show that, the elderly above 80 years of age actively participated in the study followed by those in 70s and 60s. The trend shows that the biggest population is in the age bracket of the older old (70years and above) and this could be the category in more need of social welfare support. This could also be attributed to the fact that the young old (60s) are still active going on their activities and could not be easily reached where as the older old (70s and above) are confined at home due to frailty and were readily available to provide information.

4.2.3 Biological Children

The researcher was also interested in finding out the number of biological children of the respondents if any. The findings presented in figure 4 below show that, 80% of the respondents had biological children compared to 20% who did not. This information was important to the study in establishing the extent to which biological children contributed or did not contribute to the wellbeing of their old parents. This information was also important in making a comparison between the wellbeing of the elderly who had biological children and those who did not have biological children.

Figure 4: Biological Children

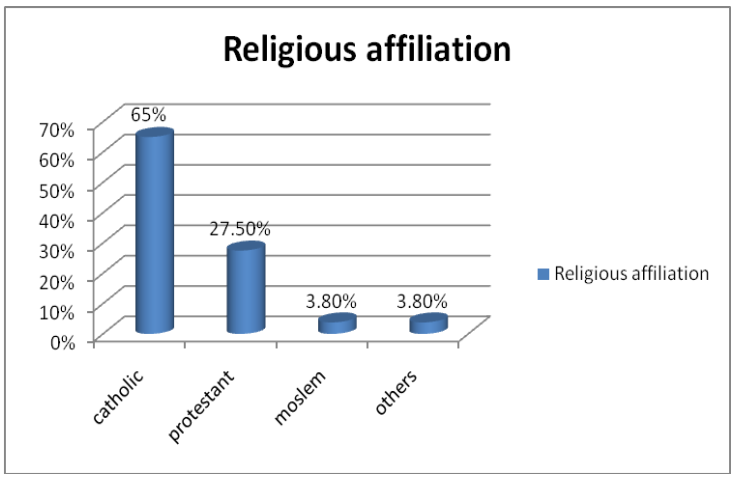


Source: Primary Data

4.2.4 Religious affiliation

It was also important to know religious affiliation of the elderly especially in understanding the basis of their emotional strength given ill health, malnutrition and inadequate housing. The findings are presented in figure 5 below.

Figure 5: Religious affiliation



Source: Primary Data

The findings above show that, all the elderly persons interviewed belonged to some kind of religion. Majority, (65%) of the elderly belong to the catholic religion, 27.5% are Protestants and

3.8% are Muslims and 3.8% belong to other religions. This was attributed to the fact that religious net works provide emotional, social and functional support badly needed by old persons.

4.3 Contribution of Housing to the Wellbeing of the Elderly

Objective one of the study aimed at ascertaining the extent to which housing support could contribute to the wellbeing of the elderly in Acowa Sub County. Dimensions of housing used include habitability, security of tenure, location and accessibility. Respondents were asked to react to items in the questionnaire as presented in Table 3 below intended to gauge their perceptions about housing support and its contribution to the wellbeing of the elderly. There after the findings were subjected to Pearson product moment correlation analysis to explore the relationship between the variables and to test the hypotheses. Regression analysis was also done to establish how a set of independent variables explain variations of a dependent variable. Respondents agreed on all the items presented on housing as possible contributors to the wellbeing of the elderly as shown in Table 3 below.

In relation to housing habitability, respondents agreed that a house that is free from structural hazards (99%), external aggression (99%), environment pollution (99%) and residential crowding (100%) can improve the wellbeing of the elderly in Acowa Sub County. The overwhelming support was attributed to the poor housing condition of the elderly which was confirmed through observations and interviews with key informants. An opinion leader lamented about the housing condition of the elderly saying; *"... The housing condition of the elderly in Acowa sub county is appalling. They sleep in old mud and wattle houses with grass thatched roofs providing little protection against elements of weather and external aggression...."*

Table 3: Descriptive Results for Housing Support

Statements on Housing	Responses in Percentages (%)				
	SA	A	N	D	SD
Housing habitability					
Freedom from housing structural hazards improves wellbeing of the elderly	35	64	1	0	0
Freedom from external aggression improves wellbeing of the elderly	36	63	1	0	0
Freedom from environmental pollution improves wellbeing of the elderly	26	73	1	0	0
Freedom from residential crowding improves wellbeing of the elderly	16	84	0	0	0
Security of tenure					
Freedom from forceful eviction from improves wellbeing of the elderly	60	40	0	0	0
Protection against harassment is important for the wellbeing of the elderly	30	68	2	0	0
Protection against other threats enhances wellbeing of the elderly	25	75	0	0	0
Physical location					
Proximity to hospitals and doctors improves wellbeing of the elderly	33	66	1	0	0
Proximity to shopping is important for the wellbeing of the elderly	14	86	0	0	0
Proximity to recreational facilities improves wellbeing of the elderly	8	39	48	5	0
Proximity to friends / Neighbors improves wellbeing of the elderly	20	80	0	0	0
Proximity to transportation is important for the wellbeing of the elderly	24	76	0	0	0
Economic access					
Cost of housing affects wellbeing of the elderly	19	79	2	0	0
Failure to pay rent affects wellbeing of the elderly	13	83	1	3	0
Rent arrears affect wellbeing of the elderly	13	83	1	1	2
Physical access					
Housing accessibility in relation to everyday activities is important to the wellbeing of the elderly	8	91	1	0	0
Ability to use the whole building improves wellbeing of the elderly	3	80	5	9	3
Ability to explore the residential environment of the house enhances wellbeing of the elderly	3	91	0	5	1
Housing accessibility problems affect the wellbeing of the elderly	11	89	0	0	0

Source: Primary Data

Respondents disappointingly revealed situations where they have had to sit all night long because the

house was leaking, how they have lost beddings and food stuff donated by well wishers because their huts didn't have strong lockable doors and how they are made to share a hut with small children because they did not have one of their own. An old man believed to be 100years plus, childless and living alone had this to say;

"...I survived being buried alive. My hut which acts as a kitchen, store and bed room collapsed during the heavy down pour, thank God the wall fell outside. One of my nephews came to my rescue but the roof has countable grass on it and the wall is made out of torn tarpaulins and rugs as you can see. When it rains I coil myself near the fire place to keep warm as the mud floor becomes wet. It is only God who protects me against creeping creatures…." The old man believes poor housing condition could have contributed to his poor health as he was visibly stressed and depressed. A small minority were not sure whether housing habitability can improve the wellbeing of old persons. This category comprised of those who have had easy sailing through their earnings and subsequently pensions and support from their children. They have therefore had no housing habitability issues.

Further still under security of tenure, respondents agreed that tenure issues in relation to freedom from forceful eviction (100%), harassment (98%) and other threats related to property (100%) could improve the wellbeing of the elderly in Acowa sub county. A key informer summed it up saying; "*...security of tenure ensures no interference with personal property, no illegal evictions and guarantees inheritance by the young children…. It helps people settle to farm and rear animals for food and sell thus improving their state of health…."*

It was however noted that, land in Acowa Sub County was held on customary arrangements and automatically passed on along family lines. Many elderly because of lack of strength had helplessly

watched their children and relatives sell off their land leaving them land less. An old man had this to say; *"... My children have taken over all the land…. That would not be a problem but they are selling it off for selfish gains…."* Widows were particularly the most affected as they were not considered members of the clan and had no financial muscle to battle court cases. Visibly perturbed one old widow had this to say; "…*Threats of forceful eviction is my problem…. Ever since my husband passed on, his relatives want me out of the matrimonial home. With eight children where do I go…?"* Another widow also attributed her homelessness to *in laws who have thrown her out of the matrimonial home.*
A minority group (2%) was not sure whether protection against harassment could improve wellbeing of the elderly. This could be the wealthy category amidst the poor and it could also be attributed to the fact that elderly persons have gone through worse situations during the wars that wrecked the region than harassment related to property.

Respondents also agreed that housing physical location was important for the wellbeing of the elderly. Housing that is located near hospitals and doctors(99%), shopping (100%), friends(100%) and transportation(100%) can facilitate access to services that can enhance the quality of life of old persons. Housing with supportive features and access to services can also make it possible for persons to age in place. It was however noted that many elderly people live in rural areas, with no infrastructure support which limits access to health care services and other social facilities which affected their wellbeing. A number of old persons also remained at the trading centre which was formerly used as an IDP camp claiming *location disadvantage.* "…*An accessible location can easily be visited by relatives and friends who promote interactions with others thus cheering up old people*; said one opinion leader…." *A good location enables the elderly go shopping, attend church and move to health facilities,* he added. Asked whether proximity to recreational facilities was important for the wellbeing

of the elderly, 47% agreed. These were mainly men and women known for alcohol consumption. The other 48% believed not to derive pleasure in leisure activities did not agree nor confirm that recreational facilities were important to their wellbeing. Only 5% disagreed. This was a confirmation that addressing housing location issues could improve the wellbeing of the elderly in Acowa sub county.

Issues related to housing economic accessibility were generally considered as causing housing stress to the elderly persons. This was in particular regard to cost of house (98%), failure to pay rent (99%) and rent arrears (96%). Interviews with key informants revealed that much as the old persons were living in their own houses, but they were so poor to afford better or improved housing. Housing stress affects the health and wellbeing of individuals negatively and can precipitate a variety of physical, mental and emotional conditions, both chronic and acute. Asked why she did not put up a better house, a pensioner had this to say; *....putting up a better house is my desire, but I can't stand the stress associated with* failure *to complete it…..* These makes it clear that housing is a social determinant of health, and needs to be treated as part of the web of factors affecting the health and wellbeing of individuals, families, households and ultimately society. The minority who disagreed and a few who were not sure about the importance of housing economic accessibility to the wellbeing of the elderly were discovered to be under the care of their children.

100% of the respondents agreed that housing physical accessibility problems affect the wellbeing of the elderly. It was found out that vulnerable groups such as the elderly require housing that is physically accessible in relation to their routines and every day activities (99%), that allows complete use of the dwelling (83%) and immediate environment as agreed by 94%. One respondent confirmed

these saying; *…The young old (60-70) who are not disabled can easily access the houses but the older old 70+ cannot easily maneuver on the compound and prefer to keep in doors….*

The small category that disagreed was found to be so frail and unable to do any physical activity and therefore didn't attach any particular importance to the ability to use the whole building and explore the residential environment for fear of falling.

Correlations were done between housing support and wellbeing of the elderly and results are presented in table 4 below.

Table 4: Correlation matrix results between Housing support and wellbeing of the elderly

		Housing	**Wellbeing**
Housing	Pearson Correlation	1	.445(**)
	Sig. (2-tailed)	.	.000
	N	80	80
Wellbeing	Pearson Correlation	.445(**)	1
	Sig. (2-tailed)	.000	.
	N	80	80

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

The study findings revealed that there is a moderate but statistically significant positive correlation between housing and wellbeing of the elderly at 0.445** with a significance of 0.000 at the level of 0.01. The implication of this is that housing could positively and moderately contribute to the wellbeing of the elderly in Acowa Sub County, Amuria district. Thus the hypothesis that housing significantly contributes to the wellbeing of the elderly in Acowa Sub-County is substantiated.

Regression analysis was also done to develop a model for predicting the capacity of housing support in contributing to the wellbeing of the elderly and the results are shown in the model summary and regression coefficients in tables 5 and 6 below.

Table 5: Regression Model Summary for Housing support

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.445(a)	.198	.188	.41405

a Predictors: (Constant), Housing

The results in the model summary Table 5 above, indicate that the R squared (R^2) =0.198 or 19.8%. [R^2 tells how a set of independent variables explains variations of a dependent variable]. This means that the independent variable dimension; housing, accounts for 19.8% of the variations in wellbeing of the elderly in Acowa Sub County, 80.2% could be attributed to other factors, other than housing.

Table 6: Regression Coefficients: Housing support

		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.705	.777		.907	.367
	Housing	.825	.188	.445	4.389	.000

a Dependent Variable: Wellbeing

Table 6 above shows a significance value of 0.000, which confirms that the relationship between housing and wellbeing of the elderly is positive and significant. Table 6 also indicates a standardized coefficient of 0.445, between housing and wellbeing of the elderly. The coefficient is positive, which means that improving housing could lead to an improvement in wellbeing of the elderly in Acowa sub county.

4.4 Contribution of Health Support to the Wellbeing of the Elderly

The second objective of this study was to determine the contribution of health support to the wellbeing

of the elderly. Respondents were asked to respond to dimensions of health in relation to social relations, hygiene, and health care. Respondents generally agreed that optimal health defines wellbeing of the elderly. Social relations particularly kinship relations (83%) and a supportive neighborhood (92%) provide functional and structural support, a net work of friends (98%) chat you up and keep you in a good mood and religious net works (99%) provide a basis for emotional strength. In their opinion social relations promote wellbeing of old people. A social net work of communication and mutual obligation makes people cared for, loved, esteemed, and valued. Supportive relationships, individual and of society, may also encourage healthier behavior patterns. This has powerful positive effects on health. An opinion leader confirmed saying;

"…*elder persons need access to friends and other family members and relatives for counseling and physical support…."*

It was however noted that the social network of the elderly was not clear cut as most of their peers have died and the young have nothing in common with them. They are socially neglected and feared due to poor hygiene and physical body changes. This was confirmed by one elderly man who complained bitterly about his health condition attributing it "*to neglect and abandonment by his children".* On a light note, the elderly agreed that despite neglect and abandonment, religious net works (99%) provided a basis for their emotional strength. As indicated in figure 5, all the respondents who were basically elderly persons belonged to some religious group. It was also confirmed through interviews and observation that the elderly formed the highest percentage of religious faithful who regularly attended church services. It was also established that religious net works did not only stop at places of worship but they were extended to individual families especially in times of illness and bereavement, confirming the findings that religious net works provide emotional and social support. On the other

hand, some respondents were not sure whether kinship relations (17%), net work of friends (2%), religious networks (1%) and supportive neighborhoods (8%) improve wellbeing of the elderly. This was attributed to what an elderly lady was quoted as saying *" ...some relatives, friends and neighbors only show up when they know you have something good to offer, short of these, expect no body. When you don't give it to them they will either steal it or call you names and young children will even throw stones at you…"*

In regards to hygiene, respondents generally agreed that bathing (100%), brushing and flossing teeth (100%), washing hands before eating food (100%), washing food before it is eaten (100%), cleaning food preparation utensils and surfaces before preparing meals (100%), cleaning food preparation utensils and surfaces after preparing meals (100%) could contribute to the health and wellbeing of the elderly in Acowa sub county. The LC3 chairperson confirmed saying, "*…elderly persons keep in bed most of the time….good hygiene practices are very important to help reduce skin infections and bed sores…."* It was however observed that the hygiene condition of the elderly in Acowa Sub County was appalling. Personal and food hygiene in particular were wanting. The elderly wore dirty clothing, had dirty untrimmed nails with dry and peeling skins. The cooking area and food preparation utensils were dirty. Put to task, the LC3 chairperson revealed that; *"… 70% of the elderly live below acceptable hygiene standards. Live in dirty houses, unwashed Clothing and beddings, dirty cooking utensils…"*. This he attributed to inability to groom due to age, and lack of supportive net works to help fetch water and do the cleaning. It was disappointing to see old men and women struggling with little dirty containers to go and fetch water where very few persons would be willing to let them draw water on arrival given the long queues especially during dry spells.

Table 7: Descriptive Statistics for Social Welfare Support on Health

Statements on Health	**Responses in Percentages (%)**				
	SA	**A**	**N**	**D**	**SD**
Social relations					
Kinship relations improve wellbeing of the elderly	20	63	17	0	0
A network of friends improves wellbeing of the elderly	19	79	2	0	0
Religious net works improve wellbeing of the elderly	71	28	1	0	0
Supportive neighborhood improves wellbeing of the elderly	25	67	8	0	0
Hygiene					
Bathing improves wellbeing of the elderly	31	69	0	0	0
Brushing and flossing teeth improves wellbeing of the elderly	32	68	0	0	0
Washing hands before eating food improves health and wellbeing of the elderly	30	70	0	0	0
Washing food before it is eaten improves health and wellbeing of the elderly	30	70	0	0	0
Cleaning food preparation utensils and surfaces before preparing meals improves wellbeing of the elderly	30	70	0	0	0
Cleaning food preparation utensils and surfaces after preparing meals improves health and wellbeing of the elderly	30	70	0	0	0
Health care					
Physical access to health care affects health and wellbeing of the elderly	17	83	0	0	0
Economic access to health care affects health and wellbeing of the elderly	17	83	0	0	0
Attitude of health workers affects health and wellbeing of the elderly	29	69	2	0	0
Availability of health facilities affects health and wellbeing of the elderly	32	68	0	0	0

Availability of geriatricians affects health and wellbeing of the elderly	31	69	0	0	0

Source: Primary Data

Health outcomes are profoundly affected by whether healthcare facilities are available to the people. Respondents also agreed that health care could improve the wellbeing of the elderly. Interview results revealed that, elderly persons suffer from many curable diseases but healthcare is inaccessible due to high costs (100%), long distance to health centers (100%), and poor attitude of health workers towards the elderly (98%) and lack of geriatricians (100%). A key informer in an interview revealed that;

"…because of shortages of drugs in government health centers, the elderly are not a priority more over they have no money to go to private facilities. The elderly persons have since shied away from seeking medical help and instead resorted to use of traditional methods of treatment. Distance to health centers is also a prohibiting factor let alone the attitude of health workers towards old persons. Lack of access to basic health care has constrained their lives." He said.

Correlations between health and wellbeing of the elderly were done and the results are presented in table 8 below.

Table 8Correlation between Health and wellbeing of the elderly

		Health	**Wellbeing**
Health	Pearson Correlation	1	.758(**)
	Sig. (2-tailed)	.	.000
	N	80	80
Wellbeing	Pearson Correlation	.758(**)	1
	Sig. (2-tailed)	.000	.
	N	80	80

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

Pearson Correlation results in table 8 above revealed that the relationship between health and wellbeing of the elderly in Acowa Sub County is positive and significant. Thus Pearson Correlation value r, is positive .758** and the significance value is 0.00 at the level of 0.01. This means that the relationship between health and wellbeing of the elderly is positive, implying that when the health of the elderly is improved, there is likely to be a corresponding positive effect on their wellbeing. Since the value of r is high, 0.758, which is close to 1, this signifies a strong and statistically significant relationship between health and wellbeing of the elderly. Therefore the hypothesis that health significantly contributes to the wellbeing of the elderly, has been substantiated.

Regression analysis was also done to develop a model for predicting the capacity of health support in contributing to the wellbeing of the elderly and the results are shown in the model summary and regression coefficients in tables 9 and 10 below.

Table 9: Regression Model Summary for health support

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.758(a)	.575	.569	.30144

Predictors: (Constant), Health

The results in the model summary (Table 9 above, indicate that the R squared (R^2) =0.575 or 57.5% (R^2 tells how a set of independent variables explains variations of a dependent variable). This means that the independent variable dimension; health, accounts for 57.5% of the variations in wellbeing of the elderly in Acowa Sub County, 42.5% could be attributed to other factors, other than health.

Table 10: Regression Coefficients (a): Health Support

Model	Unstandardized Coefficients	Standardized Coefficients	T	Sig.

		B	Std. Error	Beta		
1	(Constant)	-.539	.454		-1.188	.239
	Health	1.087	.106	.758	10.272	.000

A Dependent Variable: Wellbeing

Table 10 above shows a significance value of 0.000 which confirms that the relationship between health and wellbeing of the elderly is positive and significant. Table 10 also indicates a standardized coefficient of 0.758, between health and wellbeing of the elderly. The coefficient is positive, which means that improving health could lead to an improvement on the wellbeing of the elderly in Acowa Sub County.

4.5 Nutrition Support and Wellbeing of the Elderly

The third objective of this study aimed at finding out the contribution of nutrition support to the wellbeing of the elderly in Acowa Sub County. There is a general indication that nutritional support through food security could improve the wellbeing of the elderly. Dimensions of food security used include food availability, food accessibility and ability to use food in light of health impairment. There was a general consensus (100%) that adequate food can help improve the wellbeing of the elderly. Nutrient under load through food availability issues (100%) can undermine the wellbeing of the elderly by increasing chances of falling sick as admitted by (100%) of the respondents and prolonging recovery from illness as agreed by 100% of the respondents. The overwhelming support was confirmed through interview findings and observations that revealed how elderly persons with food availability issues were boney and skinny, and sicklier compared to their counter parts that had enough to eat. Faces of emaciated old persons not as a result of illness said it all. One respondent summed it up saying;

"*… Food is the first medicine a person can receive. Many of us are skin and veins not because we are sick but because of little food.…"*

Food access is recognized internationally as an important determinant of health. Enablers of appropriate food access include people having the physical and economic means to meet their dietary requirements for an active and healthy life. This was confirmed by 95% of the respondents who showed that physical access and economic access (91%) could improve the wellbeing of the elderly in Acowa Sub County. They also revealed that food accessibility was constrained by poverty (85%), ill health (92%) and lack of mobility to do daily activities (88%). This was confirmed through interviews and observations. An opinion leader in an interview said, *"...The elderly in Acowa Sub County are living below poverty line with no source of income. Whatever little resources they once had were looted by cattle rustlers and or destroyed during the civil war that took place in the area. The situation is compromised by ill health and lack of mobility to do daily activities and erratic weather conditions which can no longer be predicted with certainty. This has highly compromised the nutritional status not only of elderly persons but of everyone…."* It was however interesting to note that some respondents thought poverty (8%), ill health (7%) and lack of mobility to do daily activities (11%) improved their wellbeing. This is a category that was chronically poor and depended on hand outs from well wishers and was always lucky to receive.

Respondents further agreed that functional and health impairments as manifested through physical disability(100%), chewing difficulties(100%), stomach upsets(100%), loss of taste and smell(100%) and chronic medical problems(100%) affected health and nutritional wellbeing of the elderly. They revealed that, "…*ill health affects appetite and loss of teeth makes it difficult to eat food. The situation is made worse when meals are associated with stomach upset…."* They said. One respondent who said he is diabetic narrated his ordeal saying, "…*Many times I fail to*

get what to eat because most of the locally available foods like cassava and sweet potatoes are restricted. But there is no alternative so I just eat what comes my way which is detrimental to my health…."

Table 11: Descriptive Results for Social Welfare Support on Nutrition

Statements on Nutrition	**Responses in Percentages (%)**				
	SA	**A**	**N**	**D**	**SD**
Food availability					
Nutrient under load can undermine the wellbeing of the elderly	33	67	0	0	0
Nutrient under load increases chances of falling sick	33	67	0	0	0
Nutrient under load prolongs recovery from illness	32	68	0	0	0
Adequate food can help improve the wellbeing of the elderly	39	61	0	0	0
Food accessibility					
Physical access to food improves wellbeing of the elderly	7	88	5	0	0
Economic access to food improves wellbeing of the elderly	10	81	9	0	0
Poverty improves nutrition of the elderly	5	3	7	55	30
Ill health improves nutrition of the elderly	5	2	1	33	59
Lack of mobility to do daily activities improves nutrition of the elderly	6	5	1	38	50
Ability to use food in light of health impairments					
Physical disability affects nutritional status of the elderly	27	73	0	0	0
Chewing difficulties affect nutritional wellbeing of the elderly	25	75	0	0	0
Stomach upsets affect nutritional wellbeing of elderly	22	78	0	0	0
Loss of taste and smell affects nutritional wellbeing of the elderly	20	80	0	0	0
Chronic medical problems affect nutritional wellbeing of the elderly	62	38	0	0	0

Source: Primary Data

Correlations between nutrition and wellbeing of the elderly were done and the results are presented in table 12 below.

Table 12: Correlation between Nutrition and Wellbeing of the Elderly

		Nutrition	Wellbeing
Nutrition	Pearson Correlation	1	.500(**)
	Sig. (2-tailed)	.	.000
	N	80	80
Wellbeing	Pearson Correlation	.500(**)	1
	Sig. (2-tailed)	.000	.
	N	80	80

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

Pearson Correlation results in table 12 above show a moderate and significant positive relationship between nutrition and wellbeing of the elderly in Acowa Sub County. The Pearson Correlation value r, is positive 0.500** and the significance value is 0.00 at the level of 0.01. This implies that when the nutrition of the elderly is improved, there is likely to be a corresponding positive and moderate effect on their wellbeing. Therefore the hypothesis that nutrition significantly contributes to the wellbeing of the elderly, has been substantiated.

Regression analysis was also done to develop a model for predicting the capacity of nutritional support in contributing to the wellbeing of the elderly and the results are shown in the model summary and regression coefficients in tables 13 and 14 below.

Table 13: Regression Model Summary for Nutrition Support

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.500(a)	.250	.240	.40047

Predictors: (Constant), Nutrition

The results in the model summary (Table 13) above indicate that the R squared (R^2) =0.250 or 25% (R^2 tells how a set of independent variables explains variations of a dependent variable). This means that the independent variable dimension; nutrition, accounts for 25% of the variations on wellbeing of the elderly in Acowa sub county, 75% could be attributed to other factors, other than nutrition.

Table 14: Regression Coefficients (a): Nutrition Support

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.599	.494		3.235	.002
	Nutrition	.671	.132	.500	5.096	.000

A Dependent Variable: Wellbeing

Table 14 above shows a significance value of 0.000, which confirms that the relationship between nutrition and wellbeing of the elderly is positive and significant. Table 14 also shows a positive standardized coefficient of 0.500, implying that improving the nutrition of the elderly would positively affect their wellbeing.

4.6 Findings on Wellbeing of the Elderly

Wellbeing as a dependent variable was assessed in relation to the independent variables so as to establish the relationship between social welfare support and wellbeing of the elderly. Dimensions of wellbeing used include emotional, social and physical wellbeing.

There was general consensus that emotional wellbeing of the elderly could be enhanced by the physical condition (100%) and physical location (98%) of the house. Respondents also agreed that cost (63%) and physical accessibility of health care (100%) just like attitude of health workers (67%) could contribute to the emotional wellbeing of the elderly. When health care is

within reach and at an affordable cost, delivered by empathetic staff, then the elderly can get medical attention and will be able to keep healthy and cheerful which automatically improves their emotional wellbeing.

Table 15: Descriptive Results for Wellbeing of the Elderly

Statements on Wellbeing of the elderly	**Responses in Percentages (%)**				
	SA	**A**	**N**	**D**	**SD**
Emotional wellbeing					
Physical condition of the house enhances emotional wellbeing of the elderly	11	89	0	0	0
Physical location of the house enhances emotional wellbeing of the elderly	9	89	1	0	1
Physical accessibility of healthcare enhances emotional wellbeing of the elderly	22	78	0	0	0
Cost of health care enhances emotional wellbeing of the elderly	23	40	30	7	0
Attitude of health workers enhances emotional wellbeing of the elderly	23	44	30	3	0
Food availability enhances emotional wellbeing of the elderly	22	78	0	0	0
Food accessibility enhances emotional wellbeing of the elderly	22	78	0	0	0
Social wellbeing					
Physical condition of the house improves social wellbeing of the elderly	35	65	0	0	0
Physical location of the house improves social wellbeing of the elderly	14	86	0	0	0
Physical accessibility of health care improves social wellbeing of the elderly	18	75	7	0	0
Cost of health care improves social wellbeing of the elderly	11	34	51	4	0
Food availability improves social wellbeing of the elderly	25	75	0	0	0
Food accessibility improves social wellbeing of the elderly	25	75	0	0	0
Physical wellbeing					
Physical condition of the house enhances physical wellbeing of the elderly	12	88	0	0	0
Physical location of the house enhances physical wellbeing of the elderly	11	89	0	0	0
Physical accessibility of health care enhances physical wellbeing of the elderly	23	75	2	0	0
Cost of health care enhances physical wellbeing of the elderly	14	34	50	2	0
Food availability enhances physical wellbeing of the elderly	22	77	1	0	0

Food accessibility enhances physical wellbeing of the elderly	22	78	0	0	0

Source: Primary Data

Further findings also revealed that food availability (100%) and food accessibility (100%) could also contribute to the emotional wellbeing of the elderly. Food generally ensures stability of communities and individuals once it is available and accessible as persons get chance to focus on other important issues. Findings on social wellbeing also show that the physical condition (100%) and location of the house (100%) could enhance the social wellbeing of the elderly. Several characteristics of housing may affect people's ability or willingness to form social ties, including its location, the nature of the neighborhood, and the security and stability of the housing. Again, the indirect impacts of better quality housing are also likely to be important for supporting stronger social ties. If people's health and self-esteem improve, and if they have more income left after meeting housing costs, they may be more willing to look out, and venture out, into their local community and build stronger relationships with others who live there. This is also true with cost (45%) and physical access to health care (93%). Respondents also agreed that food availability (100%) and food accessibility (100%) could also improve the social wellbeing of the elderly. Food has been used for years as a social fabric that brings together families and communities. The findings support the fact that social wellbeing of the elderly could be improved through adequate housing, optimal health and food security. This was further confirmed through observation that the social wellbeing of the elderly is not good because many of them have inadequate housing, poor health and generally malnourished.

Further analysis shows that physical wellbeing of the elderly could be enhanced by physical condition (100%) and physical location of the house (100%). Similarly cost (48%) and physical

accessibility of health care (98%) together with food availability (99%) and food accessibility (100%) were considered to be able to enhance the physical wellbeing of the elderly. This supports the claim that physical wellbeing of the elderly could be enhanced by adequate housing, optimal health and food security. This was further confirmed through observations that revealed sickly, emaciated elderly persons probably as a result of both disease and malnutrition and living in inadequate houses.

4.7 The Moderator Effect of Psychological Issues on Wellbeing of the Elderly

Qualitative findings revealed that, psychological problems of the elderly include depression, isolation, and anxiety disorders. Respondents were asked to react to items in the questionnaire intended to gauge their perceptions about psychological issues as indicated in table 13 below.

Findings revealed that pressures of life (98%) make elderly persons depressed. Qualitative findings showed that many factors including internal displacement which has resulted into poverty, illnesses and death of many people caused feelings of depression which had affected the wellbeing of the elderly. “Depression weakens the body increasing incidents of sickness and disease and may cause hopelessness and loss of meaning in life,” said one respondent. When a person and or care giver is depressed, appetite declines. This has a detrimental effect on nutritional status. Findings show that depression reduced the appetite of the elderly(98%), made cooking become a burden(98%) and made the elderly feel sick(100%). 63% of the respondents confirmed that depression made them hopeless and caused them to sleep anywhere meaning that they were no longer bothered about their physical safety.

Table 16: Descriptive Results on Psychological Issues

Statements on Psychological issues	Responses in Percentages (%)				
	SA	**A**	**N**	**D**	**SD**
Depression					
Depression Reduces my appetite	9	89	0	2	0
Depression Makes cooking become a burden	13	85	0	2	0
Depression Makes me feel sick	13	87	0	0	0
Depression Makes me hopeless causing me to sleep any where	5	28	48	18	1
Pressures of life make me depressed	18	80	2	0	0
Isolation/ loneliness					
Loneliness reduces my appetite	8	65	7	20	0
Loneliness makes me sick	5	75	2	18	0
Isolation makes me feel rejected	6	83	1	10	0
Isolation has affected my housing condition	13	71	11	5	0
Anxiety					
Anxiety interferes with my appetite	5	88	7	0	0
I get indigestion when I am anxious	4	86	8	2	0
Stressful circumstances leading to anxiety make me ill	10	88	2	0	0
I believe anxiety creates feelings of hopelessness making me sleep any where	6	28	55	11	0
Anxiety makes me emotional	3	91	5	1	0

Source: Primary Data

Loneliness also contributes to decreased food intake. Findings on isolation and loneliness revealed that loneliness reduced appetite of the elderly (73%), and made them feel sick (80%). Isolation made them feel rejected (89%) and had affected their housing condition (84%).

Qualitative findings revealed many cases of isolation and loneliness among the elderly in the community resulting from departure of children to look for greener pastures, death of peers' inability to move and visit relatives and friends, their poor hygiene condition that scares away people or just neglect. Isolation causes feelings of rejection leading to depression and ill health.
It was also interesting to note that (20%) disagreed that loneliness reduced their appetite, made them sick (18%) and feel rejected (10%). A respondent was quoted saying "*I am resigned to this kind of life, if I stop eating because am alone, I'll be doing myself a disservice because nobody can accept to eat my food".* These raised questions of food and personal hygiene.

Respondents also considered stressful circumstances, making people feel worried, anxious and unable to cope, damaging to health and may lead to premature death. 94% of the respondents said anxiety makes them emotional, get indigestion (90%), loose appetite (93%) and ill (98%). 36% confirmed that anxiety created feelings of hopelessness making them sleep anywhere. Qualitative findings revealed that stories of insecurity, death of peers and death of close family friends caused anxiety disorders among elderly persons. In many instances these resulted into hopelessness, ill health and subsequently premature death.

Correlations between psychological issues and wellbeing of the elderly were done and the results are presented in table 17 below.

Table 17: Correlation between psychological issues and the wellbeing of the elderly

		Psychological	**Wellbeing**
Psychological	Pearson Correlation	1	-.462(**)
	Sig. (2-tailed)	.	.000
	N	80	80
Wellbeing	Pearson Correlation	-.462(**)	1
	Sig. (2-tailed)	.000	.

N	80	80

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

Pearson Correlation results in table 17 above revealed that the relationship between Psychological issues and wellbeing of the elderly in Acowa Sub County is negative and significant. The Pearson Correlation value r, is negative - .462** and the significance value is 0.00 at the level of 0.01. This means that the relationship between Psychological issues and wellbeing of the elderly is negative, implying that when Psychological issues increase, there is likely to be a negative effect on the wellbeing of the elderly. The value of r is however low, given that -0.462** is far below 1. This signifies a weak but statistically significant relationship between Psychological issues and wellbeing of the elderly.

Regression analysis was also done to develop a model for predicting the capacity of psychological issues in contributing to the wellbeing of the elderly and the results are shown in the model summary and regression coefficients in tables 18 and 19 below.

Table 18: Regression Model Summary for psychological issues

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.462(a)	.213	.203	.41009

Predictors: (Constant), Psychological

The results in the Model Summary Table 18 above, indicate that the R squared (R^2) =0.213 or 21.3%, which means that the moderating variable; psychological issues, affects the relationship between the independent variable and the dependent variable by 21.3%.

Table 19: Regression Coefficients: Psychological issues

Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**T**	**Sig.**
		B	Std. Error	Beta		
1	(Constant)	6.572	.538		12.225	.000

Psychological	-.642	.140	-.462	-4.599	.000

a Dependent Variable: Wellbeing

Table 19 above shows a significance value of 0.000. This confirms that the relationship between psychological issues and the wellbeing of the elderly is significant. Table 19 also shows a standardized coefficient of -0.462. The negative coefficient indicates a negative relationship, implying that psychological factors would have a significant negative effect on the relationship between social welfare support and the wellbeing of the elderly in Acowa Sub County.

4.8 Hypotheses Testing

Correlation analysis was used to test the four hypotheses formulated in chapter one. The hypotheses were applied to test the relationship between the independent and the dependent variables and it was concluded as follows:

1. There is a positive and significant correlation between housing support and wellbeing of the elderly. The test using Pearson correlation analysis returned a result of ($r = 0.445$; $p<0.01$) confirming that the strength of the relationship is statistically significant at 0.01 level of significance. The alternate hypothesis (**H_{1a}:** Housing support has a significant contribution to the wellbeing of the elderly in Acowa Sub-county.) was substantiated and therefore up held.

2. There is a positive correlation between health support and wellbeing of the elderly. The test using Pearson correlation analysis returned a result of ($r = 0.758$; $p<0.01$) verifying that the strength of the relationship is statistically significant at 0.01 level of significance. The alternate hypothesis (**H_{2a}**: Health support has a significant contribution to the wellbeing of the elderly in Acowa Sub-county.) was substantiated and therefore upheld.

3. There is a positive correlation between nutritional support and wellbeing of the elderly in. The test using the Pearson correlation analysis returned a result of ($r = 0.500$; $p<0.01$) verifying that the strength of the relationship is statistically significant at 0.01 level of significance. The alternate hypothesis (**H_{3a}**: Nutritional support has a significant contribution to the wellbeing of the elderly in Acowa sub-county.) was substantiated and therefore upheld

4. There is a negative and significant relationship between psychological issues and wellbeing of the elderly. The test using Pearson correlation analysis returned a result of ($r = -0.462$; $p<0.01$) signifying a statistically significant relationship at 0.01 level of significance. The alternate hypothesis **(H_{4a}:** The moderator effects of psychological issues have a significant effect on the relationship between nutrition, housing, health support; and the wellbeing of the elderly in Acowa Sub-county.) was substantiated and therefore upheld.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary, discussion, conclusions and recommendations of the study. Limitations of the study and areas for further research are also presented. The summary follows the order in which the objectives were presented in chapter one.

5.1 Summary

The general objective of this study was to assess the contribution of social welfare support to the wellbeing of the elderly in Acowa Sub County. The findings indicated that all the three dimensions of social welfare support in light of psychological issues have a critical contribution to the wellbeing of the elderly in Acowa Sub County as submitted below.

5.1.1 Housing support and wellbeing of the elderly

The correlation results showed that housing support in regards to habitability, security of tenure, location and accessibility (physical and economic) had a significant positive relationship with wellbeing of the elderly at 0.445** with a significance of 0.000 at the level of 0.01. The implication of this is that housing could positively contribute to the wellbeing of the elderly in Acowa Sub County, Amuria district. The regression model results for housing support with a significance value of 0.000 indicate that the R squared (R^2) =0.198 or 19.8% also confirming that a standard deviation increase in housing support led to 19.8% increase in the rating of wellbeing. The ratings are positively significant showing that housing support is a critical factor in the wellbeing of the elderly.

5.1.2 Health support and wellbeing of the elderly

The study also discovered that health support could have an effect on the wellbeing of the elderly in Acowa Sub County. The Pearson Correlation results r, is positive 0.758** and the significance value is 0.00 at the level of 0.01 showed that all the dimensions of health support (social relations, hygiene, and health care) had a significant positive relationship with the wellbeing of the elderly. The regression model results R squared (R^2) =0.575 or 57.5% revealed that a standard deviation increase in health support led to 57.5% increase in wellbeing of the elderly and the results were significant showing that health support is a critical factor in the wellbeing of the elderly in Acowa Sub County.

5.1.3 Nutritional support and wellbeing of the elderly

Nutritional support in relation to food security and focusing on food accessibility, availability and ability to use food in light of health impairment was also analyzed and the Pearson Correlation value r, is positive 0.500** and the significance value is 0.00 at the level of 0.01. The regression model results (R squared (R^2) =0.250 also revealed that a standard deviation increase in nutritional support led to 25% increase in the wellbeing of the elderly. The results are significant indicating that nutritional support is a critical factor in the wellbeing of the elderly in Acowa Sub County.

5.1.4 The moderator effect of psychological issues and wellbeing of the elderly

Psychological issues were analyzed and the moderator effects of psychological issues were found to have a significant effect on the relationship between nutrition, housing & health support; and the wellbeing of the elderly in Acowa Sub-county. There was a negative correlation between psychological issues and wellbeing of the elderly. The test using Pearson correlation returned a result of -0.462 signifying a statistically significant relationship at 0.01 level of significance.

The regression model shows a significance value of 0.000. This confirms that the relationship between psychological issues and the wellbeing of the elderly is significant. The results in the model summary (Table 15 (a) above, also indicate that the R squared (R^2) =0.213 or 21.3%, which means that the moderating variable; psychological issues, affects the relationship between the independent variable and the dependent variable by 21.3%. Table 15(b) shows a standardized coefficient of -0.462. The negative coefficient indicates a negative relationship, implying that psychological factors would have a significant negative effect on the relationship between social welfare support and the wellbeing of the elderly.

In all, the results indicated a positive relationship between housing, health, nutrition and wellbeing of the elderly and a negative relationship between psychological issues and wellbeing of the elderly in Acowa Sub County.

5.2 Discussion of Findings

Research findings on the contribution of social welfare support to the wellbeing of the elderly in Acowa Sub County in North Teso were based on the four objectives and hypotheses, with support from field evidence and literature. The findings are consistent with each of the hypotheses and confirm that the identified social welfare indicators (housing, health and nutrition in light of psychological issues) contribute to the wellbeing of the elderly. This suggests that the conceptual frame work which was summarized in figure 1 can reasonably be applied to the wellbeing of the elderly. The findings are discussed objective by objective.

5.2.1 Housing support and wellbeing of the elderly

The study was interested in establishing whether housing support could have a contribution on the wellbeing of the elderly in Acowa Sub County. The findings presented in chapter four

revealed a moderate but statistically significant positive correlation between housing and wellbeing of the elderly at 0.445** with a significance of 0.000 at the level of 0.01. There were no significant differences between the results obtained from male and female elderly persons. The implication of this is that housing could positively contribute to the wellbeing of the elderly in Acowa sub county, Amuria district. This study found that adequate housing through habitability, security of tenure, location, accessibility both economic and physical access has significant implications for the attainment of wellbeing in the elderly.

Physical condition (100%) and physical location (100%) of the house were found to have ability to enhance emotional wellbeing of the elderly. The over whelming support could be a result of the appalling housing condition of the elderly in Acowa sub county. Observations made on the housing condition of the elderly revealed how they sleep in old mud and wattle houses with grass thatched roofs providing little protection against elements of weather and external aggression. This finding is supported by Evans, Wells & Moch's (2003), who suggests that overall housing quality is positively correlated with psychological wellbeing, with the degree of improvement in housing predicting the level of change in psychological distress. Shaw (2004) confirms that, inadequate housing in relation to habitability can have both direct and indirect effects on mental and physical health. Across sectional European housing and health study by the world health organization (2004) cited in Robinson and Adams (2008*)* also indicated a relationship between depression/anxiety and living in a dwelling that has insufficient protection against external aggression, elements of weather and little space for solitude and is prone to vandalism. Studies by (Ambrose, 2001) also established a strong link between poor quality living conditions and health outcomes and concluded 'that very direct associations existed between poor living

conditions and a number of adverse outcomes and that there were good reasons to believe them to be causal'. The findings therefore support the fact that improving housing habitability could improve the wellbeing of the elderly in Acowa sub county.

Tenure issues were also said to be critical for the attainment of wellbeing in the elderly. Respondents said freedom from forceful eviction (100%), freedom from harassment (98%) and other threats related to property (100%) were important for the wellbeing of the elderly. This is in line with a study done in the UK, which revealed that housing tenure (whether the dwelling is owner occupied or rented) has consistently been found to be associated with longevity and with a number of measures of health (Ellaway and Macintyre, 1998). Australian Housing and Urban Research Institute (2006) also revealed that, Security of tenure resulted in less residential mobility, which in turn meant residents felt more in control, more settled and less stressed. As a result they had more "mental room" to focus on things such as relationships or their children's education. Gravitas Research & Strategy Ltd (2009) also adds that, sub-standard housing and instability of tenure impact negatively on the mental and physical health of individuals and ultimately undermine healthy communities.

This finding on tenure issues is a useful finding for the study. Land in Acowa Sub County is held on customary arrangements and automatically passed on along family lines. However, many elderly because of lack of strength had helplessly watched their children and relatives sell off their land leaving them land less. Widows were particularly the most affected as they had no financial muscle to battle court cases. There is therefore need to ensure and to guarantee tenure issues of the elderly persons for the sake of their wellbeing.

As presented in chapter four, respondents identified the importance of housing location to the

wellbeing of the elderly. Housing that is located near hospitals and doctors, shopping and transportation can facilitate access to services that can enhance the quality of life of old persons. Housing with supportive features and access to services can also make it possible for persons to age in place. This was in line with an Information Paper on the economic and social benefits of social housing from Melbourne Affordable Housing (May, 2009). The paper revealed that, stable housing can mean that people are able to access lower cost services, such as a local doctor rather than a hospital emergency department implying that housing that is located near hospitals and doctors, shopping, transportation, and recreational facilities can facilitate access to services that can enhance the quality of life. It was however noted that many elderly people live in rural areas, with no infrastructure support which limits access to health care services and other social facilities which affects their wellbeing. Location disadvantage can reduce the quality of life and can exacerbate other forms of disadvantages, especially those associated with low income (Howe in Kirwin, 1991). This was a confirmation that addressing housing location issues could improve the wellbeing of the elderly in Acowa sub county.

It was also noted that, issues related to housing economic accessibility affect the elders' wellbeing. This is in particular regard to cost of house (98%), failure to pay rent (99%) and rent arrears (96%). Interview results revealed that much as old persons were living in their own houses, but they were so poor to afford better or improved housing. Housing affordability can be a source of independent chronic stress, often in addition to other stressors, for low-income people in particular (Mueller and Tighe, 2007). Housing stress affects the health and wellbeing of individuals negatively and can precipitate a variety of physical, mental and emotional conditions, both chronic and acute. This is in line with Taylor, Pevalin, and Todd (2007) who analyzed the

first 13 annual waves of the British Household. They found that, Housing payment problems and entering arrears have significant psychological costs, above and beyond the financial aspect and similar to that experienced as a result of life events such as marital breakdown or unemployment. The authors concluded that threats to housing represented a major life event affecting mental health. Similar findings occurred in a qualitative UK study on the health consequences of mortgage possession, in which families describe the sense of loss as equal to losing a loved one or part of themselves (Nettleton and Burrows, 2000). There is some suggestion that chronic stress in particular, including stress related to housing issues, can adversely affect health and wellbeing. These makes it clear that housing is a social determinant of health, and needs to be treated as part of the web of factors affecting the health and wellbeing of individuals, families, households and ultimately society.

Vulnerable groups such as the elderly require housing that is physically accessible in relation to their routines and every day activities (99%), that allows complete use of the dwelling (83%) and immediate environment as agreed by 94%. Accessibility is of importance for enhancing older persons and or disabled people possibilities to be able to live independently in society (Steinfed, 1999). Judith, Frank, Hans-Werner, Oliver, Caritas and Susanne (2007) agree that very old people living in more accessible housing perceived their homes as more useful and meaning full in relation to their routines and every day activities. Judith et al (2007) add that, patterns of such relationships were similar in five national samples carried out in the UK.

5.2.2 Health support and wellbeing of the elderly

Optimal health defines wellbeing of the elderly and is achieved through social relations, hygiene and health care. This is confirmed by the Pearson Correlation results on health (r = 0.758**;

$p<0.01$) presented in chapter four. This means that the relationship between health and wellbeing of the elderly is positive and significant, implying that when the health of the elderly is improved, there is likely to be a corresponding positive effect on their wellbeing. Since the value of r is high, 0.758, which is close to one, this signifies a strong and statistically significant relationship between health and wellbeing of the elderly.

Social relations particularly kinship relations, a net work of friends, religious net works and a supportive neighborhood were found to be useful measures of health and wellbeing of the elderly in Acowa Sub County. Both male and female respondents considered social relations important to their wellbeing. This is in line with a general theory that has been drawn from many researchers over the past few decades postulating that social support essentially predicts the outcome of physical and mental health for every one (Clark, 2005). A social net work of communication and mutual obligation makes people cared for, loved, esteemed, and valued as it creates feelings of being needed (Powers and Bultena, 1976). This has powerful positive effects on health. World Health Organization, Europe (2003) also talks of friendship, good social relations and strong supportive networks as improving health at home, work and the community. Social support helps give people the emotional and practical resources they need. Social isolation and exclusion are associated with increased rates of premature death and poor chances of survival after a heart attack. Clinical research into the relationship between loneliness and biological mechanisms has also found that lonely individuals have impaired cellular immunology, which predicts infectious disease susceptibility. This effect is exacerbated later in life by the reduction in immune function arising from ageing (Hawkey and Cacioppo, 2004).

However, while social relations are important for wellbeing, some social networks may be unhealthy because they reinforce behaviors that are in themselves harmful. For example; Smoking and drinking

It was also found that, hygiene practices like bathing, brushing and flossing teeth, washing hands before eating food, washing food before it is eaten, cleaning food preparation utensils and surfaces before preparing meals, cleaning food preparation utensils and surfaces after preparing meals contribute to the wellbeing of the elderly. By cleaning the body, dead skin cells are washed away with the germs, reducing their chance of entering the body (http://en.wikipedia.org). Maintaining personal hygiene enhances an individual's physical and emotional wellbeing (www.ec-online.net). Keefer (n.d) eHow contributing writer, adds that inability to groom as may sometimes be the case with the elderly can cause feelings of frustration, depression and loss of self esteem. Assisting elderly individuals manage their personal hygiene can help them feel better about themselves and it helps to identify any changes in the person's skin, lumps, bruises or other physical changes and this will help early diagnosis of illness or infection. Hygiene expert UK (n.d) also says, failure to keep a standard of hygiene can increase risks of getting an infection or illness, epidemic or even pandemic outbreaks and many social and psychological aspects can be affected. Support in relation to hygiene is thus very important for the physical, social and emotional wellbeing of the elderly.

Health outcomes are profoundly affected by whether healthcare facilities are available to the people. Health care through physical access, economic access, and attitude of health workers, availability of health facilities, and availability of geriatricians could contribute to the wellbeing of the elderly in Acowa Sub County. Those denied access to basic health care may live shorter

and more constrained lives. This is in agreement with (Kaseje, 2006) who says that good health status leads to increased productivity, life expectancy, savings and investments, and decreased debts and expenditure on health care. Qualitative findings showed that, elderly persons suffer from many curable diseases but healthcare is inaccessible due to high costs, long distance to health centers, and poor attitude of health workers towards the elderly. This finding is supported by Victorian Council of Social Service (VCOSS) in Atkins (n.d). The council identifies affordability, timeliness, proximity, inclusiveness and sustainability as key factors in ensuring accessibility of health services. This is a confirmation that health care could define the wellbeing of the elderly in Acowa Sub County.

5.2.3 Nutrition support and wellbeing of the elderly

There was a general indication that nutritional support through food security (availability, accessibility and health impairments as hypothesized in this study) could improve the wellbeing of the elderly in Acowa Sub County. According to Karen and Donald (2001), "optimal nutrition in the elderly has implications for improving their health status and general wellbeing as well as for reducing the burden on limited health care resources. Mobarhan and Trumbore (1991) add that, Protein- Calorie and Micro nutrient under load added to the normal effects of ageing can undermine the wellbeing of the elderly by increasing chances of falling sick and prolonging recovery from illness. This is supported by (http://www.healthguidance.org) who concurs that Protein calories and micronutrient under nutrition just like nutrient overload can under mind functional independence and diminish quality of life. Findings on the ground indicated that the elderly with food availability issues are mal nourished and sickly compared to their counter parts that had enough to eat. All these could be attributed to food availability or lack of it.

Food access is recognized internationally as an important determinant of health. Enablers of appropriate food access include people having the physical and economic means to meet their dietary requirements for an active and healthy life. Qualitative findings showed that poverty, ill health and lack of mobility to do daily activities contribute to food accessibility problems. This is in line with a community profile on Food security in Ottawa (2001), which revealed that, the amount of financial resources available to households is a major indicator of those who are at risk of experiencing food insecurity through poor or lack of access to food. Financial resources directly affect how much and what kind of food is purchased (Windor- Essex country food security steering committee 1997). It was confirmed through interviews and observations that the elderly in Acowa sub county were living below poverty line with no source of income. The situation was compromised by ill health and lack of mobility to do daily activities. Poverty is frequently related to increased nutritional vulnerability and is often interrelated with other factors such as growth and ageing. Nutritional vulnerability as it is related to poverty and food insecurity is more prevalent with sub groups of the population including seniors (Joint Steering Committee Ottawa, 1996). People living on lower incomes are more likely to report poor health status partly due to poor food intake. This limits food access and makes them more vulnerable to malnutrition.

Functional and health impairments as manifested through physical disability, chewing difficulties, stomach upsets, loss of taste and smell and chronic medical problems affect health and wellbeing of the elderly. This is also amplified by Kurtzweil (1996) and Collier (2009) who associate food security to physical problems and health impairments like chewing difficulties, and gastro intestinal disturbances; factors which affect intake, digestion, absorption, utilization

and metabolism of nutrients which subsequently affect nutritional status and quality of life. Adverse reactions from medications may alter the sense of taste and smell which are already diminished by age and this can adversely affect appetite (Kurtzweil, 1996). He further adds that, other medical problems such as arthritis, stroke, Alzheimer's disease make it difficult, if not impossible for the victims to cook shop or even lift a fork to eat.

Nutrition remains important throughout life (Kurtzweil, 1996). Good nutrition in the later years can help lessen the effects of diseases prevalent among older persons or improve the quality of life in people who have diseases with nutritional implications, reducing the risk of these diseases and in managing the diseases signs and symptoms. This contributes to a higher quality of life, enabling older people to maintain their independence by continuing to perform basic daily activities like bathing, dressing and eating. Poor nutrition on the other hand can prolong recovery from illness, increase the costs and incidence of institutionalization, and lead to a poorer quality of life (http://www.healthguidance.org). This confirms the claim that nutritional support could contribute to the wellbeing of the elderly.

5.2.4 Moderator effect of psychological issues on the relationship between housing, health, nutrition and wellbeing of the elderly

Psychological problems of the elderly include depression, isolation, and anxiety disorders (Mikol and Rosenblatt, 1980) and they have an effect on the wellbeing of the elderly. When a person and or care giver is depressed, appetite declines. This has a detrimental effect on nutritional status. Findings show that depression reduces the appetite of the elderly (100%), makes cooking become a burden (100%) and makes the elderly feel sick (100%) just like isolation and loneliness which on top of affecting appetite creates feelings of rejection that greatly affects

housing condition (83.8%). This is in line with Kurtzweil (2004) who concurs that; “loneliness contributes to decreased food intake”. Older people who find themselves single after many years of living with another person may find it difficult to be alone, especially at meal times. Findings from interviews and observation revealed that most old people in Acowa Sub County lived in isolation and loneliness because their peers had died; children were away working or just neglected which made them socially excluded. Social isolation and exclusion are associated with increased rates of premature death, more depression, and greater risk of health complications and higher levels of disability from chronic diseases. These findings confirm the fact that social relations could improve the wellbeing of the elderly in Acowa Sub County.

Anxiety (93.8%) makes elderly persons emotional, get indigestion (90.1%), loose appetite (92.5%) and feel ill (97.5% the findings in chapter four show. It also creates feelings of hopelessness making old persons sleep anywhere. Psychological circumstances can cause long term stress (WHO Europe, 2003). Stressful circumstances, making people feel worried, anxious and unable to cope, are damaging to health and may lead to premature death.

Pearson Correlation results revealed Correlation value r, is negative - .462** and the significance value is 0.00 at the level of 0.01.The negative coefficient indicates a negative relationship, implying that psychological factors would have a significant negative effect on the relationship between social welfare support(housing, health, nutrition) and the wellbeing of the elderly in Acowa sub county. This supports the claim that psychological issues affect the wellbeing of the elderly.

5.3 Conclusions

The following conclusions were drawn from the study and are presented according to the objectives of the study.

5.3.1 Housing support and wellbeing of the elderly

The research findings returned ($r = 0.445$; $p<0.01$) confirming that housing support through housing habitability, security of tenure, location and accessibility have a positive and significant relationship with the wellbeing of the elderly. The hypothesis that housing support contributes to the wellbeing of the elderly in Acowa Sub County was supported by evidence from the findings and was accordingly adopted. The study therefore concludes that adequate housing through habitability, security of tenure, location, accessibility both economic and physical access has significant implications for the attainment of wellbeing in the elderly. These makes it clear that housing is a social determinant of health, and needs to be treated as part of the web of factors affecting the health and wellbeing of individuals, families, households and ultimately society.

5.3.2 Health support and wellbeing of the elderly

Research findings under health support indicated that optimal health through social relations; hygiene and health care have a significant positive relationship with wellbeing of the elderly. This was confirmed by ($r=0.758$; $p<0.01$). The hypothesis that health support significantly contributes to the wellbeing of the elderly in Acowa Sub County was supported by evidence from the findings and was accordingly adopted. It is thus concluded that, optimal health through social relations, hygiene and health care define wellbeing of the elderly.

5.3.3 Nutritional support and wellbeing of the elderly

The findings categorically showed that nutrition through food security has a direct effect on the wellbeing of the elderly. Pearson correlation test returned a result of 0.500 verifying that the

strength of the relationship is statistically significant at 0.01 level of significance. All the dimensions of food security (accessibility, availability and ability to use food in light of psychological issues) had a significant positive relationship with the wellbeing of the elderly. The hypothesis revealed a positive and significant correlation between nutritional support and wellbeing of the elderly in Acowa Sub County. Nutrition therefore remains important throughout life and good nutrition in the later years can help lessen the effects of diseases prevalent among older persons or improve the quality of life in people who have diseases with nutritional implications, reducing the risk of these diseases and in managing the diseases signs and symptoms. This contributes to a higher quality of life, enabling older people to maintain their independence by continuing to perform basic daily activities like bathing, dressing and eating.

5.3.4 Psychological issues and wellbeing of the elderly

Respondents generally agreed that psychological issues in regard to depression, isolation/loneliness and anxiety have an effect on the wellbeing of the elderly. The Pearson Correlation value r, is negative - .462** and the significance value is 0.00 at the level of 0.01. This is a negative relationship between Psychological issues and wellbeing of the elderly, implying that when Psychological issues increase, there is likely to be a negative effect on the wellbeing of the elderly. Psychological problems therefore have a detrimental effect on nutrition and subsequently health and quality of life of the elderly.

5.4 Recommendations

Old age comes with many challenges including psychological, economic and social vulnerability which hinder access to basic social needs like housing, health and nutrition (Ouma, 1995). The researcher recommends the following;

5.4.1 Housing support

The elderly who qualify for retirement benefits should be paid timely to enable them take care of their social welfare needs. The government has gone long strides in improving the pension scheme but a lot remains to be desired as the process of accessing the pension pay roll is not straight forward. It should therefore be streamlined for the sake of senior citizens' wellbeing

Grown-up offspring and close relatives of the elderly persons, should take responsibility of meeting housing needs of their aging parents. Where persons are destitute with no close relatives, benevolent members of that community should take responsibity of meeting housing needs of such a person. Government may consider providing housing support to the neediest elderly persons upon identification and recommendation by local authorities in their respective localities. Institutionalization in case the person has no land and or immediate relatives who are willing to take responsibility. This is where concerted efforts of government and NGO's are called for. Tenure issues should also be addressed seriously as this will check on cases of land and property grabbing.

5.4.2 Health Support

This study looked at health in line of social support, hygiene and health care. The researcher recommends the following;

The elderly should not only be given functional support, but social net works of friends, relatives, and the community should be strengthened through the exercise of collective responsibility in such areas as caring for the elderly in sickness, consoling and assisting them in bereavement based on mutual-aid assistance and reciprocity. These are sufficient to guarantee social protection in both good and bad times.

The elderly also need support with hygiene including washing, bathing and general cleaning. This could come from the family, friends or community. Assisting elderly individuals manage their personal hygiene can help them feel better about themselves and it helps to identify any changes in the person's skin, lumps, bruises or other physical changes and this will help early diagnosis of illness or infection.

Health care should be made accessible to the elderly both physically by taking health services near to them and economically by making it affordable and or free. Doctors to take care of the specific needs of the elderly should be trained and deployed to check the negative attitude of medical staff towards the elderly persons.

5.4.3 Nutritional Support

The study examined Nutrition through food security (food availability, food accessibility and health impairments). The following is accordingly recommended:

Elderly persons with farm land should be supported with farming activities (planting, weeding, harvesting and storage) and farming implements, tools and planting materials. This could ensure food availability and accessibility. Support in relation to income generating projects suitable to a given geographical location should be set up for the elderly. These will help them not only earn an income but be able to supplement on their diets.

5.4.4 Psychological Issues

Elderly suffer from many psychological problems which if not checked could lead to dementia. Psychosocial support should be provided to this category of people. Religious net works for emotional strength should also be encouraged. Home visits by social workers and the religious

should be encouraged. Community based organizations focusing on issues of the elderly should be encouraged and supported.

5.5 Limitations of the study

The elderly persons gave highly optimistic answers thinking the interview was aimed at identifying and subsequently giving support to those in dire need. However the researcher labored to explain the purpose of the study as being purely academic and supplemented interview results with observation.

5.6 Contributions of the study

- The study shed more light on the contribution of social welfare support to the wellbeing of elderly persons in Acowa Sub County. It will therefore serve as reference material on dimensions of social welfare support namely; housing, health and nutrition.
- Organizations engaged in issues of the elderly may refer to dimensions of social welfare support mentioned to design future action
- The social welfare condition of the elderly in Acowa Sub County was revealed. Government and civil society organizations may take up the challenge and swing into action to redeem these graying population social injustice.
- The study also identified areas for future research which may be adopted by other researchers to generate more information and knowledge on the subject.

5.7 Areas for Further Research

- The research findings identified the extent of contribution of social welfare support to the wellbeing of the elderly in one Sub County in one of the 8 regions of Uganda; further studies could be conducted in other regions to validate the findings of this study.

- The study was very broad with many variables, the researcher recommends that a few variables can now be isolated and relationships examined in depth.
- Future researchers could also evaluate the performance of social welfare support and the wellbeing of the elderly in Uganda.

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APPENDIX 1:QUESTIONNAIRE FOR THE ELDERY PERSONS

Dear Respondent,

The purpose of this study is to examine the effects of social welfare support on the wellbeing of the elderly in Acowa Sub-County, Amuria district in north eastern Uganda. As an elderly person in Acowa Sub County, your objective opinions will be useful in generating knowledge for the study. In this study social welfare support consists of actions from the family, neighborhood, community, government, non government organizations or a combination of these, striving to promote the basic wellbeing of individuals in need for example, those who are ill, disabled or of old age. In this study, housing, health and nutrition, in light of psychological needs of the elderly will be examined. Kindly provide your opinion on each of the statements as objectively as possible by circling or ticking the opinion of your choice.

Thank you.

BACKGROUND INFORMATION

Tick or circle what you feel is the most appropriate to you.

1. Sex of respondent: 1.Male 2. Female

2. Age of respondent: (1) Between 60-70 (2) Between 71-80 (3)80 and above.

3. Do you have biological children? (1) Yes (2) No

4. Religious affiliation**:** (1) Catholic (2) Protestant (3) Moslem (4) Others (specify)

In the following sections, use the rating scale below to select an opinion that you most agree with on each of the issues. Tick or circle the number you agree to.

(5) Strongly agree (4) Agree (3) Neither Agree nor Disagree (2) disagree (1) Strongly disagree

SECTION-B:HOUSING **Adequate Housing improves the wellbeing of the elderly. Dimensions of adequate housing include, habitability, security of tenure, location, economic & physical accessibility**						
	On habitability. The following housing habitability indicators improve the wellbeing of the elderly	**5**	**4**	**3**	**2**	**1**
6	Freedom from structural hazards					
7	Freedom from external aggression					
8	Environment that is free from pollution					
9	Freedom from residential crowding					
	On security of tenure. The following tenure issues improve wellbeing of the elderly					
10	Confidence that I will not be forcefully evicted from my land / house					
11	Protection against harassment					
12	Protection against other threats					
	On housing physical location. The following housing location issues improve the wellbeing of the elderly					
13	Proximity to hospitals and doctors					
14	Proximity to shopping					
15	Proximity to recreational facilities					
16	Proximity to friends/neighbors					
17	Proximity to transportation					
	On housing economic accessibility. The following housing economic issues affect the wellbeing of the elderly					
18	Cost of housing					
19	Failure to pay rent					
20	Rent arrears					
	On housing physical accessibility. The following housing accessibility issues affect the wellbeing of the elderly.					
21	Accessibility in relation to everyday activities					
22	Ability to use the whole building					
23	Ability to explore the residential environment of the house					
24	Housing accessibility problems affect the wellbeing of the elderly					

	SECTION-C:HEALTH **Optimal health defines wellbeing of the elderly and it is achieved through social relations, hygiene and healthcare. Tick or circle; (5) Strongly agree (2) Agree. (3)Neither agree nor disagree.(2) Disagree (1) Strongly Disagree**	**5**	**4**	**3**	**2**	**1**
	On social relations: The following network of social relations generally improve the wellbeing of the elderly					
25	Kinship relations					
26	A network of friends					
27	Religious networks					
28	Supportive neighborhood					
	On hygiene: The following hygiene practices generally improve health and wellbeing of the elderly					
29	Bathing					
30	Brushing and flossing teeth					
31	Washing hands before eating food					
32	Washing food before it is eaten					
33	Cleaning food preparation utensils and surfaces before preparing meals					
34	Cleaning food preparation utensils and surfaces after preparing meals					
	On health care. The following health care issues affect the health and wellbeing of the elderly					
35	Physical access					
36	Economic access					
37	Attitude of health workers					
38	Availability of health facilities					
39	Availability of geriatricians					
	SECTION-D:NUTRITION. **Food security has a direct effect on the wellbeing of the elderly. Indicators of food security include; availability& accessibility of food and ability to use food in light of health impairment.**					
	On food availability					
40	Nutrient under load can undermine the wellbeing of the elderly					
41	Nutrient under load increases chances of falling sick					
42	Nutrient under load prolongs recovery from illness					
43	Adequate food can help improve the wellbeing of the elderly					

	On food accessibility. The following food accessibility issues improve the wellbeing of the elderly	**5**	**4**	**3**	**2**	**1**
44	Physical access					
45	Economic access					
46	Poverty					
47	Ill health					
48	Lack of mobility to do daily activities					
	On ability to use food in light of health impairment. The following functional and health impairments affect health and wellbeing of the elderly					
49	Physical disability					
50	Chewing difficulties					
51	Stomach upsets					
52	Loss of taste and smell					
53	Chronic medical problems					
	SECTION-E: WELBEING OF THE ELDERLY **In this section the researcher wishes to solicit your opinion on the contribution of social welfare support (housing, health, nutrition) to the wellbeing of the elderly. Dimensions of wellbeing include; physical, social and emotional aspects**					
	Emotional wellbeing of the elderly is enhanced by					
54	Physical condition of the house					
55	Physical location of the house					
56	Physical accessibility of health care					
57	Cost of health care					
58	Attitude of health workers					
59	Food availability					
60	Food accessibility					

	Social wellbeing of the elderly is greatly improved by	**5**	**4**	**3**	**2**	**1**
61	Physical condition of the house					
62	Physical location of the house					
63	Physical accessibility of health care					
64	Cost of health care					
65	Food availability					
66	Food accessibility					
	Physical wellbeing of the elderly is enhanced by					
67	Physical condition of the house					
68	Physical location of the house					
69	Physical accessibility of health care					
70	Cost of health care					
71	Food availability					
72	Food accessibility					
	SECTION-F: PSYCHOLOGICAL ISSUES **Psychological issues affect the wellbeing of the elderly. Selected psychological indicators include; depression, isolation and anxiety disorders.**					
	Depression					
73	Reduces my appetite					
74	Makes cooking become a burden.					
75	Makes me feel sick.					
76	Makes me hopeless causing me to sleep any where					
77	Pressures of life make me depressed					
	On isolation/ loneliness					
78	Loneliness reduces my appetite					
79	Loneliness makes me feel sick					
80	Isolation makes me feel rejected					
81	Isolation has affected my housing condition					
	On anxiety					
82	Anxiety interferes with my appetite					
83	I get indigestion when I'm anxious					
84	Stressful circumstances leading to anxiety make me ill					
85	I believe anxiety creates feelings of hopelessness making me sleep any where					
86	Anxiety makes me emotional					

Thankyou

APPENDIX 2

INTERVIEW GUIDE FOR KEY INFORMANTS

SECTION A

Back ground information.

1. Brief information about yourself and responsibility in the community

Position held

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Responsibility in the community

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SECTION B

HOUSING

1. Describe the housing condition of the elderly in your community in relation to the following aspects

Habitability (general housing condition)

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Security of tenure……...

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Housing physical location…….

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Housing accessibility:

Economic accessibility (affordability)

…….....

……

Housing Physical accessibility

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……

2. Does housing habitability affect wellbeing of the elderly? If yes how?

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……

3. Is security of tenure important to the wellbeing of the elderly? If yes how?

.....

.....

4. Is housing location important to the wellbeing of the elderly? If yes how?

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……

HEALTH

1. Comment on the health status of the elderly in your community?

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2. Comment on the social net work of the elderly in your community

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3. Do social relations have an effect on health of the elderly? If yes how?

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4. Comment on the hygiene of the elderly in your community?

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5. Does hygiene affect the health of the elderly? If yes how?

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6. Do the elderly have access to health care?**.....**

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7. What problems do the elderly face in accessing health care?

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8. Does health care improve health of the elderly? If yes how?

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NUTRITION (Food security)

1. Comment on food availability& food accessibility by the elderly persons in your community?

Food availability……

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Food accessibility……...

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3. How does food accessibility and food availability improve nutritional health of the elderly in your community?

Food accessibility……..

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Food availability……

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4. Do the elderly have any physical and health challenges that make them food insecure?

Physical challenges……

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Health challenges……...

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5. In your opinion do you think food security improves health status of the elderly? If yes how?

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PSYCHOLOGICAL FACTORS

1. What psychological problems do the elderly in your community face?

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2. Comment on cases of depression among the elderly in your community

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2. Does depression affect the wellbeing of the elderly? If yes how?

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3. Comment on cases of isolation and loneliness among the elderly in your community?

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4. Does isolation and loneliness have any effect on the wellbeing of the elderly? If yes how?

……

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5. What anxiety disorders do the elderly in your community suffer from?

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6. Does anxiety affect the wellbeing of the elderly? If yes how?

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……

THANK YOU.