



# Personal Growth on Depressive Symptoms among Older Adults in Central Uganda

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**Abstract:** Africa's population is aging faster than other population growths world over. The number of older adults in Uganda is expected to surpass 6 million by 2050 from 1.5 million in 2020 (MOLSD, 2020). Studies reveal high prevalence (32%) of depressive symptoms among older adults in Central parts of Uganda (Akena et al., 2023; Nakasujja et al., 2021; Opio, 2021). At a time when family support seems to have dwindled (Gyasi, et al., 2019; Steffens et al., 2021), culture eroded and increased moral decline to the dismay of the old people over 60 years. Guided by Bowen's family systems theory and stress buffering theory this study investigated the effect of personal growth on depressive symptoms among older adults. Sequential explanatory mixed-methods design was adopted (Creswell & Zhang, 2009). Sample size of 292 respondents was derived from 1218 targeted older adults using Morgan's formulation. Data was collected using questionnaire survey and interview methods. The statistical program for social scientists (SPSS) was used to test the null hypothesis (There is no effect of interpersonal relations on depressive symptoms among older adults in Central Uganda.). Study results posted a significant relationship between ( $r = 0.479$ ,  $p = 0.000$ ) personal growth and depressive symptoms among older adults. Community led interventions that promote hobby-like engagements should be considered since such activities restore togetherness and self-worthiness, boost the intellect and restore eroded cultural values in the community. Older adults may learn from each other to copy and adapt amidst challenges in the face of depression.

**Keywords:** Personal growth, independence, achievement orientation, intellectual cultural orientation, active recreational orientation and moral religious aspects, Depressive symptoms and Older-adults.

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## 1. Introduction

Africa's population is aging faster than other population growths world over. Although Uganda has been found to have the youngest population dominance, the number of older adults in Uganda is expected to surpass 6 million by 2050 from 1.5million in 2020 (MOLSD, 2020). This population is arriving faster a head of gerontology/geriatric

intervention to understand the challenges and opportunities for policy informed engagements.

Just like other countries in South Saharan Africa, UNDP-III has delivered far-reaching strides into achieving her national development agenda. However, there is a noticeable back slide in the traditional support system for older adults. Increasingly, the older adults experience empty nests and high prevalence (32%) of depressive symptoms among older adults in Central parts of Uganda (Akena et al., 2023; Nakasujja et al., 2021; Opio, 2021).

Personal growth and purpose in life seem to decline with age when older adults, young, or midlife adults are compared (Lopez, 2020). A supportive family system would translate later years into purposeful life; viewing one's life as having meaning, direction, and support to achieve the unmet goals (Adamek, 2024; Joshanloo, 2024).

Personal growth has been cited as essential in the lives of adults (Toyama, et al., 2020). Recent studies (Dhokai et al., (2023; Lopez, 2020) posit that programs that increase social connections and support skill development can improve perceptions of personal growth in community dwelling older adults. There is increasing conviction that mental health and well-being are not premised simply on total absence of emotional distress and related depressive symptoms but rather reflected in a positive physical, mental, and social condition (Lopez, 2020). While Galderisi et al., (2017) challenged the status quo to consider the complete life experiences beyond person's wellbeing and productivity. Perhaps there are circumstances when lived experiences detract personal productivity and attaining full growth potentials irrespective of age.

Agreeably, personal growth; independence, achievement orientation, intellectual cultural orientation, active recreational orientation and moral religious aspects (Moore et al., 2005) translate into purposeful life; viewing one's life as having meaning, direction, and goals (Joshanloo, 2024) are the core components of positive psychological functioning (Galderisi et al., 2017; Moore et al., 2005). Personal growth and purpose in life seem to decline with age when older, young, or midlife adults are compared (Lopez, 2020). However, research has shown that family support and strengths would buffer depressive symptoms since they guarantee support, consolidate achievements and guarantee social moral values that hold the fabrics of the society (Adamek, 2024). Similarly, reduced performance on personal growth has been associated with presence of depression among older adults (Akosile, 2014). The need to investigate the situation in Buganda region has increased with the raising depression levels (Nakasujja et al., 2021; Opio, 2021) and changing societal challenge (Golaz et al., 2017) that leave the older adults more vulnerable compared to other age groups.

### **Objective of the Study**

The main objective of the study was to assess the effect of personal growth on depressive symptoms among older adults in Central Uganda.

## **2. Literature Review**

Growth being a continuous process, and despite the geriatric practice encouraging the ability of the old to live with minimal support, there is growing emphasis on the

WHO's three pillars of active aging; health, participation and security (WHO, 2021; Rudnicka, et al., 2020). The pillars aim at keeping the aging persons safe from ageism, access to health systems, building age-friendly cities and communities etc. under the theme "a decade of healthy aging" (WHO, 2021). Noticeable is the information gap about active aging especially in developing countries but also the relativity of healthy aging to context (Rudnicka, et al., 2020). Where work identifies the living, active life remains a routine for sustainability.

It is thought that the rural old people remain actively engaged while those retiring from formal employment try to cope for survival (Rudnicka, et al., 2020). However, the belief that formers do not retire from agriculture (Conway, et al., 2022) is an erroneous assumption that overlooks the mental health of the elderly. These studies do not address how family environment should enable the older adults to figure out how to remain actively engaged in relation to their physical abilities for health aging.

Social gerontology scholars grapple with helping old people deal with social isolation upon retirement as a common phenomenon (Conway, et al., 2022; Ward, 2019). These studies were conducted in the institutional setting not in the community setting. The perceived withdrawal from activities is less expected in the family setting. As the elderly reduce social networks, there is expected increase of family interaction and support.

Steffens et al., (2021) explained how older people derive a sense of self-esteem, purpose, acceptance and belonging in later life if they participate in social groups. Greaves & Farbus, (2006) are in agreement with Gyasi, et al., (2019) that social support groups are tremendous for mental wellbeing in later days. In fact, Gyasi, et al., (2019) found family and friends more significant ( $\beta = 0.958$ ,  $p < 0.05$ ) in prompting psychological wellbeing at 95.8% compared to emotional bonds ( $\beta = 0.658$ ), attending social events ( $\beta = 0.519$ ) and remittances from children ( $\beta = 0.394$ ). This explains the critical importance of understanding FE for depression research in Central Uganda. Moos, (1990) suggested that family should provide arena for recreational activities outside work schedules, attending church or other hobbies.

Some studies have not put into account important dimensions of the aging experience; existential dimension of late life adaptation. Recent studies reveal lessons from COVID-19 lockdown as a period of family bonding for lonely elderly persons verses regrets to some older adults due to public health restrictions. A study conducted Nigeria by Armiya'u et al., (2022) revealed that social support and hobbies contributed 34% and 26% respectively to mental wellbeing. People who spent time with family reported enriching experiences of family times compared to those

who were living alone or in isolation. Giebel, *et al.*, (2022) found out that the elderly persons were emotionally disturbed when they missed on the moments to interact with family and friend during the COVID-19 public health restriction on movements in Uganda.

There are lost moments in life when people could not implement desired plans. These could range from investment priorities, education name it. The support of the family towards achieving such failed plans would be very rewarding to the older adults (Donnelly, 2023). Investment priorities require critical support in most cases, to protect against fraud but also to serve as financial support base for the aging workers. These studies in Africa assert that family, social interaction and activities are important for older adults. They suggest hobbies like physical exercises which many older people may not derive meaning from such activities that are considered trendy and involving technology. The need to understand elderly interests remain unattended to therefore leave a research gap.

Other studies on successful aging have argued that cultural and moral religious emphasis carry more meaning to aging citizens (Willcox, *et al.*, 2007; Tabatabaei & Ebrahimi *et al.*, 2023) as opposed to simply maintaining an active life and social-inclusiveness at old age (Pfaller & Schweda, 2019; Wongsala *et al.*, 2021) as suggested by the American theorists (activity and disengagement theories) that emerged from the functionalist's school of thought.

In a study conducted among elderly women in Japan, Willcox, *et al.*, (2007) realized that amidst drastic changes in the culture milieu of modern Japan, elderly women found much satisfaction in life as they got involved in traditional Bashi-fu weaving for heritage preservation and earning for independent living. Therefore, the traditional Confucian ethic of filial piety as the old people remains active in pursuit of independence, good health and social relations in the community. This study may identify opportunities for active aging, personal growth and psychological wellness for older adults in Central Uganda.

Recent research by Tabatabaei & Ebrahimi *et al.*, (2023) revealed that older adults believed that praying can positively affect their feelings and restore their calmness of heart and peacefulness and enable them to cope with their problems in a peaceful way. This study asserts the feeling of calm, relief, accomplishment and fulfillment in life at old age. In this study religiosity was not attached to the entire family but rather a subjective orientation. On the Centrally, Choi & Hastings, (2019) while studying individual diabetes he perceived religion in its entirety as communal social order, with values in an organized framework. Closeness to a sacrosanct reality helps to cultivate an understanding of one's relationship and duty to others and living together in a community plays critical

role in care. Tabatabaei *et al.*, (2016) and Ferrari *et al.*, (2015) agree that many older persons use religion as their coping strategy to fears, worries, depression and loneliness. Religious arrangement embodied in the sanctity perspective is worthy to yield family members and improving quality of life at old age.

A nexus of culture, morality and religion was found to be very strong in late life. Researchers Choi & Hastings, (2019) reveal that the older adults attached higher value to religious customs in relation to the family attachments and cultural dictates. In another study by Collins-McNeil *et al.*, (2012) individual's determination, cultural factors were found to be very significant for individual self-care among diabetes type 2 individuals. Certainly, managing elderly health conditions like diabetes is burdensome. It requires self-discipline and emotional comfort due to the complexity of maintaining and monitoring daily activities, such as exercise, diet modification, and medication adherence (American Diabetes Association, 2015). These implied that illness and old age are emotionally challenging and appealing to faith is a sign that only God has control over life. A qualitative study by Knizek *et al.*, (2021) into the meaning of late life among persons in rural Ugandan communities revealed that respondents believed in supernatural powers. A belief that "God plans everything, not you" reflected meaning-making in the divine or other mystical power beyond human realm of beings.

Studies by Choi & Hastings, (2019) and Knizek *et al.*, (2021) on religious cultural perspectives among elderly were not done in the context of family environment while Ugandan perspective is less represented. It is therefore important to analyze how these variables play out in the FE of the older adults in Central Uganda.

## 3. Methodology

### 3.1 Research Design

The study used sequential explanatory research design, combining quantitative and qualitative approaches (Kiyingi, 2022; Creswell & Zhang, 2009) using older adults as the unit of analysis.

### 3.2 Local and Population of Study

This study was conducted in four selected districts of Buganda region located in Central Uganda. Geographically, Central Uganda is located on the western shores of Lake Victoria, and it is coterminous with the Kingdom of Buganda, one of the ancient African monarchies that are constitutionally recognized in Uganda and the largest traditional monarchy in East Africa (Giblin,

2018). Although the region is dominated by the Baganda (Jørgensen, 2023), the protracted wars in East Africa, urban migrations and globalization have made Central Uganda to be multicultural (MoLGSD, 2020).

According to 2023 population projections by UBOS, (2022) there are about 917076 older adults in Uganda, 190,584 older adults dwelling in Buganda region. Older people remain economically engaged even when frail. Economic potential of older people are limited to subsistence farming (MoLGSD, 2020). Agricultural sector, however, remains the dominant source of livelihoods for all peoples including older adults (Golaz, *et al.*, 2017). Older males are drastically losing their hold on land resources due to the norm of allocating land to the newly married son and population pressure (MoLGSD, 2020).

### 3.3 Sample Size

Basing on the field mapping older adults by a local NGO, a sample size of 292 older adults was derived using Morgan’s formula. The unit of analysis was the older adults while medical workers, community development workers, spiritual leaders and focused group discussions formed the unit of investigation.

The Krejcie and Morgan's sample size calculation was based on  $p = 0.05$  where the probability of committing type I error was less than 5 % or  $p < 0.05$ .

$$n = \frac{X^2 NP (1-P)}{d^2 (N-1) + X^2 P (1-P)}$$

Where;

$n$  = required sample size.

$X^2$  = the table value of chi-square for 1 degree of freedom at the desired confidence level ( $0.05 = 3.841$ ).

$Np$  = the population size.

$P$  = the population proportion (assumed to be 0.50 since this would provide the maximum sample size).

$d$  = the degree of accuracy expressed as proportion (0.05).

The sample size was calculated as follows.

$$n = \frac{X^2 NP (1-P)}{d^2 (N-1) + X^2 P (1-P)}$$

$$\frac{3.841 \times 1218 \times 0.5(1 - 0.5)}{0.05^2(1218 - 1) + 3.841 \times 0.5(1 - 0.5)}$$

$$\frac{1,169.5845}{3.042 + 0.96}$$

$$\frac{1,169.5845}{4.0025}$$

$$n = 292.21 \approx 292$$

### 3.4 Sampling Procedures

This study took samples that were deemed to have more important information about the situation of older adults in greater Masaka area. The main respondents (older adults) were arrived at using simple random sampling, key informants (medical workers, community development workers, spiritual leaders) were sampled purposively and participants in the focused group discussions (care takers) were sampled using convenient sampling.

### 3.5 Data Collection Methods and Research Instruments

Survey and interviewing methods were used during the study on older adults (Welman, 2012). For the survey, known instruments in the field of mental health were used to constitute a questionnaire. As such the research tool carried with their standardized scales of measurements (Nsereko *et al.*, 2022) for proper administering and accurate scoring. On the other hand, interview guides were developed based on the contents from the quantitative outcomes as suggested by Bhattacharjee, (2012).

As recommended by Nsereko *et al.*, (2022) and McNeish & Wolf, (2023), to conduct accurate and acceptable measurements in a study on personal growth and depressive symptoms, this study benefited the standardized psychometric tools. The family environment Scale (FES) informed the constructs that measure personal growth (independence, achievement orientation, intellectual cultural orientation, active recreational orientation and moral religious aspects) and the Becks depression inventory were administered to consenting older adults. These findings were substantiated with the interview guides to investigate into the lived experiences of older adults.

### 3.6 Data Analysis

Both Simpson, (2015) and Mezmir, (2020) agree that statistical representation of data is an important aspect of the study design. Clear data analysis plan for both quantitative and qualitative data was drawn and followed strictly to enable smooth adherence to the methodology that guided this study. Various skills including summarizing, describing, and correlating of the data through to testing the null hypotheses (There is no effect of personal growth on depressive symptoms among older adults in Central Uganda). Quantitative data was managed through the statistical package for social sciences (SPSS)

that enabled the processing of results. As recommended by Teddlie & Tashakkori (2009) and Simpson, (2015) inferential statistics mainly using correlation analysis, regression and multiple regressions were of preference to derive the pearson product moment at 0.05 level of significance.

Thematic analysis was ideal for exploring themes out of qualitative data from interviewed research participants (Creswell, 2013). It helped the researcher to identify data related to the theme of study, from multiple participants.

### 3.7 Ethical Considerations

This study underwent ethical standards and secured the required approvals by the research and ethical committee (CIUREC) and Uganda national council for science and technology (UNCST). Also, permission was obtained from the Chief administrative officers (CAO) at every district through the district focal person for the elderly who granted permission to proceed with data collection in selected sub counties.

Once permission was granted at every level of local council leadership, data collection commenced. Data assistants were recruited and trained to support the researcher before actual data collection. The questionnaire and interviews were administered to consenting persons.

## 4. Results and Discussion

Study findings in Table 1, reveal that personal growth was moderate ( $\bar{x} = 3.10$ ,  $sd = 1.47$ ) according to the scale of measurement used for this study. Personal growth is therefore perceived imperative and emphasized in families with older adults. Majority 116 (39.7%) of the respondents agreed that they are strongly encouraged by their family members to learn how to live independently or with minimal support from relatives.

Results Table1 reveal moderate (mean = 3.12, sd = 1.42) score on being encouraged by family members to think things out for themselves and self-reliance when a problem comes up. This implies that in the study area the older adults are actively involved in activities that enable them address small personal concerns that require minimal financing. Further analysis informs that many 77(26.4%) disagree to being encouraged by family members to be self-reliant, however, majority 106(36.3%) agree that their family environment is encouraging them to remain active and supportive towards solving challenges in their life.

Personal growth achieved through promoting independent living has been reported as an important aspect of elderly care and graceful aging. Community and government workers reported about considering this avenue to be rewarding. It re-echoes human dignity despite decline in physical strength. Living independently under minimal support was reported by respondents who were spiritual leaders and community workers.

Respondents commented about the importance of having income and preparing for the older age through achieving financial independence. *“Some older persons sell small items like tomatoes, sugarcanes sweet bananas from which they gain hope of making money and savings. These productive ventures are really very small but very meaningful in restoring their self-worth.”* (Key Informant #3, 2024)

A spiritual leader commented about older people in the community not having invested in ventures that could assure their self-sustainability at old age. *Old people’s wellbeing is challenged by financial hardships. People in this society do not invest in income generating venture that would cater for their expenditure while of age.”* (Key Informant # 6, 2024)

Another community worker commented that, *“The beauty of aging with dignity is when the older person has the resources to acquire what they need in life. We tell them to gradually prepare for the worst moments of their life not only to educate their children but themselves achieving self-reliance.”* (Key Informant #7, 2024)

**Table 1: Personal Growth among older adults in Central Uganda**

Items	SD		D		N		A		SA		$\bar{x}$ Mean	Std. Deviation
	Fx	%	Fx	%	fx	%	Fx	%	Fx	%		
I am strongly encouraged to be independent in our family.	30	10.3	90	30.8	9	3.1	116	39.7	47	16.1	3.21	1.31
I am encouraged by family members to think things out for myself and almost always rely on myself when a problem comes up.	44	15.1	77	26.4	5	1.7	106	36.3	60	20.5	3.21	1.42
My family members feel it is important to be the best at whatever I do.	49	16.8	93	31.8	3	1.0	64	21.9	83	28.4	3.13	1.53
I am encouraged by my family members try that hard to succeed and getting a head in life.	47	16.1	104	35.6	2	.7	91	31.2	48	16.4	2.96	1.41
My family members often compare me with others as to how well I am doing at home.	78	26.7	50	17.1	11	3.8	85	29.1	68	23.3	3.05	1.57
I get in recreational activities outside work in our family.	68	23.3	75	25.7	8	2.7	77	26.4	64	21.9	2.98	1.53
I and family members sometimes attend some hobby of interest	52	17.8	78	26.7	9	3.1	71	24.3	82	28.1	3.18	1.52
<b>Agg. Mean and SD</b>											<b>3.10</b>	<b>1.47</b>

*n* =292; Source: Primary Data. Legend: Very high (4.24 – 5.00), High (3.43 – 4.23), Moderate (2.62 – 3.42), Low (1.81 – 2.61), Very Low (1.00 – 1.80)

These findings are supported by WHO, (2021) and Rudnicka, *et al.*, (2020) in the attempt to promote graceful aging across the globe. Many old people are given the required attention to maximize their potential to live independently with minimal support. These efforts are believed as the core interventions to achieve mental wellbeing together with their families. Conway, *et al.*, (2022) observed that rural older adults could be involved in several activities with minimal earnings. These activities are meaningful for individuals at old age. Older people may have possibilities for independent living compared to their urban counterparts.

As seen in Table 1, there was moderate (mean =3.13, SD=1.53) family members ensuring that their relative is trying to be the best in whatever the older adults does. Majority 147(48.6%) of the respondents agreed to the statement while 142(48.6%) of the respondents declined to having been supported by family members. This implies that there are some families that are trying to ensure that older adults are actively involved in productive activities in their interest. Supporting family members to achieve their life plans and aspirations may cause emotional comfort and satisfaction.

In a FGD, a female 62years old participant could not hold her happiness about the support got from the family member that enabled her to achieve what was considered as the most challenging task in life.

*“The most painful of thoughts was when I never had resources to buy a personal plot. It was very embarrassing that a fully grown up person like me was still wondering place to place. What gave me relief was the supportive child who ensured that I complete the payment of the small plot on which my house was built. To this I can say that I will die a happy person and I will be respected before my family and community.”(FGD #1, 2024)*

The center of successful aging is hinged upon being active and happy. These perspectives co-exist in a resilient, rewarding and enabling family environment where members prefer ensuring the benefit of each through brotherhood and living in communion with each other. Sharing in each other’s joy after success could tighten these family bonds.

These findings are in agreement with Donnelly, (2023) who emphasized the unfortunate missed opportunities for people to materialize their desire and expectation in life. There are lost moments in life when people cannot

implement desired plans. He cautioned people not to be shocked at unfulfilled expectations since people are limited in abilities. Those are wonderful chances for family support towards achieving such failed plans yet very rewarding to the older adults. Researchers Choi & Hastings, (2019) argued that older adults attached higher value to moments when the feeling of stronger family attachment and togetherness. Therefore, family moments identified with support to fulfill other goals are very vital indicators of good family environment that ought to be realized.

Findings in Table 1 revealed moderate (mean = 2.96, sd = 1.41) score on family members encouraging the older adults to try that hard to succeed and getting a head in life. Such supportive family environment is very rewarding to the older adults who need a hand to fulfill their plans in life. It is surprising that in many families, older adults do not receive the required family support. The urge to make dreams and wishes come true remains frustrating. As seen in Table 1, 104(35.6%) of the respondents declined to being encouraged by their family members to try to succeed and get a head in their life. Some relatives ignore the concerns of the old, yet life plans know no age.

To emphasize this, need to support each other in planning Donnelly, (2023) suggested that family members who are still productive are necessary in investment planning and choices. Donnelly, (2023) agrees with Hooyman *et al.*, (2015) who argued that in many cases younger persons support the old persons with pension planning and management. They guided that involvement of the older adults in such critical investment priorities. The wishes of the older adults should therefore be respected and taken into account.

Research findings in Table 1, revealed that comparisons with other family members at the household level was moderate (mean = 3.05, sd = 1.57) among older adults in Central Uganda. This implies that old people are of meaningful in the lives of people in their families, especially those younger. It was realized that many 128(43.8%) older adults were not often compared with others as to how well they are doing at home, majority 153(52.4%) were in agreement that their family members compared them with others in terms of how they were performing household duties. It should be noted that often younger people are under the care of older adults. The elderly are exemplary for almost all members in their families.

Believably, older adults have culturally stood as a symbol of heritage and transfer of tradition to the next generation. Comparisons would mean perfections of the new generation over the tasks in relation to their trainers (older adults). When the old are active in the home, levels of

stress reduce since they are pre-occupied with various activities at the household level.

To assert the improvement the older person has registered over time and the confidence in performing various duties at home. One of the participants commented that,

*“I cannot thank enough the people who have supported me to gain physical strength. I can now do my garden work next to my compound. Home looks better when you are personally taking care of the compound than the young children who do not pay attention to some details. They even cut my flowers I have kept for long since they do not attach meaning to them.”(FGD #1, 2024)*

Another participant reported to have personal confidence in organizing the household by herself than other family members. The revealed that older adults now areas of their best output and those are known by each member of the family.

*“I am still able to organize the household better than others. I do not see reason why such activities I can do in the house are done by other people. It is meaningful for each of us at home to do what we are best at. Do not expect an old person of my age to carry a Jeri-can of water. They help me as I also help them to learn from me how to properly organize the house. (FGD #2, 2024)*

Qualitative findings are informative about specialization in domestic work. When the family members realize that the older adults find comfort in doing certain duties, it would be very befitting to allow that family member to be in charge of such activities. This could boost their confident, achievement orientation and sense of participation towards community wellbeing. When older adults realize their importance to the household, their mental health stands a chance to increase with lesser chances of depression.

In agreement with the findings, Pfaller & Schweda, (2019) and Wongsala *et al.*, (2021) emphasized the importance of active aging as avenue for social inclusiveness. More life meaning is derived from daily accomplishments. Such milestones are mostly achieved at the home of residence. People at old age should be reckoned upon small but meaningful accomplishments. In fact, Gyasi, *et al.*, (2019) also found family very significant in promoting psychological wellbeing of the older adults than external

socialgroupss. This emphasizes that older adults should be supported to identify their human significance within the basic component of society.

As seen in Table 1, older adults getting involved in recreational activities outside work in their families was found to be moderate (mean = 2.98, sd = 1.53) according to the Likert scale used for this study in selected districts of Central Uganda. There was almost average frequency of those older adults' involvement in recreation activities outside home 141(48.3%) and those who were not 143 (49%). This speaks to the reality in most rural communities with less recreational activities for the older adults. While rural settlements may have less if not no choices for modern recreation, one would expect a moment of relaxation during the day.

The number of older adults involved in family recreation is almost as much as those who reported not having family hobby that unites them. Table 1 reveals that 153(52.4%) agreed and 130(44.5%) disagreed to have family hobby they participate in. Study results in Table 1 revealed moderate (mean = 3.18, sd = 1.52) score on collective involvement some hobby of interest as a family.

A participant in the focused group discussion recounted that the older people were by virtue of advanced age not expected to have recreation moments outside their home. She stated that, *“Those are activities for town settlers and mostly young persons. Do people of our age go for recreation? We stay home and keep the household. Our grandchildren are the ones who can go for such recreation activities with their friends in their age groups. (FGD #1, 2024)*

These misconceptions require to be demystified for the older persons to realize the meaning of recreation and its importance. While many older people would not consider recreation arrangements necessary for them, some reputed it. A participant stated that,

*“I do not have to be busy throughout the day. We do small activities at home that relax me with my grandchildren. We listen to a radio programs that inform me about the current information in my area. My grandchildren also preferred radio programs mostly music and football. We make baskets and weave mats from which we make small earnings. Those keep us together at home in peace.”(FGD #1, 2024)*

Recreation was realized to be used as a moment for togetherness, social connectedness in the community and visiting contemporaries. These social arrangements were

reported with positive benefits to the older adults in terms of knowledge, support and sharing among the old people.

One of the community workers informed that, *“We realized elderly persons have a social gap thus KM started community solidarity groups where elderly meet weekly, make savings and share ideas. Through sharing they are counseled. We also encourage community groups to conduct visits to older persons for constant support, clean the toilets, clear the bush and other domestic support.” Participant #2, 2024)*

These findings suggest that there are several avenues that could be explored for the benefit of older people during their relaxation moments either with their families or social groups. Supportive sharing in social groups though was not identified by the older adults themselves can be of benefit in terms of recreation.

Apart from breaking the daily humdrum, it is challenging for older people to get absorbed into modern recreation. Older people with physical strength tend to make visits to neighbors or attend social gatherings however majority of the older adults would remain at home, tune-in to the favorite radio station as they do craft work while off the main activities. There could be a need to support the older adults to make craft work more recreational and social than a by-the-way recreation activity. By so doing social activities like craft work may become social buffer to depressive symptoms as stress buffering model suggested.

In agreement with these finding a study conducted in Nigeria by Armiya'u *et al.*, (2022) revealed that social support and hobbies contributed 34% and 26% respectively to mental wellbeing. In support to the same, a study by Giebel, *et al.*, (2022) found out that the elderly people were emotionally disturbed upon missing moments of interaction due to various factors. The elderly would be expectant to catch a moment with their friend at last once per week.

Other studies opposed to active aging and social inclusiveness in interactive moments suggest that hobbies and recreation should be curved within the scope of cultural and moral religion to which to older adults subscribe (Willcox, *et al.*, 2007; Tabatabaei & Ebrahimi *et al.*, 2023). These were opposed to the context of active and social inclusion of the older adults (Pfaller & Schweda, 2019; Wongsala *et al.*, 2021). A study conducted among elderly women in rural Japan provides lessons for family system development in similar context like Central Uganda. Willcox, *et al.*, (2007) realized that amidst drastic social cultural changes, there was noticeable satisfaction derived from traditional weaving during recreation. Due to the social nature of such hobbies, those involved experienced reduced risks to depressive symptoms.

## Depression Levels

To better understand the mental health breakdown in Buganda region, the BDI was administered to find the level

of depression among the study population. According to the psychometric tool, six levels are important categorization of depression. The last three levels are of critical concern for clinical referral compared to the first three levels.

**Table 2: Descriptive Statistics of Depression**

Level of Depressive Symptoms	<i>Fx</i>	%
Normal	14	4.8
Mild Mood Disturbance	25	8.6
Borderline Clinical Depression	14	4.8
Moderate Depression	74	25.3
Severe Depression	65	22.3
Extreme Depression	100	34.2

*n* =292, Source: Primary Data

Findings in Table 2 reveal that very few 39(13.4%) of the older adults were having manageable depressive episodes. Some of these could be due to normal or minimal emotional up-setting life experiences they encounter. Such experiences could be considered normal challenges in people's happenstance as they strive to achieve their life goals and maintain the achievements they had in their lives.

A significant number 253(86.6%) of older adults were found fit for clinical management of depressive symptoms. Out of those, majority (34.2%) of the respondents were found to have extreme depressive symptoms, and many (22.3%) were diagnosed with severe depressive symptoms according to BDI used for the study in selected Districts in Central Uganda. This implies that older adults in Central region are living under challenging mental health conditions that require to be attended to.

Findings from the current study are in agreement with earlier medical (Nakasujja *et al.*, 2021) and community

based (Akena *et al.*, 2023) studies conducted in Buganda region where the prevalence of depressive symptoms took a record high 22% and 32% in different targeted districts (Masaka and Rakai). Evidence to the progression of mental health conditions among the old people asserts the urgency for psychosocial intervention programmes aiming at promoting partial independence of the older adults; achieve their unmet goals, increase their participation and community strengthening for moral-cultural value preservation.

## The Relationship between Personal Growth and Depressive Symptoms

To achieve the objective of this study the leaner correlation results were sought using pearson correlation moment. Statistical significance is an effective empirical measure upon which valid conclusion could be drawn. Results Table 3 presents the findings.

Table 3: Personal Growth and Depressive Symptoms

Item	Description	Measure
Personal Growth	Pearson correlation( <i>r</i> )	.479**
	P-Value	.000
	Coefficient of Determination ( <i>r</i> <sup>2</sup> )	.229

*n* =292

\*\*Correlation is significant at the 0.05 level (2-tailed)

According to Table 3 results, there is a significant relationship between (***r* = .479, *p* = .000**) personal growth and depressive symptoms among older adults. These findings imply that personal growth has an influence on depressive symptoms among old people. Research findings using the Coefficient of Determination present that

personal growth contributes **22.9 %** to depressive symptoms among older adults in the study area.

These findings are vital in the attempt to find the possible effect of personal growth and related life struggles towards chances for older adults to manifest depressive symptoms. The Anova Table 4 presents details to that effect.

**Table 4: The ANOVA on Personal Growth and Depressive Symptoms**

		ANOVA <sup>b</sup>				
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	141.660	1	141.660	86.168	.000 <sup>a</sup>
	Residual	476.761	290	1.644		
	Total	618.421	291			

a. Predictors: (Constant), Personal Growth

b. Dependent Variable: Levels of Depression

The regression analysis in Table 4 evaluates the effect of personal growth on levels of depression. The ANOVA results show that the regression model is highly significant, with obtained F-statistic of 86.168 and a p-value of .000 according to the .05 level of significance used for this study in Central Uganda. This indicated that personal growth significantly predicts depressive symptoms. Of the total variation in depressive symptoms (618.421), 141.660 is

explained by personal growth, while 476.761 remains unexplained. The obtained mean square values (141.660 for regression and 1.644 for residual) further highlight the model's strong explanatory power, demonstrating that personal growth contributes substantially to predicting levels of depression among older adults in the selected districts of Buganda region.

Table 5: Regression Analysis of Personal Growth and Depressive Symptoms

		Coefficients <sup>a</sup>				
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	6.245	.198		31.542	.000
	Personal Growth	-.090	.010	-.479	-9.283	.000

a. Dependent Variable: Levels of Depression

Further analysis using the coefficients in Table 4 provides additional insights. The standardized coefficient ( $\beta = -.479$ ) indicates a moderate to strong negative relationship between personal growth and depressive symptoms. The high t-value ( $-9.283$ ) and significant p-value (.000) confirm the robustness of this relationship. These results highlight that fostering personal growth such as through self-awareness, goal setting, and skill development can significantly reduce depressive symptoms, making it a key area for interventions aimed at improving mental health outcomes among the greying population.

## 4.2 Hypothesis Testing

To test the hypothesis that "there is no effect of personal growth on depressive symptoms among older adults in Central Uganda," we analyzed the results of the regression analysis presented in Table 4. The ANOVA results demonstrate a statistically significant relationship between personal growth and depressive symptoms, with an F-statistic of 86.168 and a p-value of .000. This indicates that personal growth significantly predicts levels of depression.

Furthermore, the regression model explains 141.660 of the total variation in depressive symptoms (618.421), highlighting the substantial contribution of personal growth to mental health outcomes among the aged persons. The remaining variation (476.761) suggests the influence of other factors not captured in the model under study.

The coefficient Table 5 reinforces the significance of ensuring personal growth. The standardized coefficient ( $\beta = -.479$ ) reveals a moderately strong negative relationship. The t-value ( $-9.283$ ) and p-value (.000) confirm that this relationship is highly significant. Based on these results, the null hypothesis was rejected.

## 5. Conclusion and Recommendations

### 5.1 Conclusion

In conclusion personal growth has a significant effect on depressive symptoms among older adults in Central Uganda. These findings emphasize the importance of

promoting aspects of personal growth such as fostering independence, self-awareness, goal achievement, and skill development as an effective strategy to alleviate depression among this demographic population.

## 5.2 Recommendations

1. The ministry of labour gender and social development, NGOs and Community development workers should enhance access to recreational and social opportunities. This may promote community-based recreational activities and social events tailored for older adults to encourage active engagement and personal fulfillment.
2. The ministry of labour gender and social development should work with NGOs to integrate lifelong learning opportunities. This should be done through creating programs that support skill-building, literacy, and hobby-based learning for older adults, helping them develop a sense of purpose and self-worth.
3. The ministry of labour gender and social development should work closely with religious leaders to promote religious and spiritual interactions or engagements. Partner with faith-based organizations to facilitate inclusive religious activities that provide emotional comfort, moral support, and a sense of belonging for older adults.

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