ACHIEVING SOCIAL PROTECTION FOR THE ELDERLY IN KILIMANJARO REGION, TANZANIA: A CALL FOR SOCIAL INSTITUTIONS TOWARDS IMPROVING ELDERLY SERVICE PROVISION

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ABSTRACT

The elderly in Tanzania face social insecurity that put them at risk of great horizon of abuse, social exclusion, serious illness and abject poverty. Although, there are several social institutions addressing the risks facing the elderly in Tanzania, still the elderly's adverse conditions remain unabated. This paper examined Social Institutions (SIs) and their respective roles in providing social security to the elderly in terms of food, health, shelter, clothing and income services. The study adopted a cross-sectional research design where a questionnaire survey, focus group discussions and key informant interviews were the main methods of data collection. The descriptive statistical analysis was employed to explore the distribution of socioeconomic characteristics and social protection. Content analyses approach was used to analyses the qualitative data. The findings show that: the family, Department of Social Welfare (DSW), Tanzania Social Action Fund (TASAF) and religious institutions were the most active SIs providing social protection to the elderly. Elderly were unsatisfied with the SIs'social services provision as they narrowly focused on health and food. There was inadequately provision of other needy services. The study recommends to government to enhance the implementation of the social protection policies and guide service provision mechanisms among SIs. There Sis should adopt joint implementation of the social protection interventions to improve the scope of services for elderly welfares.

Keywords: Social protection, the elderly, social institutions, social services

INTRODUCTION

Social protection has been provided to the elderly in all societies of all races for many generations. Elderly people in many societies across the globe were living at the apex of the society structure (Spitzer *et al.,* 2008 and Stuart, 2008) that gave them natural protection. However, it is changing rapidly particularly due to economic development and modernization (Robert and Verhoek-Oftedahl, 2011). The basis of this change is leading to adoption of nuclear families and migration of young people from the rural to urban areas in search for jobs, business opportunities and or other reasons including loss of the family unit which was the primary care giver and left the elderly socially unsecured (URT and HAI 2010, Bookman and Kimbrel, 2011; Yap and Traphagan, 2006).

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In China, for example, labour migrations have left elderly people stranded in rural areas with no care. As a result, the government's emphasis is on the *filial piety* (respect for the elderly) customs for children to take care of their parents (Chappell *et al*., 2011). Moreover, in industrialized countries, the elderly social protection comes to a great extent from large public or private pension and health systems (Cohen and Menken, 2006).

In sub-Saharan Africa, traditional support systems are based on family and kinship networks for taking care of the elderly. However, due to rapid modernization processes such as urbanization, rural-urban migration, coupled with the breakdown of traditional family support networks and the devastating effects of chronic poverty have posed a real and important challenge to the elderly social protection.

In addition, social protection mechanisms to the elderly are based on the extended family and community structures. However, these traditional mechanisms are also becoming insufficient to protect the elderly from a broad array of vulnerabilities (ILO, 2014; Bloom *et al.*, 2011). Meanwhile, majority of the elderly are not only abandoned, but also they lose much of their familial support and become a non-productive economic burden (HAI, 2008).

It is important to note that, due to the elderly status regularly being accompanied by reduced capacity and strength, poverty, social exclusion and a growing risk of social insecurity have become a common and challenging phenomenon among the elderly (Aboderin, 2005; HAI, 2004). As a consequence, Helmut *et al.* (2009) and Barrientos *et al*. (2005) concluded that many elderly who lack social and economic protection have been exposed to highly vulnerable living conditions.

In the context of addressing the elderly challenges, large organizations such as the United Nations and the World Bank have recognized the impact of globalization to the wellbeing of the elderly; as such they are increasingly calling for affirmative and effective actions to enhance elderly social protection (United Nations, 2011; World Bank, 2009). The Tanzania National Aging Policy (2003) and National Strategy for Growth and Poverty Reduction (NSGPR) which, among other things, have committed to improve quality of the elderly life through social protection programs such as inclusion of the elderly issues in development strategies and provision of free health services, pension and respect. Moreover, Tanzania was the second country in Africa to adopt the National Elderly Policy in 2003 (Helmut *et al.,* 2009; HAI, 2008).

Despite the existing ageing policy in Tanzania and strategies that incorporate old age people's concern, no significant results have been achieved due to the fact that the existing National Ageing Policy does not have legislation that guide elderly social protection. For instance, about 96% of the elderly in Tanzania do not have a secured social protection from social institutions (URT 2003, ILO 2012; HAI and URT 2010). This has resulted to unsociable caring of the old age people while experiencing social insecurity that forces them to live in an immense plight. According to Ferreira (2011), Oduro (2010), HAI and URT (2010), a call for substitute social protection mechanisms from social institutions such as public and private service providers is necessary to address the yawning gap of social security among the elderly in responding to the opportunities and challenges of population ageing in the 21st century.

The elderly situation in Kilimanjaro Region in terms of health and food security is not promising (Sanga, 2013, Dewhurts, *et al*., 2013; Paddick, *et al.*, 2015). However, the focus of these studies is on the food and health security. The social institutions part and elderly's attitude towards service provision for the elderly are not covered in these studies. Therefore, this paper was set to fill this gap by identifying social institutions, services provided to the

elderly and establish attitude of the elderly towards receiving social protection from such institutions. Findings from this study reflect the practicability of Development Vision 2025 which proclaim high quality livelihood for all Tanzanians including the elderly and the Tanzania National Ageing Policy which describes the role of elderly stakeholders in implementing elderly interventions. It also contributes in designing and implementing appropriate elderly social protection interventions for greater sustainable impact and informs future related policy discussions that would have a positive impact to the elderly lives.

METHODOLOGY

Description of the Study Area

This study was conducted in Kilimanjaro Region, Tanzania. Moshi Municipality (MM) and Moshi District (MD) which were purposely selected. The two selected districts have high population of elderly compared to other districts in the Region as well as other regions in Tanzania. The Region has the highest proportion of 9.7% elderly population compared to 5.6% of the national average (NBS, 2012). Moshi District has about 4.6% of elderly population while Moshi Municipality has 4.2%.

The study adopted a cross-sectional research design where questionnaire, focus group discussions and key informant interviews were the main methods for data collection. A multistage sampling procedure was adopted in the selection of the study areas. In the first stage one division was selected randomly from each district, where Moshi *Mashariki* and Vunjo *Mashariki* were from the Municipality and Moshi District respectively. In the second stage, two wards were randomly selected from each division namely Kiusa and Bomambuzi wards from Moshi *Mashariki* Division while Marangu *Mtoni* and Uru Mashariki wards were selected from Vunjo East Division. In the third stage, eight villages/hamlets were randomly selected. They were Kiusa Line and Kiusa *Sokoni* from Kiusa ward; Kanisani and Kilimani from Bomambuzi Ward; Kishumundu and Kyaseni from Uru *Mashariki*; and Rauya and Samanga from Marangu Mtoni Ward. In the fourth and final stage, 23 elderly aged 60 years and above were randomly selected from each village by lottery method using the village elderly list obtained from village leaders, making a sample size of 184 respondents. Moreover, all the 18 elderly who were residing at the Elderly Care Centre were purposively selected and included in the study. A total sample size of 202 respondents in the study area was selected where 104 respondents were from Moshi District and 98 respondents from Moshi Municipality respectively.

Data Collection and Analysis

Data collection was done by using a triangulation of methods including questionnaire, focus group discussions (FGDs) and key informant interviews (KIIs). These methods were used to obtain information on types of social institutions, services provided and attitude of the elderly towards receiving services from social institutions. Descriptive statistical analysis was computed to explore the distribution of the socioeconomic status and the institution of social protections. The qualitative data collected from FGDs and KIIs was analysed through content analysis technique consistent with objectives of the study. The elderly's attitude towards services provided by social institutions was determined using a satisfaction index developed using Likert-scale. Every respondent was required to rate his/her attitude towards service delivery which were ranging from: strongly dissatisfied (1), dissatisfied (2), undecided (3), satisfied (4), or strongly satisfied (5). Therefore, the scale had maximum possible score was 30 and minimum of six (6). The score on the scale were further categorized into: unfavourable attitude (Unsatisfied) (Score 6-14), neutral attitude (Undecided) (scores 15-18) and favourable (Satisfied) attitude (Score 19-30)

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RESULTS AND DISCUSSION

Social and Demographic Characteristics of the Elderly Respondents

The sociodemographic of the study respondents are presented in Table. The mean age of the respondents was 65 years. This age bracket represents the population with the decline in functions and abilities that lead the elderly to be more dependent and vulnerable to the risks associated with aging. Many people at the age of 60 years and above have both physiological and anatomical body functions diminish marginally due to biological changes that naturally accompany the ageing process (Spitzer *et al.* (2009).

Table 1. Demographic Characteristics of the respondents

Variables	Moshi Municipality (n=98)	Moshi District (n=104)	Overall n=202
Sex			
Female	18.3	26.2	44.6
Male	30.2	25.2	55.4
Age Group			
61-70	15.3	26.2	41.6
71-80	21.3	14.9	36.1
81-90	7.4	5.4	12.9
91-100	3.5	4.0	7.4
101-110	1.0	1.0	2.0
Marital Status			
Married woman	1.5	5.9	7.4
Married man	11.9	17.8	29.7
Widower	3.5	6.4	9.9
Widow	21.8	19.8	41.6
Divorced	5.5	1.5	7.0
Never Married	4.5	-	4.5
Education level			
Primary	36.6	34.2	70.8
Secondary	0.5	2.0	2.5
Tertiary	0.5	1.0	1.5
University	0.5	1.0	1.5
Not attended formal education	17.4	6.4	23.8
Occupation			
Crop production	4.5	36.6	41.1
Livestock keeping	2.0	2.5	4.5
Non-government employment	0.5	0.5	1.0
Petty trading	12.9	3.5	16.4
Too old to work	28.7	8.4	37.1
Total	48.7	**51.5**	**100.0**

Living with a spouse or in any form of marital union is very important for the elderly and it is associated with elderly social protection. In this study, 41.6% of the respondents were widows and 29.7% were married. Most of them lacked support for the wellbeing as families

was anticipated to protect the elderly from social insecurities such as loneliness, risks and shocks. It is argued that widowhood/widower-hood and poverty are also highly related with old age especially if one lacks adequate means of social protections (Cattell ,2005; Waite,1995; Rogers *et al.,* 2000)

Majority of the respondents had attained only primary education (70.8%). About a quarter of the respondents had never had any formal education (23.8%), and only a few had secondary education (2.5%). This implies that, the majority of the elderly had no qualification that would enable them to be employed in the formal or informal sector of which would help them to access the benefits provided by these organizations. Education level is an important characteristic for the elderly in accessing social protection services from formal institutions (Spitzer *et al.* 2009; URT and HAI, 2010; Nkwarir, 2010).

Understanding occupation of the respondents is important as it may determine establish the type of social protection adopted by elderly as well as support, strategies and interventions required in addressing the elderly social insecurity. The distribution of respondents by their occupation revealed that, 41.1% of the elderly respondents were involved in crop production as their predominant occupation and 37.1% of the respondents were too old to work (Table 1). The aging process is linked with declining state of elderly, which is a risk factor for their wellbeing (Spiter *et al*., 2009).

Social Institutions (SIs) and Social Protection for (SP) the Elderly

In the study area it was revealed that there are four common types of institutions for social protections namely: the family, Department of Social Welfare (DSW), Tanzania Social Action Fund (TASAF) and religious institutions. The services provided were: providing food, health, shelter, clothing, income and training to the elderly in the study area (Table 2). It was further revealed that the service provision to the elderly is a shared responsibility among the identified social institutions although they services varied from one institution to another. Similar studies have reported that, in achieving social protection to the elderly, the government and other stakeholders such as the family, religious institutions and NGOs have a very big role to play in service delivery to the elderly (Jutting, 2000, Nkwarir, 2010 and Mathiu and Mathiu, 2012). For example evidence from the study on Ageing and Care of Older Persons in Southern Africa found that the care of the elderly in developing countries was a shared responsibility of the nuclear family, government and voluntary organisations (Dhemba, 2015).

Table 2. Types of social institutions and services provided to the elderly (n = 202)

Services	Institutions*			
	(DSW)	Family	TASAF	Religious organisations
	%	%	%	%
Health services	48.5	77.7	0.0	29.2
Food	9.9	100	0.0	13.9
Clothing	9.9	100	0.0	38.6
Shelter	9.9	100	0.0	0.0
Cash transfer	0.0	18.8	25.7	0.0
Training on IGAs	0.0	0.0	25.7	2.0

*Multiple Responses

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Family and the elderly social protection

The study found that the family was the leading institution in providing almost all the services such as health, food, clothing, shelter, cash transfer to the elderly except for training on Income Generating Activities (IGAs) compared to other institutions in the study area. This finding shows that, it is within the family where the elderly rely for the greatest protection such as food, health and shelter during social insecurity. Similar findings have been reported by Barry (2010), Dhemba (2015) and Oladeji, (2011) who found that the family is microcosm institution that is still considered as the focal point in the process of protecting the elderly. During elderly focus group discussion, it was found that, families are primary institutions in providing services to the elderly. This was disclosed by one elderly in the study area who had this to say: *"Family is a viable institution in taking care of the elderly; if family members are not around what do you expect for the elderly like us? It is suffering and death"* (Elderly FGD in Kiusa Ward, Moshi Municipal Council).

In the same vein Nombo (2013) and Nkwarir (2010) have argued that in the wake of old age, life shocks and economic hardships, family members provide social security to the elderly. The findings presented in this study differ from the studies conducted most of the European countries where the elderly are fully taken care by the government public funding through provision of allowance systems for the home based elderly, home nursing, care centers, direct cash or personal care budget and benefits in kind instead of the family to take overall responsibility (Genet *et al*., 2012). This is due to the fact that in the European countries there are good policies and their implementation regarding social protection for the elderly while in third world countries, Tanzania inclusive their policies are not enforceable since they lack legislation component.

Government support towards providing social protection to the elderly

The study further revealed that the Department of Social Welfare (a Government institution) provided services to the elderly at varying degrees; the services provided were health (48.5%) and training (2.5%) for both the elderly respondents who resided in households and those from the elderly care centre. It was noteworthy however, to mention that, only 9.9% of the repondents were taken care at the elderly care centre in the study area and received services such as food, clothing and shelter free of charge. Moreover, majority of the elderly reported poor provision of services from the local government through DSW and a complete lack of well-defined support structures. This was clearly emphasized during the focus group discussions on the health aspect where it was reported that:

> *"...we are told that; free health services are entitled for the elderly…. this is not true… It is only the consultation services that are being given to the elderly when sick.....otherwise we normally buy medicines"* (Elderly FGD in Kiruweni Village, Moshi District Council).

This statement shows that, apart from the free health services that the elderly people are entitled by the government health policies, the elderly are not getting full services from public health centers and as a result the elderly suffer a great deal. This is to say that effective governmental support structures that facilitate social protection for the elderly are very essential in contributing to equitable provision of social protection to the elderly. Meanwhile, during interview with DSW officer in the study area it was revealed that, the National Ageing Policy of 2003 as a guiding instrument for the elderly welfare do not have laws that guide the implementation of the proposed social security activities for the elderly. This implies that, presence of government social protection arrangements in addressing the elderly challenges are very vital as it is a law enforcement instrument in safeguarding the welfare of the elderly.

Although the DSW was among the social institutions in the study area providing social protection to the elderly, these findings are contrary to the findings by Spitzer *et al.* (2009) who found that, in the Tanzanian context, NGOs were the main institutions providing services to the elderly and not other institutions.

Tanzania Social Action Fund (TASAF) Cash Transfer and the elderly social protection

In responding to financial crisis among the elderly, Tanzania Social Action Fund (TASAF) was identified as one of the institutions that provided social protection to the elderly through cash transfer programs. It was found that, TASAF in the study area supported vulnerable groups including the elderly with 27.5% on cash transfer and 27.5% for training programs (Table 2). From the findings, it can be interpreted that TASAF provides cash transfer to only 28% of the elderly, which is different from other institutions such as the government old age pension in South Africa which provides cash transfer to 80% of her elderly (Case and Deaton, 1998). However, TASAF was far better in supporting the elderly through cash transfer in the study areas rather than other institutions such as religious institutions and the government through DSW (Kessy *et al.,* 2008).

According to Tran (2012), financial security is cited as among the most urgent concerns by the elderly. Evidence suggests that conditional cash transfers help households spend more on food, education and health care (Devereux, 2008; Hofmann *et al*., 2008; Kessy, 2008; Adato and Bassett, 2009) and thus addressing poverty of the elderly (Patel, 2011). The study also revealed that even for the few lucky elderly who managed to get assistance from TASAF, the provided cash transfer to them was very little (TZS 20 000/= only was provided monthly per elderly). Experience from other parts of the world reveal that adults are supported with adequate money to ern a living. For example, elderly in South Africa receive $1000 (equivalent to 2,175,000/= Tshs per month). According to Dhemba (2015), the amount provided to the elderly by TASAF is far below the United Nations poverty line of US$1.25 a day, and consequently it is not a reliable source to lift the elderly out of poverty (URT and HAI, 2010).

Religious Organizations and Elderly Social Protection

Religious institution in the study are were also a source of source protections. Findings presented in Table 2 reveals that, 29.2% of the elderly received health support, 13.9% food, 38.6% clothing and 29.2% training on income generating activities from religious institutions. The major religious organizations identified were the Roman Catholic, Lutheran, Seventh Day Adventist churches and smaller groups consisting of a number of households who prayed together and provide spiritual support and guidance to the elderly as a needy group. During interview with the elderly, it was found that the respondents received direct support from the religious institutions. This was reported by one elderly; *"the majority of elderly in this ward are supported by religious people. We get food, shelter and sometimes health practitioners do checkups on our eyes"* (Male elderly, Bomambuzi Ward, Moshi Municipal Council).

Similarly, Daniel *et al*. (2016) and Berriantos *et al*. (2013) reported that, most of the religious organizations provide spiritual support, clothing, shelter and food. Religious organizations have been instrumental entity in providing social protection to the elderly in Africa and particularly in Tanzania. Participation of religious organizations in providing social protection for the elderly was reported to be an important instrumental in the study area.

Elderly's Attitudes towards Receiving Services Provided by SIs

The attitude of the elderly towards receiving services from SIs in the areas on health, food, clothing, shelter, cash transfer and training is presented in Table 3. The overall score on the

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elderly's attitude towards social protection as presented in Table 3 is based on the attitudinal statement used for the study. The average of points scored were distributed in three categories namely unsatisfied (negative attitude), satisfied (positive attitude) and neutral attitude.

Table 3. Elderly Attitude towards on Service provision (n = 202)

Attitudinal Statements	**Elderly Attitudes %**				
	Strongly Dissatisfied	**Dissatisfied**	**Neither Satisfied or Dissatisfied**	**Satisfied (**	**Strongly Satisfied**
Health services provided to you are good	11.4	27.2	32.2	20.8	8.4
Food provided to you is sufficient	21.8	13.9	32.2	22.8	8.4
You have Clothing to protect you during coldness	20.3	5.9	22.3	41.6	9.9
Shelter (houses) you have are not in good condition	11.9	19.3	33.7	14.4	20.8
Cash transfer is not available to the elderly	2.0	5.0	27.2	39.1	26.7
Poor accessibility to training provided to the elderly	3.5	9.4	15.3	47.2	24.8
		Overall			
Category	**Score**	**Frequency**			**Percentage**
Unsatisfied	6 – 14	80			39.6
Undecided	15 – 18	48			23.8
Satisfied	19 – 30	74			36.6

The attitude of the elderly towards service delivery to the elderly are presented in Table 3 where 39.6% of the respondents had negative and 36.6% had favourable attitude. During FGDs with the elderly, it was confirmed that, majority of the respondents in the study area acknowledged to experience poor access to social protection services from social institutions. This was clearly emphasized by one elderly in the FGD who narrated that:

> *"…. we are vulnerable in many aspects…. food, health and income… these are our main problems…..though it is a role of the social institutions to provide the services, we are not satisfied because the services are inadequately provided"* (Elderly FGD in Kiruweni Village, Moshi District Council).

This is a clear evidence that elderly people were not receiving adequate services their livelihood improvement. It was also found that there was inadequate service provision to the elderly such as food, health and income which had a direct link with their social insecurity and poor wellbeing. These findings compare well to findings reported by URT (2003), HAI (2008) and Dhemba (2013) who concluded that elderly people who have no social support from family and other social institutions tend to experience social insecurity which put them

in a vulnerable situation. This implies that social protection institutions are vital in providing social protection to the elderly where access to services from these institutions help the elderly in preventing or reducing their social insecurity.

Generally, findings from the study areas (Moshi Municipality and Moshi District) indicate that, majority of the elderly respondents were unsatisfied with the provision of social protection services from social institutions due to the fact that the services were inadequately provided by social institutions. This means that the elderly as a special group in the society would like to access adequate services from social institutions in order to get their actual needs and therefore improve their social protection.

CONCLUSIONS AND RECOMMENDATIONS

The institutions providing services aiming at improving social institutions as identified this study: the family, DSW, TASAF and religious institutions do provide social protection services for the elderly people. The services provided are very important for improving the livelihood of the elderly people. Family was the most important social institution in providing services such as food, health care, clothes, shelter and income to the elderly.' TASAF was the most popular SI for providing cash transfer services. These institutions face many challenges that affect their capacity to provide adequate services to elderly people. Hence, the attitude of the elderly towards service provision by SIs were unsatisfactory probably due to limited focus on other needs of the elderly apart from food and health services such as clothing, shelter, income generating activities. However, these SIs were acknowledged to very important in helping the elderly people to improve their livelihood. Therefore, it is recommended to the government to enhance and coordinate the provision of social services to the elderly as guided the national ageing policy (2003). The SIs providing services for elderly people should strategically link up with government agents and or departments for joint social protection interventions that enhance elderly welfare. The SIs should also do lobbying and advocate for the full implementation of the Tanzania ageing policy in favor of elderly free access to some services especially health services.

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