THE ROLE OF SOCIAL INSTITUTIONS IN THE PROVISION OF SOCIAL PROTECTION SERVICES TO THE ELDERLY IN KILIMANJARO REGION, TANZANIA

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EXTENDED ABSTRACT

The elderly play vital roles in everyday life in many societies. They are, for example, acknowledged sources of information. Since ancient times, the elderly were custodians of customs and traditions, advisers, mediators and child caretakers. Despite this indispensable cultural contribution and their participation in national development activities, their access to Social Protection Services (SPSs) does not match the benefits in return from Social Institutions (SIs) to sustain their livelihood. Therefore, provision of adequate SPSs from the SIs to the elderly through protective, preventive, promotive and transformative interventions is believed to be a crucial strategy for tackling the existing problem of SPSs inaccessibility among the elderly. However, information on the nature of SIs and whether SPSs interventions have any influence on the elderly's welfare in response to their basic needs in Tanzania is scantily discussed. The study on which this thesis is based was conducted in Moshi Municipality and Moshi District Council in Kilimanjaro Region, Tanzania to address that knowledge gap. The study specifically: (i) examined types of social institutions and SPSs provided to the elderly in the study area; (ii) analysed the determinants of the elderly's access to SPSs; (iii) examined coping strategies used by the elderly during social insecurity; and (iv) analysed the potential of the National Ageing Policy (NAP) in facilitating SPSs for the elderly. A cross-section research design was adopted, involving 202 elderly who were 60 years old and above. Both qualitative and quantitative data were collected. Qualitative data were collected through Focus Group Discussions (FGDs) and Key Informants Interviews (KIIs). Quantitative data were collected by using a structured questionnaire. Content analysis approach was used to analyze qualitative data while quantitative data were analysed using Statistical Package for Social Sciences (SPSS). Descriptive statistics were computed to establish the profiles of research participants; a Likert scale was used to measure the

attitude of the elderly towards receiving SPS; a Coping Strategy Index (CSI) was constructed to determine the levels of the elderly's CSI. Ordinal logistic regression models were used to determine factors influencing the elderly's CSI against social insecurity. The findings of the study show that the Government (Department of Social Welfare, Tanzania Social Action Fund), Non-Governmental agencies (CBOs, FBOs) and the family were the main SIs providing SPSs to the elderly, being led by the family. With respect to levels of SPSs accessibility, results showed that the elderly were categorised in moderate level of accessing SPSs; and largely accessing SPSs through protective measures compared to promotive, preventive and transformative dimensions. Ordinal logistic regression analysis revealed the predictors of elderly's SPSs accessibility to be: residence, health insurance, awareness of policy, rights and financial assistance ($p < 0.05$) and literacy status ($p < 0.1$). Although majority of the elderly (45.3%) was found in the moderate level of applying coping strategies, the CSI level variation portray social insecurities among the elderly. The place of residence; remittance and annual income were also important predictors of the elderly's CSI ($p < 0.05$) with stronger influence on the elderly's SPSs accessibility. Furthermore, the NAP is not backed up by any respective law to enforce its implementations. It is therefore concluded that, SPSs from the SIs are inadequately provided. Coping strategies applied by the elderly though necessary to address their social insecurities, they are not permanent substitutes to SPSs from SIs. The absence of law and enforcement mechanism for SPSs providers has also broadened the existing gap of SPSs inaccessibility among the elderly. Therefore, it is recommended that the Ministry responsible for the elderly issues should revisit and coordinate services delivery programmes of the SIs in order to design and implement appropriate SPSs interventions that address SPSs inaccessibility among the elderly. The Parliament should enact the SPSs elderly law(s) to enforce the implementation of NAP in order to provide adequate SPSs to the elderly and improve their welfare.

DECLARATION

I, **Regina Christopher Malima,** do hereby declare to the Senate of Sokoine University of Agriculture that, this thesis is my own original work, done within the period of registration and that it has neither been submitted nor being currently submitted in any other Institution.

05.11.2018

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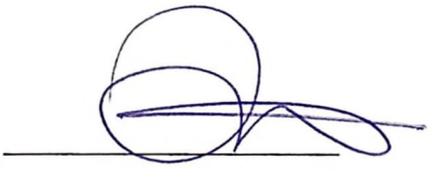

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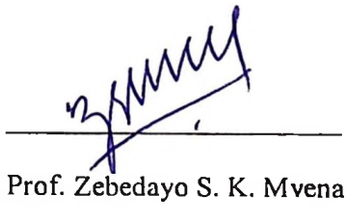

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DEDICATION

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LIST OF ABBREVIATIONS AND ACRONYMS

CBO	Community-Based Organisation
CDOs	Community Development Officer
CHF	Community Health Fund
CSI	Coping Strategy Index due to insecurity stress
CSSH	College of Social Sciences and Humanities
DCDO	District Community Development Officer
DSW	Department of Social Welfare
ESP	Elderly's Social Protection
ESPS	Elderly's Social Protection Services
EW	Elderly Wellbeing
FBO	Faith-Based Organisation
FGDs	Focus Group Discussions
FYDP	Five Years Development Plan
GOURT	Government of the United Republic of Tanzania
HAI	Help-Age International
HHS	Household Size
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IBM	International Business Machines
IGAs	Income Generating Activities
ILO	International Labour Organisation
KIIs	Key Informant Interviews
LGAs	Local Government Authorities

MDGs	Millennium Development Goals
MKUKUTA	*"Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania"*, i.e. National Strategy for Growth and Reduction of Poverty
MM	Moshi Municipality
MSc	Master of Science
NAP	National Ageing Policy
NBS	National Bureau of Statistics
NGOs	Non-Governmental Organizations
NHIF	National Health Insurance Fund
NSGRP	National Strategy for Growth and Reduction of Poverty
PhD	Doctor of Philosophy
PIM	Pathway to Impact Model
SD	Standard Deviation
SDGs	Sustainable Development Goals
SIs	Social Institutions
SP	Social Protection
SPA	Social Protection Accessibility
SPSs	Social Protection Services
SPSS	Statistical Package for Social Sciences
SUA	Sokoine University of Agriculture
SWO	Social Welfare Officer
TASAF	Tanzania Social Action Fund
TDV	Tanzania Development Vision
TICD	Tengeru Institute of Community Development
TZS	Tanzanian Shilling

UN	United Nations
URT	United Republic of Tanzania
USD	United States Dollar
VEOs	Village Executive Officers
WB	World Bank
WEOs	Ward Executive Officers,
WHO	World Health Organisation

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background Information

Social Protection Services (SPSs) inaccessibility to the elderly exists almost everywhere in the world. Such inaccessibility is considered as one of the critical challenges affecting the wellbeing of this category of people. Access to SPSs by the elderly entails the ability of the elderly to get the required basic needs including food, health services, clothing, shelter, and income assistance from Social Institutions (SIs) as the service providers. Moreover, it entails relevant stakeholders including government and non-governmental agencies making available protective, preventive and promotive services to every elderly when they need them, regardless of individuals' ability to afford them (URT, 2003; Devereux & Wheeler, 2008; Bloom, 2011; Bandita, 2014). Globally, the demographic picture shows that the world population aged 60 years and above is increasing enormously. In most African countries an almost unnoticed but dramatic demographic change will take place in the next decades. According to the UN estimate, nearly 10 percent of the world's population, or over 600 million persons are over the age of 60, and this number is expected to double by 2050 (Schwarz, 2003). Nearly two-thirds of these elderly groups live in the developing world where their SPSs arrangements are very few.

In Tanzania, the elderly population with 60 years and above form 5.6% of the Tanzanian population (URT, 2014; URT, 2012; URT and HAI, 2010). Demographically, ageing is considered as an increase in the mean age of the population (Mahfouz, 2004; Nie *et al.*, 2008). Moreover, ageing is a dynamic biological process whereby an individual undergoes multidimensional changes involving physical, psychological, social, health wise, well-being and later life experience. It is a period in a person's life when the body

system starts to diminish in functionality, and becomes no longer active and able to withstand the different challenges of life (WHO, 2015; Bookman, 2011). Currently, the elderly population in Tanzania is 5.6 %, and the rate is expected to rise to 10.7 % by 2050. This equals with an increase of 270% (URT, 2012; UN, 2011; Aboderin and Gachuhi 2007; URT, 2003). Kilimanjaro Region where the study on which this thesis is based was conducted is one of the regions with the highest population of the elderly, as opposed to other regions in Tanzania. The region has the highest proportion of 9.7% of the elderly population unlike the national average proportion of 5.6% (URT, 2014; URT, 2003). In the midst of this trend, access to adequate SPSs is a fundamental concern among the elderly whose globally population has been increasing at an alarming rate.

The origin of providing adequate SPSs to the elderly is based on various national and international policy instruments and treaties including the Universal Declaration of Human Rights (UDHR) of 1948, United Nations Resolution Number 46 of 1991 (UN, 2006), Vienna International Plan of Action on Ageing (VIPAA), Madrid International Plan of Action on Ageing (MIPAA) (Fredvang *et al.*, 2012; URT, 2007), Millennium Development Goals (URT, 2014), the Tanzanian Constitution of 1977 (URT, 1977), the Tanzania National Ageing Policy (URT, 2003) and National Strategy for Poverty Reduction II /MKUKUTA II (URT, 2005). These documents are designed to protect human rights on social, regional, and domestic levels including promotion of socio-economic security of people. In light of this, provision of adequate SPSs has thus become an international and national issue which enhances people's welfare including the elderly by protecting them against SPSs inaccessibility (Fredvang *et al.*, 2012; UN, 2011; Garcia and Gruat, 2003).

The concept of SPSs, as discussed by international organizations and some development practitioners such as the World Bank (WB), has adopted broader approaches focusing on promotive, protective, preventive and transformative dimensions. These dimensions go beyond the traditional income and consumption transfers, and consider social equity and inclusion, empowerment, and socio-economic rights of the marginalized groups including the elderly (Bandita, 2017; Andrews *et al.,* 2012; Bloom, 2011; Devereux & Wheeler, 2008). In this regard, protective dimension has the role of alleviating chronic extreme poverty among the elderly in order to address socio-economic deprivation, in respect of food, health, shelter, and financial assistance schemes (Bandita, 2017; Devereux and Sabates-Wheeler, 2004). Preventive interventions on the other hand are designed to address emergences and to mitigate the impact of adverse shocks through health insurance and pension schemes mechanisms. Promotive interventions are aimed at enhancing training, awareness creation, health care, entitlements/benefits, housing, and legal and financial services among the elderly. And lastly, transformative interventions aim at addressing policies and inclusion in the socio-economic developments and provision of awareness raising mechanisms in improving welfare of the elderly (Bandita, 2017; Bloom, 2011; Devereux & Wheeler, 2008).

Despite the fact that the essential guarantee of the elderly's SPSs varies from country to country, focus on the SPSs dimensions is a corner stone intervention and an essential package to be used by elderly's SIs with a variety of practical measures that establish appropriate SPSs interventions toward supporting the elderly (Garcia *et al.*, 2003). In this regard, providing adequate SPSs to the elderly is therefore gaining attention in development circles both in developed and developing countries, which calls for the adoption of useful social protection policy frameworks that address SPSs inaccessibility of the elderly's (Suy, 2017; HAI, 2012; Ravi, 2011. Similarly, urgent SPSs improvement

is linked to the elderly due to the fact that these people are among the vulnerable cohort that needs attention from SIs in order to address their socio-economic challenges accompanied by ageing. According to Tobias (2014), Kessy (2014), Mboghoina *et al.* (2010), and Spitzer *et al.* (2009), the elderly's SPSs inaccessibility has negative effects on their welfare and continues to put their lives at risk and in a vulnerable situation if not adequately addressed by SIs. Furthermore, scholarly work indicates that contemporary efforts towards assisting the elderly with a focus on social protection dimensions in addressing the challenges of the elderly's insecurities is not only a contributing factor to improve the elderly's wellbeing but it is also a means of promoting social stability, human rights, social justice and democratic participation in many societies (ILO, 2014; Babajanian *et al.*, 2013; Devereux *et al.*, 2013). In this, the argument is to have elderly's social institutions that operate under relevant social protection dimensions in addressing the social insecurities of the elderly according to their felt needs.

Historically, the traditional role of providing SPSs to the elderly was vested in the family, but these roles are being eroded by changes in family structures, migration, and supremacy of cultures. These changes have shifted the roles from family structures to social institutions and have become commonly used in improving the welfare of the elderly (Bandita, 2017; URT, 2014; URT, 2003). As a result, the commitment of providing SPSs to the elderly is now a shared responsibility among the SIs both governmental and non-governmental organisations. It is also important to note here that, due to the partial role played by SIS, the elderly have ultimately employed various coping strategies both negative and positive including seeking support from children and family members, selling household items, skipping meals, begging and borrowing cash in order to survive during insecurity situation (Wright, 2016; Sultana, 2011). Thus, this phenomenon calls for a change in the strategies of SPSs delivery to focus more on SIs

(both government and non-governmental agencies) instead of the elderly relying largely on traditional families. According to ILO (2014), Garcia & Moore (2012), Holmes *et al.* (2012) and Laiglesia (2011), the role of SIs is to provide adequate SPSs that ultimately address the needs of the elderly. Operationally, the SIs are contribution based instruments guided by norms and roles that operate in providing SPSs to the elderly and respond to the effects of vulnerability which are caused by ageing (Babajanian, 2013; Greif, 2006 and Ostrom *et al.*, 2002). In this context, SPSs from these institutions are essential in improving the welfare of the elderly and have broader social protection effects on elderly's livelihood.

In developed countries, the elderly's social protection services to a great extent come from large public or private pension and health systems. This is due to the facts that elderly laws as per international human rights consensus and agreements that advocate the improvement of human rights in these countries are practical. Available literature shows that countries like Sweden (Ferrarini *et al.*, 2016), Argentina, Brazil, Chile, and Uruguay (Bloom *et al.*, 2011); France (Doty *et al.*, 2015); England (Robertson, 2014); and Japan (Robertson *et al.*, 2014) are highly effective in providing SPSs to their elderly. In this manner, the public financing assistance for the elderly on SPSs provision is very common through various kinds of support including effective preventive healthcare and pension systems when the elderly cannot bear the total costs and demands of everyday life (Ferrarini *et al.*, 2016; Robertson, 2014; Collins *et al.*, 2013).

In West and Central Africa and Asia, most countries are at an early stage in the formulation of social security strategies, and few programmes are already at the implementation stage (Winnberg, 2012; Midgley, 2012; Laiglesia, 2011;

Bloom *et al.,* 2011). Many of these programmes from the state or other voluntary institutions are short-term pilot projects, with limited reach and weak institutionalization where only a small portion of all such efforts addresses specific vulnerabilities and needs of the elderly. In addition, the elderly in these countries are largely supported by their families, with the state or other voluntary institutions playing only a limited role (Bloom *et al.*, 2011; Hickey, 2008). Although provision of SPSs is partial in developing countries, but countries such as South Africa (Winnberg, 2012; Hanlon *et al.*, 2010); Ghana (Dosu, 2014), Kenya (HAI, 2012), Nigeria (Barrientos, 2010) and Uganda (Kidd, 2016; Fareeha *et al.,* 2013) have successful stories in legitimatization and integration of elderly issues in their short and long term social protection programmes. This makes these countries to be pioneers in Africa in providing SPSs to the elderly in order to address SPSs inaccessibility through implementation of cash transfer and insurance programmes (Davis *et al.,* 2015; Winnberge, 2012). South Africa is a good example in the African continent in the sense that it is fully extending SPSs to her elderly through pension system to all the elderly since1993 (Davis *et al.,* 2015; Hanlon *et al.*, 2010). Thus, provision of adequate SPSs to the elderly in developing countries is no longer perceived as a short-term means of improving the elderly's socio-economic shocks, but rather as a strategic component in the SPSs policy agenda of developing countries (Merrien, 2013).

Similarly, in Tanzania, more than 96% of the elderly population do not have reliable secure living due to the failure of accessing SPSs from SIs; it is estimated that only 2.5% of the elderly are accessing SPSs from social institutions (UN, 2011; Spitzer *et al.*, 2009; ILO, 2008; Aboderin and Gachuhi 2007; URT, 2003). As a consequence, the majority of the elderly have still continued to live a risky life of abject poverty and little has been achieved in improving their social protection welfare (Suy, 2017; HAI, 2012;

Ravi, 2011). Some scholars (e.g. Saunders *et al.* 2017; Yaffe, 2012) argue that the elderly will continue to have multifaceted needs that put them at a very high risk of abuse, neglect and poverty if little is done to address the situation. In this regard, it is important to understand that the dramatic increase of the elderly population together with their vulnerability shows that the elderly require immediate and proper attention in order to improve their welfare (Mathiu and Mathiu, 2012). Thus, the study on which this thesis is based sought to establish the roles of social institutions and the impact of their services on the elderly's welfare so as to draw lessons for the Government and Non-Governmental agencies involved in the provision of social protection services to the elderly in improving their SPSs delivery mechanisms. The study also sought to make a contribution in designing and implementing appropriate elderly's social protection interventions for effective and sustainable social protection services to the elderly.

1.2 Problem Statement

The Government of Tanzania and Non-Government institutions have made a good number of basic interventions towards providing SPSs to the elderly. These foundational efforts include formulation of the 2003 National Ageing Policy (NAP), establishment of elderly's free health services, elderly identification cards, fighting chronicle diseases like malaria in terms of providing mosquito nets, food subsistence and consumption transfers, financial assistance (e.g. Tanzania Social Action Fund - TASAF), and establishment of care centres/nursing homes for the elderly (URT, 2003; URT, 2005; URT, 2010). Most of these SPSs interventions have potential to address the basic needs of the elderly and improve their welfare against social insecurities. Despite the interventions that focus on improving the elderly's access to SPSs so as to address their basic needs against social insecurities, SPSs among the elderly remains highly prevalent (Saunders *et al.* 2017; Yaffe, 2012). For example, in Tanzania, about 96% of the elderly aged 60 years and

above are inadequately accessing basic SPSs such as food, health, and cash assistance (UN, 2011; URT and HAI, 2010; Spitzer *et al.*, 2009; ILO, 2008; URT, 2003; Aboderin, 2007). As a consequence, the majority of the elderly continue to live a risky life of abject poverty which is devoid of SPSs. According to arguments by Tobias (2014), Kessy (2014), Mboghoina *et al.* (2010) and Spitzer *et al.* (2009), the elderly's inaccessibility to the SPSs has negative effects on their welfare and continues to put their lives at risk and in a vulnerable situation if not adequately addressed.

Studies on elderly's social protection services accessibility in developing countries are scanty, particularly in Tanzania, specifically on the nature of SIs and their SPSs interventions to the elderly. However, there is insufficient empirical evidence on the factors that determine the accessibility of SPSs and to what extent SPSs interventions in terms of protective, preventive, promotive and transformative dimensions have enhanced the elderly's SPSs provisions in response to their basic needs against SPSs inaccessibility, the coping strategies applied by the elderly during social insecurities and how the 2003 NAP have enabled the provision of SPSs to the elderly. Furthermore, the available scanty studies include income security (Kessy, 2014; URT and HAI, 2010; Spitzer *et al.*, 2009) and Health (Nzali, 2016; Sanga, 2013); together they refer to only a unidimensional constructs. Meanwhile, according to Bhattachejee (2012), the subject matter of SPSs in Tanzania needs a multi-dimensional construct approach; which aim to address multiple underlying concepts of a unified elderly's social protection services including health, income, clothing, shelter, capacity building (Eum, 2014; Gelsdorf, 2012; URT, 2007) and social institutions as a vehicle, that can be enforced by the law (Spanier *et al.*, 2016; Doron, 2003).

Therefore, this study sought to generate such information as an appropriate approach towards promoting institutional arrangements that sustainably improve the elderly's livelihoods. It is against this background that the study on which this thesis is based was conducted to establish the role of social institutions in the provision of social protection services to the elderly and to generate empirical information on whether SPSs offered by SIs providers, has addressed the SPSs insecurities and improve the welfare of the elderly against SPSs inaccessibility.

1.3 Justification of the Study

The important role of SIs in delivering adequate SPSs to the elderly has highly been recognized by a number of countries and Tanzania in particular. The SPSs accessibility by the elderly is a basic human right (UN, 1948), which is essential to improve elderly's access to SPSs and is also used as a strategy to improve the elderly's welfare against SPSs inaccessibility by receiving basic SPSs services including food, health, income, shelter and clothing. The findings of this study contribute greatly to the benefit of the society considering that SIs play an important role in SPSs today. The greater demand for the elderly's SPSs justifies the need for more effective life-changing SPSs delivery approaches to be taken by the SIs (Hergeman, 2015; Sirojudin *et al.*, 2012; Midley, 2011; Van Ginneken, 2007). Thus, SIs that applies the recommended approach derived from the results of this study will be able to provide better SPSs to the elderly. The SIs will be guided on what should be emphasized on by elderly's law to improve SPSs delivery performance. For the researcher, the study will help her uncover critical areas in the SPSs delivery process that many researchers were not able to explore. Thus, new theory on SPSs inaccessibility may be arrived at; particularly in the direction of improving SPSs to the elderly.

Moreover, the study offers empirical evidence on the new knowledge that integrates SIs, SPSs, and the elderly's welfare. These include: SPSs direction should flow from the SIs to the elderly and not otherwise; in this regard the vehicle to take SPSs to the elderly is the social institutions (service providers); SPSs dimensions are protective, preventive, promotive and transformative to guarantee maximum transfer of SPSs that will ensure the wellbeing of the elderly; coping strategies are harmful to the wellbeing of the elderly and the provision of SPSs to the elderly must be guided by the respective laws to enforce its implementation. Thus, this study is in line with the Elderly law multidimensional theory (Doron, 2003) that provides useful information to policy makers and SIs providers for improvement of the elderly's welfare.

In addition, this study contributes to the reshaping of SPSs delivery system since it provides the required information intending to assist the SIs (central government and its respective ministry, departments and sections, local government authorities, families, villages and voluntary agencies) for designing and implementing appropriate and sustainable elderly's social protection interventions to achieve the objectives of improving the welfare of the elderly. The study findings will also inform future related policy discussions aiming at improving the welfare of the elderly in Tanzania and hence considered to be an important source of information in raising awareness, in proposing viable support, policy and legal-frameworks and interventions (Doron, 2003), and in stimulating further researches on elderly's SPSs accessibility.

1.4 Objectives of the Study

1.4.1 General objective

The overall objective of the study was to establish the role of social institutions in the provision of social protection services to the elderly in Kilimanjaro Region, Tanzania.

1.4.2 Specific objectives

The specific objectives of the study were:

(i) To examine types of social institutions and SPSs provided to the elderly

(ii) To analyse the determinants of the elderly's SPSs access

(iii) To examine coping strategies used by the elderly during social insecurity, and

(iv) To analyse the potential of the National Ageing Policy in facilitating social protection services for the elderly.

1.5 Research Questions

(i) What is the nature of social institutions which provide social protection services to the elderly?

(ii) What factors determine the accessibility of social protection services to the elderly?

(iii) How do coping strategies help the elderly to survive during social insecurity situation?

(iv) How can the effectiveness of the National Ageing Policy (NAP) facilitate the implementation of the social protection services for the elderly?

1.6 Theoretical Framework for the Study

There are various theories explaining the determinants of the elderly's SPSs accessibility. These include the Elderly's Law Multidimensional Model, the Pathway Impact Model, gerotranscendence Theory and Social Action Theory. The theories of gerotranscendence and Social Action were used in this thesis to explain relationships between the human nature and coping strategies while the Elderly's Law Multidimensional and Pathway to Impact models were used to signify the importance of the law in relation to the elderly's SPSs welfare.

1.6.1 The elder law multidimensional model

The elder law multidimensional model in the Law and Ageing theory by Doron (2003) contends that adequate SPSs accessibility by the elderly is due to the presence of a number of social protection dimensions (protective, preventive, promotive and transformative), each of which attempts to satisfy the different requirements and aspects of the complex of social issues concerning the elderly that need to be dealt with by the law. Doron assumes the core of the model is based on the fundamental constitutional and legal principles of the existing legal system by means of which the rights of the old can be defended and grounded in law, even though they contain no specifically age-related provisions. In this regard, the theory offers an insight for the importance of the law to the SIs when implementing SPSs programmes.

The theory also takes into account the multiple elderly's social protection perspectives such as the elderly's rights, legal tools and a range of elderly social protection interventions to present a broad and coherent picture of the relationships between the law and social protection dimensions (protective, preventive, promotive and transformative). In the present study, it is essential to analyze the role of SIs operations (i.e. accessibility of SPSs to the elderly in this case). This is important to uncover if the SPSs provided by SIs has made the elderly to access adequate SPSs as their right and improve their wellbeing). Thus the theory encompasses the philosophy of social institutions while reflecting on the social protection dimensions in providing Social Protection Services (SPSs) to the elderly.

1.6.2 The pathway to impact model

The Pathway to Impact Model (PIM) is an approach which is normally used to assess policy documents. Like other impact models, it includes inputs, processes, outputs, outcomes and impact categories as a social protection measurement benchmark. Douthwaite *et al.* (2007) used the PIM to build a foundation of the elderly wellbeing

based on policy documents. The model is used to evaluate policy documents whether the policy has plausible impact. Furthermore, the model is used by different stakeholders including government and non-governmental organisations to achieve a chain of outcomes leading to a contribution of eventual impact on social, environmental or economic conditions. From the PIM, it is evident that the 2003 NAP implementations are to be supported by elderly law in order to improve the elderly's SPSs accessibility.

1.6.3 The gerotranscendence theory

The theory of gerotranscendence, a developmental theory of positive ageing, was proposed by Lars Tornstam in 1989 (Farheen *et al.*, 2014; Tornstam, 2011). This theory explains changes in old age with psychosocial perspective and that it is a natural developmental process towards maturity and wisdom. According to Tornstam (2011) and Wadensten *et al.* (2003), this advancement in age is accompanied by a gradual shift in meta-paradigm of an ageing person. It is a shift in meta-perspective from a materialistic and rational view of the world to a more cosmic and transcendent one, normally followed by an increase in life satisfaction. Meanwhile, this the theory puts the elderly in a reality life which demands them to develop a belief that they can still move on with life and play their previous roles even in the presence of all the challenging stressors on their way including SPSs inaccessibility from SIs. In this regards, the elderly are subjected to apply coping strategies in order to survive. According to Tornstom (2011), mind-set determines the will of an individual and gerotranscendence sees that changing people's mind is a way of changing people's thoughts and their actions. Therefore, gerotranscendence is cantered on changing people's minds about the way they see objects, life and death in relation to coping with their present situation. Thus, the gerotranscendence theory makes the elderly to accept who they are, which encourages them to either cope with or live with it.

1.6.4 Social action theory

The Social Action Theory is a human approach or Action Theory that is pertaining to individuals (Duner and Nordstrom, 2004). This theory asserts that individuals can develop courage towards taking actions and shape their practices (Giddens, 1984; Duner and Nordstrom, 2011). The theory also affirms that, when the condition is more challenging, intention is achieved through organized thoughts, progressive actions and the available external inputs. These factors are collectively referred to as coping strategies. However, from the elderly's SPSs inaccessibility point of view, this theory encourages the elderly to apply coping strategies due to the fact that the elderly are faced with declined state of health which normally discourages them from being motivated to take actions. In this regard, personal efforts through coping strategies are alternatives towards improving their health status which is contrary to this study whereby the coping strategies are discouraged as they cannot sustain the elderly during social insecurity. Meanwhile, it is important to understand that this theory doesn't pay sufficient attention to how social structures constrain action (in particular SPSs inaccessibility among the elderly). For example, inadequate SPSs delivery by the SIs has an effect that puts the elderly into an immense vulnerable situation. The theory also ignores the aspect of a law, and the role of SIs in provision of SPSs to the elderly which is significant to individuals, groups, institutions when developing courage towards taking actions and shaping their practices. Thus, as far as the elderly's SPSs inaccessibility is concerned, the theory has failed to uncover the very basic indicators in improving the elderly's welfare.

1.6.6 The relevance of the elderly's law multidimensional and the pathway impact models

In this study, the root of thought and theoretical explanation of the elderly's SPSs accessibility is based and supported by two models: the Elderly's Law Multidimensional

model proposed by Doron (2003) in the Law and the Ageing Theory and the Pathway Impact Model by Douthwaite *et al.* (2007). These models are appropriately linking the elderly's SPSs provision with the elderly's law as significantly guiding and binding tools that enforce the implementations of the elderly's SPSs interventions towards improving the welfare of the elderly. Furthermore, the two reference models are pertinent as they insist on the enactment of the law where there are no elderly law backups that guide SIs in implementing SPSs interventions. In this regard, the Elderly's Law Multidimensional model views provision of the elderly's SPSs in a holistic sense in order to address the challenges facing the elderly while the Pathway Impact Model is an impact oriented framework that views the policies/laws as an essential tool for effective implementation of SPSs interventions to the elderly. If the law for the elderly is enacted, then the SPSs would be guaranteed, mandatory, and adequately accessed by the elderly. This would assure that the coping efforts are minimized among the elderly since they are harmful to their wellbeing.

Furthermore, the Elderly's Multidimensional model and the Pathway to Impact model are embedded in general and universal legal principles (Spiner *et al.*, 2016; Douthwaite *et al.*, 2007; UN, 2002; Doron, 2003; MIPAA, 1999; UDHR, 1948). As a consequence, every legal system has a core comprised of the system's underlying principles: the general, constitutional, and administrative norms that apply to any legal event in the given society. Thus, these models are an obligation for all SPSs providers that devote their services to improving the elderly's welfare. Based on these theoretical assumptions, this study assumes that provision of adequate SPSs from the SIs to the elderly is enhanced by the laws that enforce the implementation processes. Thus, these theories have broadened the knowledge of the SPSs to the elderly, in that this study is a comprehensive contribution to the sustainability of the SPSs for the benefit of the wellbeing of the elderly.

However, this study has some weaknesses on the theoretical framework as well; the study is not clear on the location aspect where SIs will take the SPSs to reach the elderly (is it at their homes or public facilities in the hospitals, elderly care centres?). There is no suggested means of collecting the elderly at one location/place apart from their residence or public facilities to receive their SPSs.

1.7 The Conceptual Framework for the Study

The concept of elderly social protection and its measurement is broad. There are several different conceptual frameworks and approaches in analysing elderly social protection services, including those developed by Douthwaite *et al.* (2007), Holzmann and Jorgensen (2000), Devereux and Sabates-Wheeler (2004), Guhan (1994), Barrientos and Hulme (2009), Browne (2013), Barrientos (2010), World Bank (2000) and Doron, (2003b). According to Douthwaite *et al.* (2007), all these frameworks essentially evaluate seven basic attributes including basic needs, social protection services, coping strategies, social institutions, legal frameworks, determinants and the elderly's wellbeing (Fig. 1.3).

Fig. 1.1 illustrates the relationship between dependent variables (elderly's wellbeing) and independent variables (social protection services and social institutions). In this study, social protection services among the elderly are enhanced by social institutions (SIs) where SPSs are delivered by the SIs as the vehicle through protective, preventive, promotive and transformative measures. Meanwhile, the elderly's wellbeing is guaranteed (Bandita, 2017; Babajanian *et al.*, 2014; Devereux and Sabates-Wheeler, 2008) if they are able to access the above services. When the arrow (Fig. 1.1) moves from SPSs and SIs to the Elderly's Wellbeing (EW), it means that the elderly are experiencing adequate social protection security. However, when the arrow (Fig. 1.1) moves from the EW to SPSs and SIs, then there are not adequate social protection services (SPSs insecurity or

inadequacy). This situation occurs when there are insufficient basic needs; at this point, the elderly use coping strategies to survive and improve their wellbeing. Thus, the wellbeing of the elderly depends on social protection services and its vehicles, the social institutions.

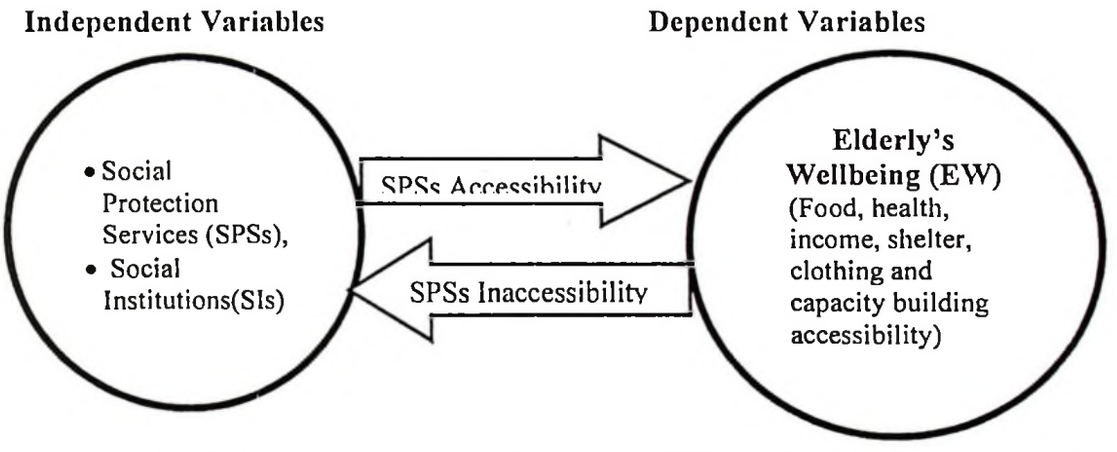

Figure 1.1: Relationship between Dependent (EW) and Independent (SIs, SIS) variables for the Elderly's wellbeing

But, according to Doron (2003), in the concept of Law and Ageing (Multi-Dimensional Model), it is evident that the effectiveness of SPSs to the elderly will be achieved if and only if the law enforcement agencies guide the SIs in providing SPSs to the elderly (when the Government enacts and implements legislation to fulfil elderly's wellbeing requirements) (Fig. 1.2 and 1.3). The success (achievement of sustainable elderly's wellbeing) of the SIs' service delivery depends on the determinant factors (socio-demographic variables, socio-economic, institutional) and the nature of the legal framework.

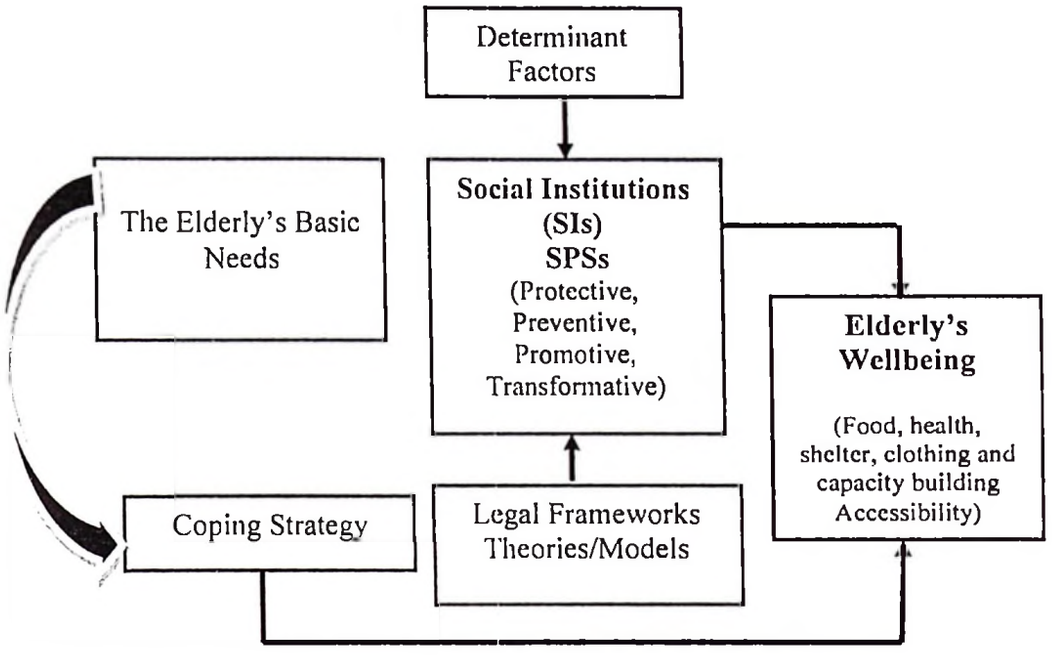

Figure 1.2: The cause and effect relationship of the key study variables as derived from the empirical and theoretical literature review

Figure 1.3 describes the key study variables of the conceptual framework for the determination of the role of social institutions in the provision of social protection services for the wellbeing of the elderly. Accessibility of SPSs by the elderly is delivered by SIs through protective, preventive, promotive or transformative modes (dimensions). Moreover, the priotization ranking of social protection dimensions (Table 3.3) is essential when delivering the services to the elderly in order to address their basic needs sequentially. Practically, the contents of these dimensions overlap; hence, it is common for the contents to be in more than one dimension (Figure 1.3). For instance, preventive measures such as health insurance to the elderly may also have promotive or protective social protection effects in the sense that the elderly who are healthy are enabled to take advantage of the opportunities that would minimize risks with regard to their livelihood.

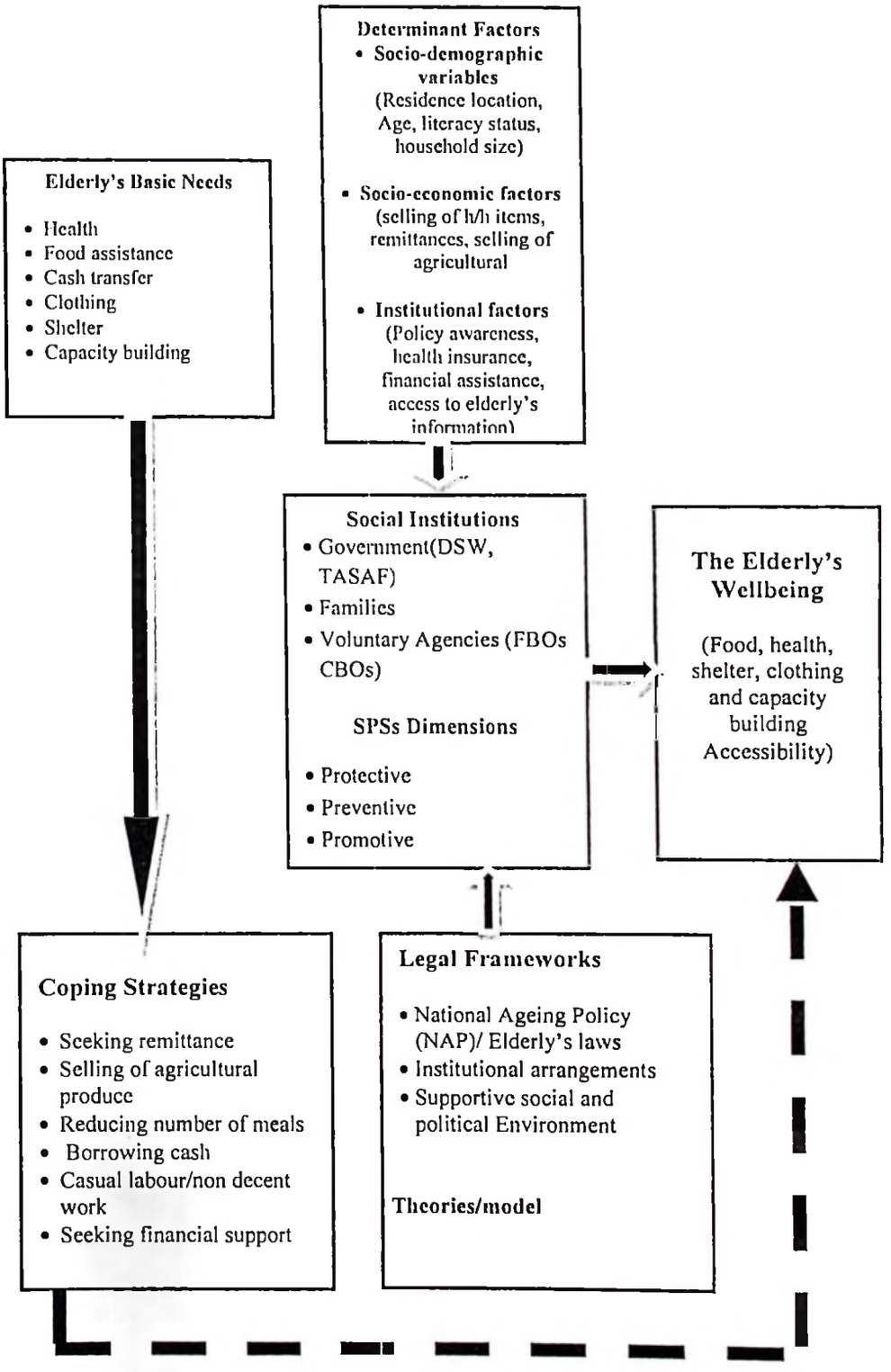

Figure 1.3: The Conceptual Framework for the Elderly's Social Protection Wellbeing

1.8 Organisation of the Thesis

The thesis is in a publishable manuscript format and is organized in six chapters. The first chapter consists of an introduction to the overall theme of the thesis; it offers a description of the commonality of the concepts presented in separate sections, problem statement and justification of the study, objectives, and conceptual and theoretical frameworks. Chapters two, three, four, and five contain manuscripts prepared from the findings of the study, and which would be submitted to different internationally recognized journals for publication. Lastly, Chapter Six of the thesis presents extended conclusions and recommendations drawn from all the manuscripts, theoretical implications of the study findings and areas for future research.

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CHAPTER TWO

Paper One

Achieving Social Protection for the Elderly in Kilimanjaro Region, Tanzania: A Call for Social Institutions towards Improving Elderly's Service Provision

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Abstract

Social Protection Services (SPSs) inaccessibility for the elderly is a major concern for the majority of the elderly on the globe and developing countries in particular, including Tanzania. Despite the existing Social Institutions (SIs) for delivering various services to the elderly, adverse conditions remain unabated among the elderly. This paper examined SIs that provides services to the elderly and the attitudes of the elderly towards receiving SPSs from SIs. A cross-sectional research design was adopted whereby 202 respondents were surveyed using a questionnaire survey, focus group discussions and key informant interviews. Descriptive data analysis was done using IBM SPSS Version 20. Content analysis was used to analyse the qualitative data. The study findings indicate that: three types of SIs, namely the government (Department of Social Welfare (DSW) and Tanzania Social Action Fund (TASAF), non-governmental agencies (CBOs and FBOs) and the family and were identified providing various services including food, health, income shelter and clothing in the study area. In addition, the family was the

leading and active institution in delivering SPSs to the elderly. Generally, the majority of the elderly (39.6%) had negative attitude while 36.6% of them had positive attitude implying that that SPSs were inadequately provided. The study revealed further that, though the services from SIs were inadequate they were still very important in helping the elderly to improve their livelihood. It is recommended that the responsible elderly department and sections in the respective authorities (Central and Local Government) should revisit and coordinate services delivery programmes among the elderly's social institutions in order to come up with sustainable and coordinated interventions that meet the actual needs of the elderly. Voluntary agencies should strategically link up with the Government for implementation of joint elderly's SPSs interventions that focus on providing services, including health services and financial assistance that are deemed important in improving the elderly's welfare and avoid duplication of service provision among them.

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

2.0 Introduction

Social protection services have been provided to the elderly in all societies of all races for many generations and therefore they play a critical role for the elderly's survival and livelihoods. In many societies across the globe, the elderly have been living at the apex of the society structure (Spitzer *et al.*, 2009 and Stuart, 2008) that gives them natural protection. However, rapid modernization such as urbanization, rural-urban migration, breakdown of traditional family support networks and the devastating effects of abject poverty have posed a real challenge to the elderly's social protection in terms of accessing their basic needs (ILO, 2014; Bloom *et al.*, 2011). In developed countries, the elderly's social protection to a great extent comes from large public or private pension and health systems. In China for example, labour migrations have left the elderly people

stranded in rural areas with no care. As a result, the China 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).

In developing countries, particularly across much of Africa and Asia, the elderly are primarily supported by their families, with the state or other voluntary institutions playing only a limited role. A major challenge for social protection provision to the elderly across most of developing countries is the low level of coverage of these basic services (food and income assistance, pension schemes or health services) to the elderly (UN, 2015; ILO, 2014; Bloom *et al.*, 2011). Generally, the extensive evidence from literature shows that the elderly are more vulnerable to poverty during old age due to inadequate social protection support from the social institutions that are responsible for the elderly's welfare (URT and HAI, 2010; Spitzer *et al.*, 2009).

Social protection in this study refers to the initiatives aimed at ensuring that the vulnerable groups in the population, including the elderly, receive appropriate and effective social protection services including food, health services, shelter and clothing as their basic needs to sustain life. The idea of the elderly's social protection arises because individual and family resources are very often insufficient to protect the elderly from a broad array of vulnerabilities in terms of health, food, shelter and income provisions. As a result, social protection for the elderly has become a shared responsibility to all social institutions including Government and voluntary agencies in improving welfare of the elderly (Bandita, 2017; URT, 2003). According to Greif (2006) and Ostrom *et al.* (2002), social institutions refer to the coordination of the organizations guided by norms and roles that operate in regulating the distribution of goods and services to human groups. The concept of social institutions in this study is linked to social protection of the

elderly because it is through these institutions where the coordination of the provision of such services matters the most. Thus, social institutions, in this context, are considered as primary service providers and the vehicles of the provision of social protection services to the elderly.

The provision of social protection services for the elderly is a major problem in Tanzania whereby 96% of the elderly are not accessing SPSs from SIs (URT and HAI, 2010). Various social institutions ranging from state actors to Non-Governmental Organizations (NGOs) have been playing a key role in the provision of SPSs to the elderly including food, health, shelter, clothing and income. Despite their support, social protection services which are provided are inadequate (Spitzer *et al.*, 2009; HAI, 2008). It is important to note that, due to the elderly's status of being regularly faced with reduced physical capacity and a growing risk of social insecurity especially on receiving their basic needs, social protection services have become a common and challenging phenomenon among them (Aboderin, 2005; HAI, 2004). In the context of addressing these challenges, large organizations such as the United Nations and the World Bank have recognized the impact of globalization on the wellbeing of the elderly; as such, they are increasingly calling for affirmative and effective actions from social institutions to enhance accessibility of social protection services to the elderly (United Nations, 2011; World Bank, 2009).

In Tanzania, different measures have been taken in response to the international and national calls for social protection of the elderly. For example, the Tanzania National Ageing Policy of 2003 and the National Strategy for Growth and Reduction of Poverty (NSGRP) which, among other things, have been committed to improving the quality of life of the elderly through social protection programmes including the inclusion of the

elderly's issues in development strategies; the provision of free health services, pension and respect. Unfortunately, however, the set strategies have not been accompanied by providing adequate services for the elderly. If the trend of inadequate services to the elderly continues, the elderly are more likely to continue living in immense insecurity. Various studies have attempted to focus on the status of the elderly's basic needs, particularly on such aspects as health and food security (Paddick *et al.*, 2015; Sanga, 2013; Dewhurts *et al.*, 2013). It is imperative to explore further information on the types of social institutions and their delivery of social protection services to the elderly; this includes the assessment of the attitude of the elderly towards receiving social protection services from social institutions. This study sought to examine the types of social institutions and the impact of their services on improving the welfare of the elderly so as to draw lessons for the Government and Non-Governmental agencies involved in the provision of social protection services to the elderly. The study also sought to make a contribution in designing and implementing appropriate elderly's social protection interventions for effective and sustainable social protection services to the elderly.

2.2 Methodology

2.2.1 Description of the study area

This study was conducted in Moshi District Council (MDC) and Moshi Municipality (MM), Kilimanjaro Region in Tanzania which have high concentration of the elderly population as compared to other parts of the country (URT, 2017; URT, 2014; NBS, 2013; URT, 2012). Furthermore, the region has the highest proportion of elderly population (9.7%) compared to 5.6% of the national average. According to URT (2017), URT (2014), NBS (2013) and URT (2012); Moshi District Council has the elderly population of 28.4%, Rombo (15.9%), Siha (7.0%), Hai (13.0%), Mwanga (8.0%), Same (16.4%) and Moshi Municipality (11.2%).

Moshi District Council (MDC), on the other hand, is one of the seven districts in Kilimanjaro region. The district lies between -3 ^{0}21' and 37. 33' South of the Equator and between longitudes 37° 22' and 37° 24 East of the Greenwich. The population of Moshi District Council was 446 737 including 240 970 males and 225 767 females (URT, 2013). One division (Vunjo Mashariki), two wards (Mwika Kusini and Marangu) and four villages (Mawanjeni, Kiruweni, Rauya and Samanga) were selected for the study (Appendix 8). Therefore, the selection of the study areas of MDC was also based on the fact that this area has the highest elderly population compared to other districts of the Kilimanjaro region (URT, 2013).

On the other hand Moshi Municipality (MM) is also one of the seven districts in Kilimanjaro Region which was selected as the study area. The District covers about 59 km^2 (23 sq mi) and lies between latitudes -3.33' and 3°20 South of the Equator and between longitudes 37°34 and 38°'20 East of the Greenwich (URT, 2003). In 2012, the elderly population of Moshi Municipality was 184 292 including 95 118 males and 89 174 females (URT, 2013). Moreover, inadequate substantial data and scientific records on the role of SIs in provision of SPSs to the elderly in the study areas necessitated this selection in order to bridge the gap. Hence, Moshi Municipality and Moshi District Council were appropriate for the study in order to examine, reflect and learn how available social institutions have an impact in provision of SPSs to the elderly in the study area.

2.2.2 Research design and sampling technique

The study adopted a cross-sectional research design which allows data to be collected at one point in time from people who differ in the variables of interest but they share other characteristics such as socio-economic status, educational background and ethnicity.

The study was also aimed at gathering information about what was happening and the prevailing characteristics of the elderly (Bhattacherjee, 2012; Rwegoshora, 2006; Bryman, 2004). A multistage sampling procedure was adopted in the selection of the study areas. In the first stage, Moshi Municipality and Moshi District Council were selected purposively, followed by a random selection of one division from each study area; these are Moshi Mashariki and Vunjo Mashariki from Moshi Municipality and Moshi District Council respectively. In the second stage, two wards were randomly selected from each division namely Kiusa and Bomambuzi wards from Moshi Mashariki Division while Mwika Kusini and Marangu were selected from Vunjo Mashariki Division. In the third stage, eight villages/hamlets were randomly selected. These were Kiusa Line and Kiusa Sokoni from Kiusa ward; Kanisani and Kilimani from Bomambuzi Ward; Mawanjeni and Kiruweni from Mwika Kusini; and Rauya and Samanga from Marangu Ward. In the fourth and final stage, 30 elderly individuals aged 60 years and above were randomly selected from each village by a lottery method using the village elderly list which was obtained from the village leaders, making a sample size of 202 respondents by using Cochran's formula (1977). As Cochran's (1977); Kothari (2005) and de Vaus (2002) argue, regardless of the population size, the minimum sub-sample size of 30 cases (respondents) is the acceptable minimum sample for studies in which statistical data analysis is to be done.

2.2.3 Data collection

Mixed methods of data collection were employed whereby both qualitative and quantitative data were collected. The combination was considered useful as it provides triangulation of information (Creswell, 2013). A structured questionnaire with close and open-ended questions was used to collect quantitative data. Key Informant Interviews (KII) and Focus Group Discussions (FGD) were used to collect qualitative data.

Key informants were the elderly and some SPSs providers with in-depth understanding and knowledge on the elderly's SPSs and SIs implementation towards providing SPSs in the study areas. An interview guide was used to gather information from 36 key informants including 10 representatives from elderly's family members, 4 religious leaders, 2 TASAF officers working at the regional/district level, 4 District/Division Community Development Officers, 4 elderly's council leader, 4 Ward Executive Officer and 8 Village Executive Officers).

Eight FGDs were conducted for qualitative data collection. A focus group discussion guide was used. Each group had 6 to 8 members for effective discussions. This number is recommended by Bryman (2004) for effective group discussion. Village Executive Officers (VEOs) from the eight villages/Streets assisted the researcher to pick the elderly for discussion groups. The people selected for discussions included the elderly or their representatives and any other eligible members for that purpose. The information obtained during the discussion was used to enrich the information collected from the elderly using a questionnaire. FGD, KII and in-depth discussion helped the researcher to explore attitude, experience and emotions of the elderly on the issue of SPSs accessibility status and the role of SIs in SPSs delivery and why the SPSs are inadequately accessed.

2.24 Data analysis

Qualitative data were categorized into sets of meaningful themes using content analysis. The attitudes of the elderly towards receiving SPSs from SIs were measured using Elderly Satisfaction Index (ESI) developed from Likert-scale. The scale has been found to be an effective technique for the measurement of attitudes (Likert, 1932). In view of the reviewed literature, 6 attitudinal statements as the elderly's SPSs proxy indicators (URT, 2003; UDHR, 1948) were identified as shown in Appendix 2. The study used a 5

points Likert scale which had six statements. The responses to items of the scale were given scores of 1, 2, 3, 4 and 5 corresponding to strongly dissatisfied (1), dissatisfied (2), undecided (3), satisfied (4) and strongly satisfied (5) to generate levels of scores indicated by the respondents as indicated in Appendix 2. Thus, the responses were presented in a form that permits a judgment of value rather than a judgment of fact, as suggested by Likert (1932).

Statements favourable to the construct were positively worded, while unfavourable statements used negative connotation. Reverse coding was done on three of the 6 statements that had negative connotation by recoding 1 into 5, 2 into 4, 4 into 2 and 5 into 1 and leaving 3 intact. The reverse recoding was done in order to obtain all the six (6) statements in the same direction. The higher values indicated positive attitude disposition of favourable attitude of the elderly towards accessing SPSs from SIs implying that the SPSs were accessible by the respondents. Low values indicated negative attitude (i.e. unfavourable response) of the elderly towards accessing SPSs from SIs, implying that they were less accessible by the respondents.

The scores obtained were subjected to a continuous composite 5-point Likert scale to get the attitude of the elderly towards receiving SPSs from SIs. In the analysis of Likert-type data, there is no specific number of points required in the scale to be adopted. According to Likert (1932) and Clason and Dormody (1994), scales of 3 to 8 points have been commonly used by researchers depending on the relevance of the responses to answer the research questions. The maximum possible score for each of the 6 statements in the present study was 5, and for the composite measure (all the 6 statements) the total points were 30 points, i.e. (5 x 6) while the minimum and median composite scores were 6 points (1 x 6) and 12 points (2 x 6) respectively. This is in accordance with Likert (1932)

who suggested that the score for each individual should be determined by finding the sum of numerical scores of the positions that the individual checked.

The cut-off points for the levels of the elderly's SPSs attitudes were determined by calculating 6 statement score of 1 = 6 which was the lowest; 6 statement score of 3 = 18 which was the medium; and 6 statement with the score of 5 = 30 which was the highest. In order to get the cut-off point, the maximum which is 30 was divided by two, i.e. 30/2 = 15. The levels of the categorization of the ESPSA were made as 6 – 14 (Unsatisfied), 15 – 18 (Neutral) and 19 – 30 (Satisfied) (Appendix 2).

2.3 Results and Discussion

2.3.1 Social and demographic characteristics of the elderly respondents

Age is a fundamental measure of population structure as well as their social protection status. Demographers and other social scientists have special interest in the age structure of a population because social protection relationships and the elderly's welfare within the community depend on age. The results presented in Table 2.1 show that almost one-third (29.6%) of the elderly were in the age group whose ages ranged from 61 to 70 years. This age bracket represents the population with declining functions and abilities that make the elderly become more dependent and vulnerable to the risks associated with ageing and therefore they are likely to be in high demand of SPSs from SIs (Spitzer *et al.*, 2009). Meanwhile, inadequate SPSs from SIs might constitute negative attitude among the elderly's as far as SPSs from SIs are concerned.

Furthermore, the significance of marital status in relation to SPSs improvement can be explained in terms of marital relationship prevails among the elderly. It is expected that marital relationship is an influencing factor which is likely to put the elderly in a highly

SPSs accessibility. The study findings in Table 2.1 show that 41.6% of the respondents were widows and 29.7% were married. Living with a spouse or in any form of marital union is very important for the elderly and is associated with the elderly's social protection. It is argued that widowhood/widower-hood and poverty are also highly related with old age, especially if one lacks adequate means of social protection (Cattell, 2005; Rogers *et al.*, 2000; Waite, 1995).

Table 2.1: Demographic characteristics of the respondents (n = 202)

Variables	Moshi Municipality (n=98)	Moshi District (n=104)	Overall
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
Single	4.5	0	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			
Agriculture and horticulture	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**

Likewise, education plays a very significant role in every one's life and is one of the essential aspects for the elderly's access to SPSs from SIs. The findings in this chapter indicate that (70.8%) had attained primary education, about a quarter (23.8%) of the

respondents never had any formal education, and only a few (2.5%) had secondary education. The majority of the elderly have been informally participating in agricultural production, livestock keeping and businesses since antiquity due to the fact that the region has secured substance farming and other available business opportunities which were regarded as the most important factors which contributed to school dropout and paved way for the majority to attain primary level education.

Many studies have revealed that the level of education (years of schooling) have helped the elderly in accessing SPSs including acquiring employment in the formal sector as well as using various information efficiently URT and HAI (2010); Nkwarir (2010) and Spitzer *et al.* (2009). This implies that the majority of the elderly had no qualification that would have enabled them to be employed in the formal sector which would have helped them access the SPSs provided by social institutions. Meanwhile, lack of education can impede the elderly to access SPSs from various sources.

Another important variable which was analysed in relation to the elderly's social protection was the main occupation of the elderly. As for the distribution of the respondents by their occupations, the findings revealed that 41.1% of the respondents were involved in crop production as their predominant occupation and 37.1% were too old to work (Table 2.1). Generally, the ageing process is linked with the declining physical functioning state which is a risk factor for their wellbeing. In this regard, the elderly become unable to actively engage in various socio-economic activities hence they cannot sustain their daily living and survival. This finding implies that the majority of the elderly were either participating in crop production or unable to work, a situation which has an important implication for their welfare as a dependent group in the community. Thus, understanding socio-demographic characteristics and socio-economic

status of the elderly's is important to SIs as service providers, as it may help them determine the type of support, strategies and interventions they need to establish in addressing the elderly's social insecurities (Spitzer *et al.*, 2009).

2.3.2 Social institutions (SIs) and social protection (SP) for the elderly

The findings presented in Table 2.2 indicate the three common types of social institutions which are believed to provide SPSs to the elderly in the study area. They are: the Government agencies (e.g. Department of Social Welfare/Tanzania Social Action Fund), the family, and voluntary agencies (e.g. FBOs and CBOs).

2.3.2.1 Family and provision of social protection services to the elderly

Family has been recognized as a fundamental institution providing SPS to the elderly due to modernization that dictates the abscondment of the elderly by other family members, particularly the youth and other energetic ones (Dhemba, 2015; Oladeji (2011). The findings in Table 2.2 show that the family was the leading institution in providing almost all the SPSs including health (77.7%), food (100%), clothing (100%), shelter (100%), cash transfer to the elderly (18.8%) and awareness raising (30.5%) compared to other institutions in the study area. This is due to the fact that, in a cultural society, the elderly have always depended on families where family members are responsible to provide all the neediest basic needs to the elderly when the elderly can no longer function independently.

This finding implies that it is the family on which the elderly rely for very basic human needs. Similar findings are reported by Barry (2010) and Nombo (2013) who found that the family is a microcosm institution that is still considered as the focal point in the process of protecting the elderly in the wake of old age, life shocks and economic

hardships. However, one male focus group dicussion (FGD)from Kiusa Ward in Moshi Municipality agreed that: "*...Family is a viable institution in taking care of the elderly; if family members are not around, what do you expect? It is suffering and death*" (Elderly FGD, Kiusa Ward, 2016). According to the FGD, the family is still an active institution in providing SPSs to the elderly due to the fact that family members are the protectors who are traditionally given the mandate to provide basic needs of the household.

Table 2.2: Types of social institutions and services provided to the elderly (n = 202)

Services	Goverment Agencies %		Family %	Voluntary Agencies %	
	DSW	TASAF		FBO	CBO
Health services	48.5	48.5	77.7	20.0	9.2
Food	9.9	0.0	100	10.0	3.9
Clothing	9.9	0.0	100	20.0	18.6
Shelter	9.9	0.0	100	0.0	0.0
Income/Cash transfer	0.0	25.7	18.8	10.0	5.0
Awareness raising (health, elderly rights)	20.0	25.7	15.5	5.0	5.0

***Multiple Responses**

2.3.2.2 Government support towards providing SPSs to the elderly

Generally, it is important to note here that the government has the legal obligation to protect and promote social security including provision of SPSs among the elderly as a key stakeholder compared to other SIs such as FBOs and CBOs. The overall responsibility of the government is to ensure that provision of SPSs benefits is done according to the available institutional arrangement, clear and transparent eligibility criteria and entitlements, and the proper administration of the institutions and services. In this regard, where benefits and services are not provided directly by public institutions, the effective enforcement of the legislative frameworks is particularly important for the provision of the elderly's SPSs benefits.

Meanwhile, the DSW and TASAF were identified institutions under the Government providing SPSs to the elderly at varying degrees. The services provided under DSW were health (48.5%), food (9.9%), clothing (9.9%), shelter (9.9%) and awareness raising 20.0%) on various elderly's basic needs as depicted in Table 2.2. This indicates that the SPSs provided by the government under DSW in the study areas were below fifty percent. For instance on the health aspect, the services were contrary to free health entitlement as per available health policy whereby the elderly are entitled to free health services from public hospitals (URT, 2017; URT, 2003). One of the key informant interviewee at Mawanjeni emphasised: "*...The entitlement to free health services is not fully practical ..... only the consultation service is available. Otherwise, when the elderly are sick, they normally buy medicines. No law is in place to guide health benefit systems of the elderly*" (KI, Mawanjeni Village, 2016). This observation is an indicator that the elderly are not fully accessing health services from the Government public health hospitals due to inadequate laws that enforce the implementation process. This finding further implies that effective governmental support structures that facilitate SPSs to the elderly are very essential in ensuring equitable provision of welfare services to the elderly. Moreover, it is important to note that the DSW as a Government agency was among the social institutions providing social protection services to the elderly in the study area. These findings are in contrast to the findings reported by Spitzer *et al.* (2009) who found that NGOs were the only institutions providing services to the elderly in the Tanzanian.

Furthermore, Tanzania Social Action Fund (TASAF) was identified as one of the Government institutions that provide social protection services to the elderly through cash transfer programmes only at their respective areas (where the elderly resided). It was also revealed that TASAF supported vulnerable groups including the elderly in the study area with 25.7% benefitting from cash transfer and 25.7% benefitting from training

programmes accompanied by the cash transfer provided Table 2.2). However, it is important to note that the government, through TASAF, was only providing income services to the elderly together with the technical knowhow training to utilize the services compared to other institutions in the study area (Table 2.2).

The findings imply that TASAF provides cash transfer to only 28% of the elderly, which is different from other institutions in other countries. For example, the Government's Old Age Pension Scheme in South Africa provides cash transfer to 80% of her elderly (Ralston *et al.*, 2016). However, TASAF was far better than other institutions including DSW and other voluntary agencies (FBO, CBO) in supporting the elderly through cash transfer in the study area.

According to Kessy (2014) and Pauw (2007), financial security was cited by the elderly as one of the most urgent basic need with a multiplier effect that assist household in accessing food, health, shelter and clothing SPSs and thus mitigate socio-economic vulnerability among the elderly (Adato and Bassett, 2009; Devereux, 2008; Hofmann *et al.*, 2008; Patel, 2011). The study also revealed that even for the few lucky elderly people who managed to get assistance from TASAF, the provided cash transfer to them was very little (TZS 20 000/= monthly per elderly). Experience from other parts of the world reveals that the elderly are supported with adequate cash transfer to earn a living. For example, the elderly in South Africa receive $1000 (equivalent to TZS 2 175 000/= per month). This is due to the fact that South Africa is among the countries in Africa which have strongly developed legal SPSs framework to support her citizens including the elderly (Davis *et al.*, 2015; Hanlon *et al.*, 2010). According to Dhemba (2015), the amount provided to the elderly by TASAF is far below the United Nations' poverty line of US$ 1.25 a day per capita, and therefore, it is not a reliable source of lifting the elderly

out of poverty (URT and HAI, 2010). However, it is important to understand that the government through TASAF has been encountering a number of challenges including inadequate financial resources to expand the services to the elderly. However, despite the challenges, the government, through TASAF, has also impacted on the provision of SPSs to the elderly through cash transfer in the in the study area.

2.3.2.3 Voluntary agencies and the elderly's social protection

The CBOs and FBOs are public or private non-profit agencies including social networks in the community that work to meet community needs including provision of SPSs to the elderly. The study findings presented in Table 2.2 show the status of voluntary agencies in providing SPSs to the elderly in the study area. Faith based (churches, mosques) and community based (social networks and informal groups) agencies were a source of SPSs provision to the elderly. The findings reveal that, under FBOs, the services provided includes health (20.0%), food (10.0%), clothing (20.0%), shelter, income (10.0%) and awareness raising (5.0%) compared to CBOs. Moreover, CBOs in the study area were identified providing SPSs to the elderly including health support (9.2%), food (3.9%), clothing (18.6%), income (5.0%) and awareness raising on various matters in the community (5.0%).

These findings generally show that as part of sharing responsibilities among the SIs, the CBOs and CBOs have impacted on the livelihood of the elderly through various SPSs as depicted in Table 2.2. During interviews with the elderly, it was revealed that the respondents received direct support from FBOs and FBOs that were able to take the services to the elderly during burial services, worship days and physical visits to the elderly who are in needy. One of the key informant interviewee at Bomambuzi emphasised: *"The majority of the elderly in the ward are supported by churches or*

mosques and community based organisations" (KI, Bomambuzi Street, 2016). Similar findings are reported in a study by Daniel *et al.* (2016) and Berriantos *et al.* (2013) who revealed that most of the voluntary agencies including FBOs provided spiritual support, clothing, shelter and food to the elderly as a needy group. These agencies are reported to have been an instrumental entity in improving the welfare of the elderly people in Africa and particularly in Tanzania.

Generally, the findings of this study show that the services provided to the elderly were a shared responsibility among the identified SIs in provision of protective, preventive, promotive and transformative services. Although, the nature of services provided by the SIs varied from one institution to another, there was an overlapping in the provision of SPSs among social protection institutions in delivering the service SPSs programmes (Table 2.2). Similar findings are reported from a study on Ageing and Care of Older Persons in Southern Africa that, in achieving adequate SPSs among the elderly, SIs (the family, government and non-governmental agencies) have a very big role to play (Dhemba, 2015).Mathiu & Mathiu, 2012; Nkwarir, 2010).

2.3.3 General attitude of the elderly towards SPSs provision by SIs

The findings presented in Table 2.3 indicate the elderly's attitudes towards receiving SPSs services from SIs. Respondents were required to show their attitude by indicating their degree of satisfaction with a set of statements which support SPSs provision among the elderly. The study findings in the study area indicated that the overall attitude of majority of the respondents was 39.6% showing negative (unsatisfied) attitude towards receiving SPSs. While 36.6% of the respondents had a positive (Satisfied) attitude towards receiving SPSs from SIs, only 23.8% had neutral attitude towards receiving SPSs from SIs (Table 2.3). The differences in attitude among the elderly could be a result of

accessing inadequate SPSs provided by the government and non-governmental agencies. On the other hand, positive attitude could be contributed by the prevailing support from the family which was revealed by the elderly as the current primary care taker. These findings have implications to the elderly's welfare, especially when the SPSs are inadequately accessed and hence put them in an immense vulnerability, which consequently constitute to their attitude towards receiving SPSs from SIs. Thus, these results indicate that the majority of the elderly uphold negative attitude towards receiving SPSs from SIs. However, participants in a female FGD at Mawanjeni Village argued that: "...: *The elderly are vulnerable in many aspects.... food, health and income inaccessibility... these are our main problems.....Do not expect us to have positive feelings about the SPSs from SIs (Government and non-governmental agencies), may be our families where we belong* (Women FGDs, Mawanjeni Village, 2016).

They added further that SPSs inaccessibility among the elderly have necessitated the elderly to live miserable life including applying coping strategies which are hazardous to their wellbeing. These include; casual labour and begging. Meanwhile, the elderly are largely depending on the family for their survival. This is because they believe that the African family has been the basic structure that performed the functions of social system since antiquity.

This finding imply that the majority of the elderly uphold negative attitude towards receiving SPSs from SIs except for the family which was and still the primary supporter in providing SPSs to the elderly. Likewise, this is linked to the Elderly law Multidimensional Model, which asserts that SPSs for the elderly would be guaranteed, mandatory, and adequately accessed by the elderly if the law is enacted to backup the

service delivery process by SIs and therefore satisfy the elderly's SPSs necessities (Doron, 2003).

Table 2.3: Attitudinal response of the elderly's SPSs accessibility from SIs (n = 202)

Attitudinal Statements	Elderly Attitudes (%)				
	Strongly dissatisfied (1)	Dissatisfied (2)	Neither Satisfied nor dissatisfied (3)	Satisfied (4)	Strongly satisfied (5)
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 awareness on various basic information to the elderly (health, rights IGA)	3.5	9.4	15.3	47.2	24.8

	Overall		
Category	**Score**	**Frequency**	**Percent**
Unsatisfied	6 – 14	80	39.6
Neutral	15 – 18	48	23.8
Satisfied	19 – 30	74	36.6

2.4 Conclusions and Recommendations

This chapter concludes that although SPSs provided to the elderly were a shared responsibility among the identified SIs in provision of food, health, income, shelter, in Moshi Municipality and Moshi District Council; the family was and still is the primary supporter and leading institution in providing SPSs for the elderly. With regard to the nature of SPSs, the services provided by the SIs vary from one institution to another with an overlapping delivery of SPSs among the elderly. It is also concluded that due to inaccessibility of SPSs provision from SIs, the elderly have negative attitude towards receiving SPSs from SIs. It is further concluded that although the services are not

adequately provided by the social institutions, their contribution is still acknowledged to be very important in helping the elderly to improve their welfare.

In view of the conclusions based on findings from this chapter, it is recommended that the department and sections responsible for the elderly in the respective Central and Local Government Authorities should revisit and coordinate services delivery programmes among the SIs (non-governmental agencies and the family) in the study area in order to avoid overlapping of SPSs among them.

There is evidence that good practice in providing adequate SPSs can positively influence the attitudes of the elderly towards the practice of SIs; examples include SIs to design and implement appropriate and jointly elderly's SPSs interventions that meet the elderly's basic needs and their preferences of the elderly for bigger impact of the elderly's livelihood. In addition, more studies to examine attitudes of the elderly towards various identified institution and their SPSs service delivery are recommended in the study area. This will generate more indicators to enable the planners and SIs providers to design and implement appropriate intervention programmes for the elderly.

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CHAPTER THREE

Paper Two

Determinants of the Elderly's Social Protection Services Access in Kilimanjaro Region, Tanzania

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Abstract

Despite the existence of social institutions and the established initiatives in supporting the elderly in Tanzania, the provision of social protection services (SPSs) remains a major concern to many elderly. The main objective of this study on which this paper is based was to establish the extent to which the elderly have access to SPSs. Specifically, the paper (i) examined the levels of social protection services accessed by the elderly, (ii) analysed the dimensions which social institutions (SIs) were using in delivering services to the elderly, and (iii) determined the factors that influenced accessibility of SPSs to the elderly. A cross-sectional research design was used whereby 202 respondents aged 60 years and above were involved. Data were analysed descriptively and inferentially. Ordinal logistic regression was used to establish the relationship between the elderly's SPSs accessibility and their socio-demographic, economic and institutional variables. The findings revealed that the majority (81.7%) of the elderly had a medium level of access to SPSs. It was further revealed that SPSs was highly derived through protective

dimension compared to preventive, promotive and transformative dimensions. The awareness of policy and rights, health insurance, and financial assistance (cash transfer from TASAF) were found to be important predictors of the elderly's accessibility to SPSs ($p < 0.05$). It is therefore, concluded that the most important predictors such as health insurance, cash transfer and awareness on elderly's policy and rights need to be considered when designing SPSs programmes for the elderly so as to ascertain and address their immediate needs. Hence, it is recommended that SIs must establish interventions for the elderly including provision of health insurance and cash transfer in order to improve welfare of the elderly. In addition, SIs should sensitize the elderly on their rights and entitlement through ensuring that they get regular information regarding their rights so as to increase their social and economic security.

Key Words: Social protection, determinants, social protection services, access, dimensions

3.0 Introduction

3.1 An Overview of Social Protection Services Accessibility

Social protection Services (SPSs) accessibility has become an important factor that improves the elderly's welfare particularly in many developing countries. It is also one of the areas where inaccessibility concerns have frequently been voiced in order to address the basic needs of the elderly (ILO, 2014; Laiglesia, 2011; UN, 2011; Aboderin and Gachuhi 2007). However, one of the key challenges has been to design SPSs interventions for the elderly which are supportive to sustainable elderly's wellbeing.

Historically, provision of adequate SPSs to the elderly has been advocated as a distinguished universal concern towards improving the marginalized groups through promotive, preventive, protective, and transformative measures and therefore it was used

by social institutions in providing SPSs to the elderly in both developed and developing countries (Bandita, 2017; UN, 2015; Bloom, 2011; Devereux and Wheeler, 2008). Any person in the age of sixty years and above is considered as an old, aged, and mature person (Tanzania National Ageing Policy, 2003). In this regard, it is apparent that the elderly are an important component of every country's demographic strata since they played and still play a vital role in information, knowledge and experience. They are also the custodians of customs and traditions, advisors/mediators and child carers. Therefore, the elderly as a special group of people deserve SPSs like any other vulnerable group.

According to the UN estimate (2015), nearly 10% of the world's population, a total of 600 million people are over the age of 60, and this number is expected to double by 2050 (UN, 2015), and nearly two-thirds of the elderly live in the developing world where arrangements for their social protection are more or less non-existent. Despite this unprecedented increase, more than 80% of the global elderly population are inadequately accessed by SPSs, including health, nutrition, and other basic services essentials for human existence and hence they live insecure livelihoods (ILO, 2014; Laiglesia, 2011).

In Tanzania, it is estimated that more than 96% of the elderly population aged 60 years and above are not adequately accessing basic social protection services such as health, food and cash assistance (UN, 2011; Aboderin and Gachuhi, 2007), and according to URT (2014) and the 2012 Tanzania census (NBS, 2012), Kilimanjaro Region is one of the regions where the population of the elderly is the highest compared to other regions in Tanzania (i.e. Kilimanjaro, 6.4%; Mbeya, 6.1%; Morogoro, 5.6%; Tanga, 5.6%; Dodoma, 5.6%; Kagera, 5%; and Mwanza, 4.9%). The region has the highest 9.7% proportion of the elderly population compared to the national average proportion of 5.6%. Moshi is a dual administrative district, with two councils: Moshi District Council and Moshi

Municipality. Moshi District has about 4.6% elderly population and Moshi Municipality has 4.2% elderly population. It astonishes that with the highest elderly population in Kilimanjaro, yet the elderly's SPSs accessibility from SIs is inadequate (Sanga, 2013). The region has very few social protection facilities to address problems of the elderly. Although the majority of the respondents consider these facilities as inadequate, as a matter of fact, they are better off compared to many places in Tanzania.

As a result, the elderly are confronted with the chronic shortage of health services, poor income and lack of information concerning their rights (HAI & URT, 2010; URT, 2003). Nevertheless, the geometrical increase in the numbers of the elderly and inaccessible social protection services among them has implications which it is an alarming serious social protection issue which needs to be addressed as a matter of urgency with regards to the provision of services that protect, prevent, and promote their welfare (Oduro, 2010). As far as this study is concerned, it is evident that social protection for the elderly is a new phenomenon consisting of four categories of measures: protective (recovery from shocks); preventive (preventing poverty from occurring/mitigating risks in order to avoid shocks); promotive (promoting opportunities and increase in income and capabilities); and transformative (focusing on the rights and inclusion) that reduce poverty and enhance the social status and rights of the marginalized groups such as the elderly (Bandita, 2017; Bloom, 2011; Devereux and Wheeler, 2008). These aspects need monetary assistance, insurance scheme, benefits for pensions, food, shelter and clothing from the Governmental and Non-Governmental agencies (social institutions).

Social institutions here refer to organizations (both Governmental and Non-Governmental agencies) guided by norms and roles that operate in the facilitation of the distribution of goods and services which address social protection issues to human groups. Again, the concept of social institutions is directly linked to the social protection of the elderly

because it is through these institutions where this kind of arrangement fits most in service delivery and promotion of sustainable social protection of the elderly (Barry, 2010). The social protection framework that focuses on the promotive, preventive, protective, and transformative dimensions offers the most relevant conceptual approach to the study of social protection to the elderly, as it encompasses the aspects of equity, empowerment, economic, social and cultural rights (Harvey, 2009; Devereux & Sabates-Wheeler, 2004).

The provision of services to the elderly is regarded as a human right issue as spelled out in various national and international policy instruments (Fredvang *et al.,* 2012; UN, 2011). According to scholars (i.e. Bandita, 2017; Bloom, 2011; Devereux & Wheeler, 2008; URT, 2003), social protection for the elderly is a shared responsibility of the family, local and international Governmental and voluntary agencies. These together provide services to the elderly as a vulnerable group in the society in terms of food, insurance, shelter, clothing, and finance. Though social institutions in Tanzania have the obligation and mandate of addressing making interventions on the welfare of the elderly as per the existing Tanzania National Ageing Policy, they carry out responsibilities haphazardly because there is no enacted law(s) that compel them to address problems facing the elderly. Thus, the majority of the elderly do not benefit from the available social protection facilities since only 2.5% of the total elderly population are accessed by these institutions in Tanzania and the rest continue to live a miserable life (URT and HAI, 2010; Spitzer *et al.,* 2009). The trend poses serious challenges regarding efficiency and effectiveness of service delivery systems to the elderly of these social institutions. This means that detailed understanding of the mechanisms of social protection among the elderly is a crucial agenda in developing countries including Tanzania. Thus, this understanding would enable practitioners in the field to devise more effective social protection mechanisms for successful provision of social services to the elderly.

The empirical evidence on socio-demographic, socio-economic and institutional factors that determine accessibility of social protection services by the elderly depict the existing large gap between the served and the non-served elderly in Tanzania. This paper establishes the extent at which SPSs from social institutions are made accessible to the elderly in Tanzania. Specifically, the paper (i) examined the levels of access to SPSs among the elderly, (ii) analysed the extent of the priority dimensions which social institutions mainly used in delivering services to the elderly and (iii) determined the factors that influence accessibility of SPSs to the elderly. The study highlights the determinants which have significant influence on the nature and outcome of SPSs accessibility to the elderly. This is intended to contribute to bridging the gap between the 2.5% elderly populations who are served and the 97.5% of the non-served elderly population through the existing social protection services in Tanzania.

A study of accessibility levels to SPSs by the elderly and their determinants (socio-demographic, socio-economic, institutional factors) is essential; it provides decisive information for successful planning and implementation of SP services provided to the elderly. Again, it is useful to planers and policy makers in their decisions and improving the existing framework on care and support of the elderly in Tanzania.

3.2 Methodology

3.2.1 Description of the study area

This study was conducted in Moshi District Council (MDC) and Moshi Municipality (MM), Kilimanjaro Region in Tanzania. The region was selected due to the fact that it has the highest (9.7%) proportion of the elderly population compared to 5.6% of the national average. According to literature (i.e. URT, 2017; URT, 2014; NBS, 2013; URT, 2012), Moshi District Council (MDC) has the elderly population of 28.4%,

Rombo (15.9%), Siha (7.0%), Hai (13.0%), Mwanga (8.0%), Same (16.4%) and Moshi Municipality (MM) (11.2%). Furthermore, MM was selected due to the fact that the area has different social protection facilities including public hospitals and care centres for the elderly as compared to other districts in the Region (Kumalija *et al.*, 2015). Hence, Moshi Municipality and Moshi District Council were appropriate for the study in order to examine, reflect and learn how available social institutions have an impact in provision of SPSs to the elderly in the study area.

3.2.2 Research design

In order to collect multiple cases in a single point of time the study employed a cross-sectional research design (Bailey, 1998). The design is considered to be appropriate as it is useful for description purposes as well as for determination of relationship between variables (Babbie, 1990). Further, the design allows collection of both qualitative and quantitative data for two or more variables, which are then examined to detect patterns of associations (Rwegoshora, 2006; Bryman, 2004). Four wards and eight villages were selected for the study. Two ward and four villages were selected purposely from each district based on the list of the elderly provided by District government official in the respective study areas (Table 1).

Table 1: Distribution of the villages/streets selected for the study

District	Division	Wards	Villages/Streets	NES
Moshi Municipality	Moshi Mashariki	Kiusa	Kiusa Line	30
			Kiusa Sokoni	30
		Bomambuzi	Kanisani	30
			Kilimani	30
Moshi District Council	Vunjo Mashariki	Mwika Kusini	Mawanjeni	30
			Kiruweni	30
		Marangu	Samanga	30
			Rauya	30

Note: NES= Number of elderly selected

3.2.3 Sample size determination

The sampling unit for this study was the elderly aged 60 years and above with different marital statuses. The elderly men and women were the respondents in this study because SPSs is a human right concern entitled to both elderly. Thus, SPSs inaccessibility problem is likely to affect both the elderly men and women if not addressed by SIs. For the purpose of this study, all elderly respondents were regarded as SPSs beneficiaries regardless of their gender, marital status, education and occupation. The sampling frame was a list of names of all the elderly registered in the respective districts. Simple random sampling technique using lottery method was used to obtain sample size of 202 respondents (Cochran, 1977) where 98 and 104 from Moshi Municipality and Moshi District council respectively were obtained.

3.2.3 Data Collection

Mixed methods of data collection were employed whereby both qualitative and quantitative data were collected. The combination was considered useful as it provides triangulation of information (Creswell, 2013). A structured questionnaire with close and open-ended questions was used to collect quantitative data. An interview guide was used to gather information from 36 key informants including 10 representatives from elderly's family members, 4 religious leaders, 2 TASAF officers working at the regional/district level, 4 District/Division Community Development Officers, 4 elderly's council leader, 4 Ward Executive Officer and 8 Village Executive Officers/Street leaders). A focus group interview guide was used in discussion to gather information from 8 FGDs which involved 6 to 8 people in each discussion session (both men and women elderly) from each village/street) for effective discussions (Bryman, 2004). Eight FGDs were conducted for qualitative data collection. The people selected for discussions included the elderly or their representatives and any other eligible members for that purpose. The information

obtained during the discussion was used to enrich the information collected from the elderly using the questionnaires. FGD, KII and in-depth discussion helped the researcher to explore practical experience of the elderly on the issue of SPSs accessibility status.

3.2.4 Data Analysis

Qualitative data were analysed using content analysis whereby themes were transcribed and categorised based on the study objectives. Quantitative data were analysed descriptively and inferentially. Descriptive statistics such as frequencies, percentages, averages and standard deviations were used to describe socio-economic characteristics of the elderly and institutional factors. Ordinal logistic regression model was used to determine the factors that influence access to social protection services by the elderly. Social protection for the elderly was measured based on the four dimensions namely protective, preventive, promotive and transformative measures. Furthermore, there were additional indicators for each dimension which were set and agreed upon during FGDs as adopted from the 2003 Tanzania National Ageing Policy, Harvey (2009) and Sabates-Wheeler (2008) to reflect the context of accessibility to social protection services by the elderly in the study area. The indicators were 7, 4, 6, and 5 items for protective, preventive, promotive and transformative dimensions respectively.

Specifically, these indicators in the protective domain were food, shelter, health, bed and mattress, mosquito net, clothes, and care/respect/safety nets. In the preventive domain the indicators were health insurance, consultation and medication, health check, and transport to the hospital; the promotive domain indicators included cash transfer, financial services, entrepreneurship knowledge, farm inputs, agricultural knowledge, and knowledge on the rights of the elderly; and transformative domains included awareness on policy and the rights of the elderly, representation in decision making organs,

participation, respect and access to information. Each response to a given indicator was assigned a score of either 0 for "do not have access" or 1 for "having access". The sub-total score values for indicators obtained from the four dimensions were summed up to get the grand total scores for each respondent. Finally, the grand total scores were categorized into three -levels score namely; 0 = Low; 1 = Moderate and, 2 = High. This classification to measure and establish accessibility levels among the elderly was based on literature by Nzali (2016) and Meena *et al.* (2012) as follows;

Low (Below Mean-SD); Medium (Mean – SD to Mean + SD); and High (Above Mean + SD). The categories for the elderly status were summarized as: Low = 0 – 3, Moderate = 4 - 10; and High = 11 - Above. These categories were established to measure the extent of accessibility to social protection services by the elderly as a dependent variable. The normality test was conducted to observe the dependent variable if it was normally distributed or not. The results on Shapiro-Wilk Test showed that there was a significant difference at $p < 0.05$. This implies that the dependent variable was not normally distributed. Thus, the model fell under logistic non-linear function.

The Ordered Logistic Regression (OLR) model was used to offer a better explanation (Agresti and Finlay, 2009) on the underlying relationship between elderly's access to social protection and the factors affecting them because the dependent variables had greater than two categories measured at ordinal level of measurement (0 = Low, 1 = Moderate, 2 = High levels) which assisted to establish the relationship between the dependent variable and independent variables which are the factors that influence access to social protection services by elderly in the study area. The ordinal logistic regression model was specified as follows:

$$Logit[p(x)] = Y = \log\left[\frac{p(x)}{1-p(x)}\right] = a + \beta_1\chi_1 + \beta_2\chi_2 + ... + \beta_n\chi_n + \varepsilon \quad \text{.....(1)}$$

Where:

Y= Access to social protection services: 0= Low access, 1 = Moderate access, 2 = High access.

This OLR model was used to estimate the influence of the hypothesized explanatory variables on the chances the elderly highly accessing social protection services. The independent variables (X_is) were thirteen as shown in Table 3.1.

Table 3.1: Definition of the independent variables of the model

	Explanatory variables	Definition	Expected signs
X_1	Residence of the elderly	1= residing in rural area; 0 = reside in urban area	+
X_2	Age of the elderly in years	Years of living	+
X_3	Sex of the elderly	Gender: 1 = Male; 0 = Female	+
X_4	Literacy status	1= able to read/write; 0= unable to read/write	+
X_5	Marital status	1= married; 0 = otherwise	+
X_6	Size of the household	Total number of people residing in the household	+
X_7	Income from agricultural produces	1= access; 0 = otherwise	+
X_8	Income from selling h/h items	1= access; 0 = otherwise	+
X_9	Remittance from children/ relatives	1= access; 0 = otherwise	+
X_{10}	Health Insurance	1= access; 0 = otherwise	+
X_{11}	Awareness on elderly rights	1= Aware; 0 = not aware	+
X_{12}	Access to information	1= access; 0 = otherwise	
X_{13}	Cash transfer from TASAF	1= access; 0 = otherwise	+

The independent variables included dummy and continuous variables. The dependent variable (Y = 0, 1, or 2) for low, moderate and high access respectively was regressed on the independent variables to examine the influence of each independent variable which in this study are termed as factors determining access to social protection services by the elderly.

The selection of the explanatory variables namely socio-demographic (age, gender, marital status, literacy status, residence, size of household), socio-economic (income from

agricultural sales, income from selling household items, remittance from children/relative, and institutional variables (health insurance, awareness on elderly rights, access to information and financial assistance) was based on literature (e.g. Dhemba, 2015; Okello, 2013; Sanga, 2013; Chapman, 2010; Spitzer *et al.*, 2009; URT, (2003) as relevant predictors of accessibility to social protection services by the elderly. the provision of SPSs to the elderly are, to a great extent, affected by socio-demographic, socio-economic and institutional factors, which together are the determinants of social protection for the elderly. The changes in the determinants cause the changes in accessibility of social protection services to the elderly. Stata 12 software was used to analyse the determinants of access to social protection services by the elderly.

3.3 Results and Discussion

3.3.1 The role of SIs in provision of SPSs to the elderly

SPSs cannot be measured directly, but it can be measured through proxy indicators (behaviours and activities towards food, health, income, clothing and shelter applied during SPSs inaccessibility). It is this time now when the SIs are required to play their role in the prioritization of protective, preventive, promotive and transformative services. The protective services include provision of subsistence support (food, health, shelter, income, clothing), the preventive services (health insurances, pension), promotive (Capacity building and empowerment) and transformative (elderly rights awareness, participation and social inclusion).

3.3.1.1 The levels of elderly's accessibility of social protection services

Descriptive statistics of the dependent variable, which was access to social protection by the elderly, was carried out to determine the proportion of the elderly who had access to social protection in the study area. The results in Table 3.2 indicate that the elderly who

had moderate access to SPSs were 81.7% of the total respondents interviewed. They also show that those who had low access and high access to SPSs were 5.9% and 12.4% respectively. The differences in SPSs accessibility levels could be a result of many factors including SPSs provided by the SIs (government, non-governmental organisations and the family) in the study area. Likewise, the region has stronger health systems and socio-economic development than the regions in western and north-western Tanzania (Kumalija *et al.*, 2015; URT, 2013 and URT, 2012). This finding indicates that the various health systems and socio-economic strength are an important determinant of the elderly's SPSs accessibility. Thus, SPSs accessibility levels (differences) are for an important part due to stronger health systems, in terms of health workforce and infrastructure, and to a higher extent associated with higher levels of socioeconomic development.

Table 3.2: Categorical scores of the elderly's access to SPSs (n = 202)

Levels of SPA	SPA range score	Frequency	Percent
Low	≤3.0	12	5.9
Moderate	4.0 – 10.0	165	81.7
High	>11	25	12.4
Total		**202**	**100.0**

However, it is particularly important to note that, although the elderly were found to have moderate level of access to SPSs, the findings mostly reflect local level (Tanzanian context) standards. But when considering these findings at the international level (Kivelia *et al.*, 2011), access to SPSs by the elderly at regional level is promising only in the study area compared to the general national level where 96% of the elderly are inadequately accessing SPSs from SIs (URT and HAI, 2010).

3.3.1.2 The SPSs Dimensions and service delivery accessibility among the elderly

In the course of ensuring the wellbeing of the elderly, the SIs act as the vehicle that transfer SPSs to the elderly through four roles, dimensionally they are; protective, preventive, promotive and transformative (Doron, 2003b; Deverex and Sabates-

Wheeleer, 2004). These dimensions as used by SIs in delivering services to the elderly are presented in Table 3.3. The results indicate that SPSs accessibility to the elderly were protective (57%), transformative (34%), preventive (24%) and promotive (16%). These findings imply that SPSs were highly accessible by the elderly through protective measures as opposed to other dimensions (Table 3.3). This is due to the fact that the protective services are primary (food, health, income, shelter and clothing) SPSs to the while others are secondary SPSs. Likewise, Hong *et al.* (2017) reported that the elderly are dependent group and are at the highest-risk of vulnerability worldwide and thereby requiring immediate subsistence SPSs support. These results indicated an attention of other SPSs dimensions (preventive, protective and transformation) of the elderly that are also important to be considered by SIs when designing SPSs programmes for the elderly globally, regionally and Tanzania in particular.

Table 3.3: The elderly's response total scores in each ESP dimension (n = 202)

The ESP dimension	Total Scores	Average scores per respondents	Total scores for indicators	Percentage	Ranking
Protective	721	4.1	7	57	1
Transformative	350	1.7	5	34	2
Preventive	213	1.0	4	25	3
Promotive	115	1.0	6	16	4

The promotive dimension (Table 3.3) was very low, which implies that this inactive group of the persons do not need empowerment to the great extent. This means that more efforts must also be invested in preventive (provision of health insurance and pension) and transformative measures (awareness raising on rights) for the elderly's SPSs in order to be more effective (Nzali, 2017; Kessy, 2014; World Bank, 2012; Babajanian *et al.*, 2012 and Mwakajwanga, 2011).

3.3.1.3 Descriptive statistics of quantitative and dummy variables

Descriptive statistics of independent variables showed that the age of the elderly ranged from 61 to 105 years; household size (HHS) ranged from 1 to 12 years implying that there were some households with family members in the study area who could provide care for the elderly and improve their welfare (Table 3.4). It is evident that "The higher the number of HHS, the higher the reliability of the care to the elderly," this is because members can collectively contribute to income raising, ranging from agriculture to sales of household items. The income of the elderly from agricultural sales was between 0 and 1 000 000.00 TZS; remittance from children/relative was between 10 000.00 and 500 000.00 TZS; cash transfer from TASAF was between 0 and 1 000 000.00 TZS and income from selling household items was between 0 and 8 000 000.00.

Table 3.4: Descriptive statistics of quantitative variables

Variables	Min	Max	Range	Mean	Standard deviation
Age of the elderly	61	105	44	74.57	10.29
Size of the household	1	12	11	4.31	2.21
Income from agricultural sales	0	1 000 000	100 000	26 905.94	28467.59
Remittance from children/relative	10 000	500 000	490 000	66 014.85	108299.08
Financial assistance(Cash transfer from TASAF)	0	1 000 000	1 000 000	274 504.95	330398.53
Income from selling of h/h items	0	800 000	800 000	204 673.27	247666.25

Table 3.5 shows the contribution of marital status, literacy, gender, and areas of residence to accessibility of SPSs by the elderly. The findings indicate that as for marital status married couples were more secured than unmarried people and as for literacy more literate elderly were more aware of their rights and privileges.

Table 3.5: Descriptive statistics of the dummy variables

Variables	Frequency		Percent	
	Male/Yes/ married/Rural/able to read/write	No/otherwise/ Female/Urban/ Unable to read/write/ not married	Male/Yes/ married/Rura/ able to read/write	No/otherwise/Female/Urban/ Unable to read/write/ not married
Area of Residence	104	98	51.5	48.5
Sex of the elderly	112	90	55.4	44.6
Literacy status	144	58	71.3	28.7
Health insurances	122	80	60.4	39.6
Awareness on policy	54	148	26.7	73.3
Access to information	41	161	20.3	79.7

With respect to gender, married females were more confident and willing to be interviewed; and the urban elderly males and females were less confident and not ready to be interviewed. They also had low accessibility to SPSs. The descriptive statistics of the dummy variables showed that, on area of residence, 104 (51.5%) of the elderly came from rural (Moshi Rural) while 98 (48.5%) of the elderly came from urban Moshi Municipality. On gender, 112 (55.4%) were males while 90 (44.6%) were Females. The majority 114 (71.0 %) of the elderly were able to read and write while 28.7% were unable to read and write. The majority 122 (60.4%) of the elderly had health insurance cards while only 80 (39.6%) of the elderly had no health insurance cards. On awareness of policy and elderly rights, the majority 148 (73.3%) of the elderly were not aware of the elderly policies and other issues regarding their basic rights while very few 54 (26.7%) were aware of their basic rights.

While information is regarded to be a powerful tool for the elderly in accessing social protection services, the majority of the elderly 161 (79.7%) in the study area were not accessing basic and relevant SPSs information that could have assisted them to demand for their rights; only 41 (20.3%) of the sampled elderly were accessing information regarding elderly issues (Table 3.5).

3.3.1.4 Factors influencing elderly's access to social protection services

The ordered logistic regression analysis was estimated using maximum likelihood estimation. The iterative procedure was used whereas the model converged at iteration 6 of log–likelihood of -70.972164 which fitted the model (Table 3.6). The likelihood ratio chi-square was 97.05, whereas the model was statistically significant at 1% significant level. The Mcfadden pseudo R-Squared of 40.61% shows a proper overall capability of the model to provide accurate predictors for the dependent variable (Table 3.6).

Table 3.6: Factors influencing elderly's access to social protection services (n = 202)

Explanatory Variables	Coefficients	Std. Error	Z-Score
Residence location	1.943582	0.668	2.91**
Age of the elderly	-0.038500	0.024	-1.59
Sex of the elderly	-1.075976	0.520	-2.07**
Literacy status (Ability to read)	1.013962	0.575	1.76 *
Marital status	0.089718	0.516	0.17
Size of household	0.060840	0.100	0.60
Health Insurance	1.515142	0.582	2.60 **
Awareness on elderly's policy/right	2.149573	0.635	3.38 **
Access to elderly's information	1.003763	0.630	1.59
Selling of h/h items	-0.027117	0.522	-0.05
Remittances from children/family	0.420996	0.487	0.86
Selling of agricultural produces (by household/elderly)	-1.17361	1.494	-0.79
Financial assistance (e.g TASAF cash transfer)	2.302986	0.695	3.31**
Threshold Parameters			
/ cut1 | -4.846489	2.640444	10.02166	0.3286858
/cut2 | 3.107304	2.631761	-2.050853	8.265461

Number of observations = 202, LR chi2 (13) = 97.05, Prob > chi2 =0.000, Log likelihood = -70.972164, Pseudo R^2 = 0.4061, **Statistically significant at P < 0.05, * Statistically significant at P < 0.1

To capture factors influencing elderly's access to social protection, the dependent variable (Y= Access to social protection services: 0 = Low access, 1 = Medium access and 2 = High access) was regressed on independent variables, specifically: socio-demographic characteristics (age, marital status, literacy level, residence location and size of household), socio-economic factors (selling of household items, remittance from children/family, selling of agricultural produces) and institutional factors (health insurance, awareness on elderly rights, access to information and financial assistant - cash assistance from TASAF) as depicted in Figure 1.3.

The results of the ordered logistic regression in Table 3.6 show that some of the socio-demographic variables including the elderly's area of residence were positively related to the elderly's accessibility to social protection services and was significant at 5 % significance level. This finding implies that the elderly residing in rural areas were more likely to access SPSs such as food and income from their respective social institutions such as the family compared to the elderly in urban areas. This is due to the fact that there are more opportunities at family levels (secured subsistence farming) including farms assets and livestock keeping and nonfarm occupations among the family members in rural areas as opposed to those living in urban areas. During a focus group discussion, one of the elderly discussant had this to say: *"There is plenty of food in rural areas.....as you can see...majority of us are still involved in farming and non-farm occupations such as selling of our farm and livestock products. You cannot do all these if you are in urban areas and not in rural areas*" (Elderly FGD participant, Mawanjeni Village, 2016).

The above extract shows the relationship between the elderly's area of residence and accessibility to social protection services from social institutions. These study findings are supported by the findings reported in a study by other scholars (e.g. Nkwarir, 2010; HAI, 2008; Forrester, 2000) who revealed that the elderly in rural areas of many countries including Tanzania and Cameroon are still active and get engaged in a range of economic activities at very old ages and therefore are able to obtain their basic needs such as food and health services easily.

Moreover, literacy status was also positively related to the elderly's accessibility to social protection services and was significant at 10% significance level (Table 3.6). These findings imply that literacy status is associated with increased probability of access

to services by the elderly. Literacy here means the ability to read and write that can assist the elderly to build awareness of the rights and privileges. The findings imply further that the elderly who have better understanding of different rights pertinent to their welfare are more likely to access SPSs from social institutions than those who lack this understanding or who are illiterate. These findings are consistent with what has been reported in literature (e.g. Nkwarir, 2010; URT, HAI, 2010; Spitzer *et al.*, 2009) who found that literacy status is an important factor that influences the livelihoods of the elderly as it enables them to meet their basic needs and improve their socio-economic growth and security.

However, sex of the elderly was negatively related and was statistically significant at 5% to the elderly's accessibility to SPSs (Table 3.6). This finding also implies that sex is associated with decreased probability of accessing SPSs by the elderly. In this study being male was associated with decreased SPSs among the elderly male compared to the elderly female. This is due to the fact that, naturally, elderly male are superior to elderly female. They are always bold enough and not in a position of exposing their difficulties compared to female. Nevertheless, according to UN (2015), sex should not be an element that hinders the elderly from accessing SPSs. At old age both men and women have an equal chance of accessing SPSs, thus in providing SPSs, sexual category is a factor that ought to be taken into consideration when addressing specific gender basic needs.

Three variables (institutional factors) namely awareness on the elderly's policy and rights, financial assistance (cash transfer from TASAF), and health insurance were positively related to the elderly's accessibility to social protection services and was statistically significant at 5% significance level (Table 3.6). This finding implies that awareness among the elderly on their rights is associated with increased their probability of getting

access to social protection services. As awareness of information on the elderly rights increases, the probability of the elderly to access social security services also increases thereby enabling them to meet their basic needs. The importance for social institutions to create awareness on policy and rights matters among the elderly was further affirmed during the Focus group discussions as the extract below indicates: *"We know nothing about the elderly's rights. That's why we do not know where to start when it comes to demanding our rights"* (Elderly FGD, Kiusa Sokoni Street, 2016). These study findings are similar to the observation made by Vellakkal (2017) that awareness generation among the elderly has a great influence on access to the institutional care and services that promote the uptake of institutional delivery services to the elderly.

Likewise, the study results (Table 3.6) show that health insurance to the elderly was positively related to the elderly's access to social protection services and was statistically significant at 5% significance level. These findings suggest that the elderly with health insurance hardly had problems in accessing health services. However, it is important to understand that the elderly who had health insurance cards such as the National Health Insurance Fund (NHIF) and Community Health Fund (CHF) obtained these cards through their family members. Therefore, health insurance is very important in improving the health status of the elderly. The elderly who had health insurance (NHIF or CHF) cards were likely to access health services comfortably. This finding was also confirmed by respondents in FGDs of the elderly in Samanga village pointed out that: *".....health service for the elderly is a challenge.... if one doesn't have an NHIF card; it is not easy to access health services from government or private hospitals"* (Elderly FGD, Samanga Street, 2016).

The above extract shows a positive relationship between health insurance and access to health services. This finding implies that there is a higher likelihood for the elderly with health insurance to access health services; this is unlike those without this insurance. This finding is consistent with what has been reported in literature (Nkwarir, 2010; WHO, 2008) that elderly's access to health insurance is a vital factor and a social determinant of their health services accessibility.

Financial assistance (e.g. TASAF cash transfer) as an institutional factor was also positively related to the elderly's access to SPSs and was significant at 5% significance level (Table 3.6). This implies that cash transfer is associated with increased probability of accessing SPSs by the elderly. This suggests that, if the elderly are receiving cash transfer from social institutions such as the initiatives taken by social security funds such as those from TASAF and pension money from state funds for those who are eligible, are likely to increase the elderly's level of income and hence improve their well-being more than those without cash transfers. This finding underlines the importance of cash transfer from social institutions in improving the welfare of the elderly. The findings correspond with what has been reported in literature (Nangia, 2015; Kessy, 2014; Mathiu & Mathiu, 2012; URT & HAI, 2010) that inclusion of the elderly in some security interventions such as the provision of cash transfers or pension may promote the elderly's access to health care, food and shelter and hence improve their SPSs accessibility.

Furthermore, other variables such as age of the respondents, marital status, and size of the household, income from selling agricultural produces and income from selling household items were not statistically significant neither were they positively or negatively related to the elderly's access to social protection services in Moshi Municipality and Moshi District Council, Kilimanjaro Region Tanzania (Table 3.6).

Moreover, it was important to understand that, since the age of respondent had a negative statistically significant correlation (1%) with the elderly's access to social protection services, this finding implies that as the elderly's age increases, social protection for the elderly decreases. The findings in this study revealed that the elderly had low access to SPS on promotive dimension. This means that when the elderly get old, their access to service delivery especially on empowerment aspect is likely to decrease. This is due to the assumption that when the elderly retire, they become inactive and incapable of taking decisions; as a result, they experience social exclusion and age discrimination from some service providers such as those on empowerment strategies. However, literature (e.g. Kessy, 2014; World Bank, 2012; Babajanian *et al.*, 2012) suggest that inclusion of the elderly in some promotive interventions such as cash transfers may promote elderly's access to health care, food and shelter security and hence improve their social security. The results in Table 3.6 also show that household size was not a significant predictor variable which influenced elderly's access to service delivery, although as the household size became bigger, the household size social security decreased thereby making the elderly unable to meet their basic needs.

According to Alfred *et al.* (2017) and Hyeladi (2014), it is obvious that such households might be more likely unable to provide high class service delivery such as food to the elderly. Some studies (e.g. Hyeladi *et al.*, 2014; Sekhampu, 2013) have found that the larger the family size, the poorer the household. Several of these studies support the notion that household size is an underlying determinant of insecurity for the elderly. Other variables such as marital status, remittances from children/family members, income from selling agricultural produces and income from selling household items were not statistically significant neither were they positively or negatively related to the elderly's access to social protection services (Table 3.6).

In addition, according to ILO (2014) and Bookman and Kimbrel (2011), remittance from children/family is currently not a sufficient factor to influence the elderly's access to social protection services. This is due to the fact that family members are mobile searching for jobs, business opportunities and other reasons including loss of the family unit which is the primary care giver. As a result, the majority of the elderly are not only abandoned, but they also lose much of their family support and become a non-productive economic burden (Bloom *et al.*, 2011; HAI, 2008).

Furthermore, experience shows that marital status does not influence access of the elderly to social protection services. Although living with a spouse or in any form of marital union is very important for the elderly, and it is associated with social protection for the elderly, no correlation was found between marital status and access to SP; even unmarried ones including, widows and widowers were found to equally access SP. Old age poverty is also highly related to lack of access to SP services, especially if one lacks adequate means of social protection (URT & HAI, 2010; Cattell, 2005; Rogers *et al.*, 2000).

Finally, agricultural activities are characterised by smallholder farmers who are largely subsistence farmers. On the other hand, livestock keepers also own a minimal number of herds, chickens, goats and sheep. Moreover, furniture and other household utensils do not have reasonable values (due to their depreciation) that can support the elderly's survival. In this respect, it is clear that the income derived from sales is not sufficient to sustain their livelihood. As a result, income from selling agricultural products and household items is not a valid factor for the elderly to access SP services (Nyasha *et al.*, 2013; URT 2014; Devereux *et al.*, 2008).

3.4 Conclusions and Recommendations

3.4.1 Conclusions

Based on the findings and discussion, this chapter makes three conclusions: first, though social protection services (SPSs) in the study area are moderately accessed, the access is a reflection of the regional level standards rather than the national level standard where the majority of the elderly's SPSs accessibility is inadequate.

Secondly, it is also concluded that there is bias in delivering SPSs to the elderly through various SPSs measures. Dimensionally, SPSs to the elderly were highly accessible through protective measures as opposed to other dimensions (due to the fact that the protective services are primary (food, health, income, shelter and clothing) which are among the elderly's basic needs while others are secondary such as capacity building and awareness accessibility. Meanwhile, SPSs to the elderly could be effective if they addressed the basic needs of the elderly through various dimensions (i.e. protective, promotive, preventive and transformative) for effective improvement of the elderly's welfare. This conclusion agrees with Doron's elderly law multidimensional model that SPSs dimensions are important factors for addressing the elderly's vulnerability that SIs can be using in providing SPSs to the elderly.

Thirdly, the important predictors which are relevant in ensuring adequate social protection services to the elderly, namely the socio-demographic characteristics (elderly's residence and literacy status) and institutional factors (awareness on elderly policy and rights, TASAF cash transfer financial assistance, health insurance) are not well understood, comprehended, utilised by neither decision makers nor policy implementers when designing SPSs interventions for the elderly.

3.4.2 Recommendations

Based on the above conclusions, the chapter makes recommendations that: Social Institutions (both Governmental and Non-Governmental agencies) must work together to enable the elderly's SPSs accessibility, by considering important predictors that mostly influence SPSs accessibility of the elderly such as provision of health insurance, cash transfers (universal pension), and awareness of policy/rights in order to address the immediate needs of the elderly.

Social institutions both Governmental and Non-Governmental agencies should design intervention measures for the elderly that focus on protective, preventive, promotive, and transformative dimensions as measures of addressing SPSs accessibility of the elderly. In order to be effective and reach many elderly, social institutions both Governmental and Non-Governmental agencies should sensitize the elderly on the rights, obligations, and privileges of the elderly; this would eliminate the status quo and address inaccessibility of SPSs by the elderly.

Finally, it is advised that there is a need for the government, through respective organs, including the Ministry of Health, Community Development, Gender, Elderly and Children, Ministry of Justice and Constitutional Affairs, and the Parliament to enact law(s) that would address protective, preventive, promotive and transformative basic needs of the elderly. This legal framework would harmonise all stakeholders and eventually improve the delivery of SPSs in Tanzania.

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CHAPTER FOUR

Paper Three

Coping Strategies of the Elderly against Social Insecurity in Kilimanjaro Region, Tanzania

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Abstract

Coping strategies against social insecurity remain a major challenge among the elderly in Tanzania. This paper analyses coping strategies applied during social protection services (SPSs) inaccessibility and establishes the factors that influence the selection of coping strategies among the elderly against SPSs inaccessibility. The study on which this paper is based adopted a cross-sectional research design whereby 202 respondents were involved. A Coping Strategy Index (CSI) which had possible minimum and maximum scores from 0 and 100 respectively was developed to establish the levels of coping strategy status in relation to SPSs inaccessibility. It was found that the cumulative CSI level for the majority of the elderly was 45.0% who scored 0 – 18 on the index while very few elderly (19.2%) scored 46 – 100 on the scale. These findings show the prevalence of the elderly social insecurity in food, health, shelter, clothing and income basic needs. The Ordinal Logistic Regression analysis revealed that the place of residence; remittance and annual income were also important predictors of the elderly's CSI ($p < 0.05$).

It is therefore recommended that the Government; through the Ministry of Community Development, Gender, Elderly and Children; should collaborate with families, respective government agencies and other voluntary agencies (CBOs, FBOs, community and NGOs) to design and implement appropriate and sustainable short and long term interventions in order to intervene into the elderly's SPSs inaccessibility problems. These include the creation of awareness on pros and cons of applying various coping strategies so as to minimize their coping strategies risks. In reality the SIs should effectively provide tangible SPSs including remittances (pension) for all the elderly in the country in order to improve the elderly's SPSs accessibility.

Keywords: *Social security, elderly, coping strategy index, basic needs.*

4.1 Introduction

Experience shows that the elderly play a vital role in family care. Across the African continent, millions of families would not survive without the contribution of older people in caring for the orphaned grandchildren in providing the much needed household support (HAI, 2008). Despite this indispensable contribution, the majority of the elderly continue to experience social insecurity stress and are unable to access basic need entitlements including food, health services and shelter (Bloom, 2011; URT & HAI, 2010; Hrast *et al.*, 2012). Moreover, inadequacy of social institutions, involving both Government and Non-Governmental agencies and scarcity of assets in the households of the elderly influences the way of life for the elderly (Kago *et al.*, 2016). Absence of interventions on social protection for the elderly and lack of immediate social protection services that address their basic needs subjects the elderly to substantial stress while finding some ways of employing a range of coping strategies to survive (Okhakhume *et al.*, 2017; HAI, 2004).

Coping strategy is a process of adjustment by the elderly to synchronize themselves in coping with stress during insecurity situation (Farzana, 2017). Normally, the elderly have several problems in their livelihoods due to inadequate accessibility of social protection services from social institutions and scarcity of resources in their households. Coping strategies among them occur when they do not have physical or economic assets and access to social protection services such as food, health services, income and shelter, from formal and informal institutions (Bloom *et al.*, 2011; Heslop and Gorman, 2002). Meanwhile, the effect of social insecurity among the elderly has an impact that goes beyond income and wealth insecurities (URT and HAI, 2010). Thus, in order to cope with social insecurity stress, the elderly tend to apply various strategies such as seeking support from their children and family members, selling household items, skipping meals, begging and borrowing cash in order to survive (Wright, 2015; Norhasmah *et al.*, 2010). These coping strategies are therefore undertaken as measures of redeeming their livelihoods which are threatened by adverse events or shocks and stress.

Nevertheless, it is important to note here that social protection to the elderly is a fundamental human right and a basic service intended not only for setting a minimum social security floor to the elderly but also for alleviating poverty among them (Babajanian, 2013; HAI, 2012). Of particular significance to the elderly right is Article 25 (1) of the Universal Declaration of Human Rights (UDHR) which states that "everyone has the right to security and a standard of living adequate for the health care, food, clothing, shelter and income and well-being of himself" (UN, 2015; Fredvang *et al.*, 2012). Moreover, social security for the elderly in Tanzania is clearly stated in the National Ageing Policy of 2003 emphasizing on how the elderly should be supported. Thus, the focus on the provision of basic needs to the elderly (food, health, shelter, clothing and income) from SIs in this study is based on this universal declaration

benchmark with the purpose of safeguarding social security of the elderly using effective social protection arrangements (UN, 2015; URT, 2003).

In developed countries, the public financing care for the elderly on social security is very common on health care and pension systems when the elderly cannot bear the total costs (ILO, 2004). Despite the adoption of high level of social protection policy, there are indicators of inadequate social security among the elderly. For instance, in France and Germany, there are lower levels of elderly insurance provision than expected according to the general standards of social protection. Meanwhile, in the absence of the social security programmes from social institutions, the elderly also tend to apply coping strategies such as the use of their own savings, relying on family resources and some of them living with their children's families or are taken to elderly care homes (Norhasmah *et al.*, 2010).

Similar trends on the adoption of social protection policy for the elderly also prevail in developing countries. Hence, there has been much interest in policy for social security for the elderly in sub-Saharan Africa (UN, 2015). In West and Central Africa, most countries are at an early stage in the formulation of social security strategies, and few programmes are already at the implementation stage (HAI, 2012; ILO, 2012). In addition, many of the new programmes are short-term pilot projects, with limited reach and weak institutionalization where only a small portion of all such efforts addresses specific vulnerabilities and needs of the elderly (Bloom *et al.*, 2011, Hickey, 2008). It is important to note here that, due to the limited role played by social institutions, the elderly opt for coping strategies in order to survive (Wright, 2016; Sultana, 2011).

Statistics in Tanzania show that about 96% of the elderly do not have a secure social protection from social institutions (ILO, 2012; URT, 2003). Consequently, the elderly are

placed to social insecurity while experiencing social and economic hardships, food insecurity, and live in poor housing (HAI, 2012). Under these circumstances, the elderly opt for diverse coping strategies at the household level in order to survive. Studies by Farzana *et al.* (2017) and Spitzer *et al.* (2009) revealed that, since social security programmes for the elderly are highly inadequate, rethinking of effective elderly's social protection dynamics and establishment of viable social protection interventions for the elderly remain significant.

The efforts to guide and regulate the provision of social protection services to the elderly in Tanzania are set by both the Government (as a key stakeholder) and other social institutions as pointed out by URT (2012). For instance, the Tanzania National Ageing Policy (2003) and National Strategy for Growth and Reduction of Poverty (NSGPR), among other things, are committed to improving the quality of the life for the elderly through social security programmes such as inclusion of the elderly issues in development strategies and the provision of free health services, pension and respect (URT, 2003). Several studies related to the elderly social protection have been conducted in Tanzania, for instance Spitzer *et al.* (2009), URT and HAI (2010) and ILO (2012). These studies have focused more on social security for the elderly, income security and enhancing elderly livelihood. However, how the elderly are coping with the social insecurity is not well established by these studies. Consequently, understanding the implemented coping strategies by the elderly at a household level was critical for formulating and implementing appropriate policy and design programmes related to the elderly social insecurity. This paper, therefore, was set to fill in this knowledge gap by analysing common coping strategies used by the elderly and establish the factors determining such strategies among the elderly in the study area. Such information would be useful to policy

makers and elderly development practitioners in designing sustainable interventions that address social security of the elderly.

4.2 Methodology

4.2.1 Description of the study areas

The study was carried out in Moshi District Council (MDC) and Moshi Municipality (MM) found in Kilimanjaro Region. The districts were selected for the study because the region has the highest (9.7%) proportion of elderly population compared to 5.6% of the national average. Furthermore, Moshi Municipality was selected due to the fact that the area has different social protection services facilities including public and private hospitals and elderly care centre for the elderly as compared to other districts in the region (Kumalija *et al.*, 2015). The selection of Moshi District Council as the study area was also based on the fact that this area has the highest elderly population (28.4%) compared to other districts (Rombo (15.9%), Siha (7.0%), Hai (13.0%), Mwanga (8.0%), Same (16.4%) and Moshi Municipality (11.2%) of the Kilimanjaro region (URT, 2013). Hence, Moshi Municipality and Moshi District Council were appropriate for the study in order to examine the elderly's coping strategies applied during social insecurities and how the available SIs have provided the SPSs to address the notorious coping strategies among the elderly in the study area.

4.2.2 Research design and sampling technique

The study adopted a cross-sectional research design which allows data to be collected at one point in time from people who differ in the variable of interest but they share other characteristics such as socio-economic status, educational background and ethnicity. The study was also aimed at gathering information about what was happening as far as the elderly's coping strategies were concerned as well as their prevailing characteristics

(Bhattacherjee, 2012; Rwegoshora, 2006; Bryman, 2004). A multistage sampling procedure was adopted in the selection of the study areas. Thirty (30) elderly individuals aged 60 years and above were randomly selected from each village through a lottery method using the village elderly list which was obtained from the village leaders, making a sample size of 202 respondents by using Cochran's formula (1977). As Kothari (2005) and de Vaus (2002) argue, regardless of the population size, the minimum sub-sample size of 30 cases (respondents) is the acceptable minimum sample for studies in which statistical data analysis is to be done. Therefore, the 202 sample size was obtained using Cochran's formula which was representative enough of the spread of the sample characteristics of the population for statistical analysis (Cochran, 1977).

2.2.3 Data collection

Both primary and secondary data were collected. Primary data involved qualitative and quantitative data. Qualitative data were collected using an interview guide administered to 36 key informants. Purposive selection of key informants was done whereby 10 representatives of the elderly's from family members, 4 religious leaders, 2 TASAF officers working at the regional/district level, 4 District/Division Community Development Officers, 4 elderly's council leader, 4 Ward Executive Officer and 8 Village Executive Officers were involved in the study.

Eight FGDs were conducted for qualitative data collection. A focus group discussion guide was used. Each group had 6 to 8 members for effective discussions. This number is recommended by Bryman (2004) for effective group discussion. The Village Executive Officers (VEOs) from the eight villages/Streets assisted the researcher to pick the elderly for discussion groups. The people selected for discussions included the elderly or their representatives and any other eligible members for that purpose. The information

obtained during the discussion was used to enrich the information collected from the elderly using the questionnaires. FGD, KII and in-depth discussion helped the researcher to explore attitude, experience and emotions of the elderly on the issue of SPSs accessibility status and the role of SIs in SPSs delivery and why the SPSs are inadequately accessed.

4.2.4 Methods of data analysis

The study adopted basic needs (food, health, shelter, clothing and income) as indicators for the elderly's welfare from the Tanzania National Ageing Policy (NAP) of 2003 and were then discussed during FDGs concurrently with the action taken (strategy applied by the elderly) during social insecurities. The FGDs provided important insights which were useful for choosing the method of composing the appropriate coping strategy index for the elderly. The index, then, is a set of questions about the strategies the elderly applied to cope with the situation of social insecurity and considers many possible answers to one question "What do you do when you don't access adequate social security service(s)?" The CSI was thus composed of indicators designed to assess the elderly's practices to mitigate, or respond to, stresses faced during insecurity situation. For each respective basic need, if the coping strategies were applied by the elderly the score was 1, and if the coping strategy was not applied by the elderly, the response was 0. Thus, the scores were used to compute elderly CSI levels (level 1 =low, level 2 = moderate and level 3 = high).

The CSI as an assessment tool (WFP/FAO, 2010; Bedeke, 2012; Maxwell *et al.*, 2008; Maxwell, 1996) in this study was used to measure the impact of applying coping strategies by the elderly during social insecurities. It further assessed the CSI accessibility of SPSs and its usefulness in identifying the level of social protective services stress (insecurity status) and the patterns of food, health, shelter, clothing, and income as their

basic needs. Hence, the CSI is an appropriate tool for emergency situations when other methods are not practical or timely (Maxwell *et al.*, 2008).

Since the coping strategy phenomenon refers to the behavioural shift from one environment to another, there are available several measurements established to classify the CSI levels for each basic need as categorized into three levels namely level 1 (low), level 2 (moderate) and level 3 (high). Among them, include those used by Subedi (2018); Meena *et al.* (2012); WFP/FAO, 2010). In their applications of CSI together they agree in the categorization as Low (Below Mean-SD); Medium (Mean – SD to Mean + SD); and High (Above Mean + SD). The categories for the elderly status were summarised as: Low = 0 - 18; Medium = 19 - 46; and High = 47 - 100. The CSI value of the elderly in this study ranged from 0 to 100%, denoting that as the value approached 100%, it signified that the elderly are in SPSs inaccessibility situation while as it approached 0, the elderly are in high SPSs accessibility position (Rodríguez-Pérez *et al*, 2017: Bosch *et al.*, 2000). It means that the higher the CSI the lower the SPSs (the more the elderly have to cope, the less SPSs secure they are).

Thereafter, the percentages were computed from the total score of each respondent dividing by the maximum possible total scores of the respective coping strategies used for each basic need before obtaining the overall score as detailed in the below formula:

Before computing the index, the indicator for each variable was computed as follows:

$$FCSI = \frac{\sum_{n=1}^{n} [f(sfc) + f(sap) + f(shi) + (rnm) + (snrg)]}{nc_s} * 100 \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (1)$$

Where:

FCSI = Food Coping Strategy Index, scf = Seeking food support from children/family members, rnm = Reduction in the number of meals, shi = Selling household item(s), dcl = do casual labour, snrg = Seeking for food from neighbours/religious groups/govt, f = frequency, and nc_s = the number of coping strategies, n= 202.

The Health Coping Strategy Index is expressed as:

$$HCSI = \frac{\sum_{i=1}^{n}[f(hsc)+f(shi)+f(bc)+f(sth)+f(nrg)]}{nc_s} * 100 \quad \ldots\ldots\ldots\ldots\ldots\ldots (2)$$

Where:

HCSI = Health Coping Strategy Index, hsc = Seeking for health support from children/family members, shi = Selling of household item, bc = Borrowing cash, scc = support from traditional healer, snrg = Seeking gor food from neighbours/religious groups/govt, f = frequency, nv = number of nc_s = number of coping strategies, n= 202.

The Shelter Coping Strategy Index is expressed as:

$$SCSI = \frac{\sum_{n=1}^{n}[f(ssc)+f(srcc)]}{nc_s} * 100 \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (3)$$

Where:

SCSI = Shelter Coping Strategy Index, ssc = Seeking for shelter from children/family members, srcc = Seeking for refuge to elderly care centre, f = frequency, nc_s = number of coping strategies, n = 202.

Clothing Coping Strategy Index's function is:

$$CCSI = \frac{\sum_{i=1}^{n}[f(ssc)+f(snr)+f(shi)+f(scn)]}{nc_s} * 100 \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots (4)$$

Where:

CCSI = Clothing Coping Strategy Index, ssc = Seeking for support from children/family members, snr = Seeking for support from neighbour/religious groups, shi =selling household items, seek for support from neighbours, f = frequency, nc_s= number of coping strategies, n=202.

Income Coping Strategy Index is expressed as:

$$ICSI = \frac{\sum_{i=1}^{n}[f(shi)+f(ssc)+f(Tct)]}{nc_s} * 100 \qquad (5)$$

Where:

ICSI = Income Coping Strategy Index, *shi* = Selling of household items, *ssc* = Seeking for support from children/family members, *Tcr* = TASAF cash transfer, f = frequency, nc_s= number of coping strategies, *n* =202

Therefore the overall CSI level was obtained as shown in the formula below;

$$CSIs = \frac{\sum_{i=1}^{n}(FCSI + HCSI + SCSI + CCSI + ICSI)}{5} \qquad (6)$$

Where:

CSI_s= coping strategy index score, n = *202* elderly respondents, *FCSI* = Food Coping Strategy Index, *HCSI* = Health Coping Strategy Index, *SCSI* = Shelter Coping Strategy Index, *CCSI* = Clothing Coping Strategy Index and *ICSI* = Income Coping Strategy Index.

Ordinal Logistic Model (OLM) is relevant in prediction of dependent variables with greater than two categories measured at ordinal level of measurement (Agresti and Finlay, 2009). Since the dependent variable (CSI) in this study was measured at the ordinal level

(1 = low, 2 = moderate, and 3 = high), it was necessary to use the ordinal logistic regression model in order to determine factors that influenced the choice of the types of the coping strategies applied, the respective categories of the elderly, and thereafter to measure the significance of the CSI effects to the particular category of the elderly. The dependent variable which was used in this study was a combination of income, clothing, shelter, health and food Coping Strategy Indices (CSIs) which were combined to form the dependent variable of the model. Independent variables included socio-demographic variables (sex, age, place of residence, education level, marital status, and household size) and the elderly's socio-economic indicators (current occupation, occupation before retiring, domestic remittance and total annual income).

The Ordinal logistic regression model was specified as follows:

$$Y = Log\left(\frac{p}{1-p}\right) = \alpha + \beta_1 X_1 + \ldots + \beta_n X_n + \varepsilon \quad \ldots\ldots(7)$$

Where:

y = CSI levels (1=Low, 2= Moderate, 3=High);

$\beta_1 \ldots\ldots \beta_n$ = ordinal logistic regression coefficients of the predictor variables;

α = constant;

ε = Error term.

X_1 = Sex of the respondents (1 = Male, 0 = Female)

X_2 = Age of the respondents (measured in years)

X_3 = Place of residence (1=residing in rural areas, 0=residing in urban areas)

X_4 = Education level of the respondent measured in years of schooling

X_5 = Marital status (1 = Married, 0 = otherwise)

X_6 = Household size (number of family members in a household)

X_7 = Current occupation (1=farming, 0=otherwise)

X_8 = Occupation after retiring (1 = farming, 0 = otherwise)

X_9 = Domestic remittance (1 =Access, 0 = Otherwise)

X_{10}= Total annual income in Tshs (continuous).

4.3 Results and Discussions

4.3.1 Coping strategies used by the elderly during social insecurity

This paper identified diverse coping strategies applied by the elderly in responding to adverse effects (stress) of social insecurity (Table 4.1). It is evident that more than 50% of the elderly relied on seeking for support from children and family members as their common coping strategy in addressing food, health, shelter, and clothing insecurities (Table 4.1).

Table 4.1: Coping Strategies used by the Elderly (n=202)

Basic need insecurity indicators/shocks	Coping strategy	Frequency	Percent
Food	Seeking food support from children/family members	108	**56.0**
	Selling of household items	46	23.8
	Reducing number of meals	23	11.9
	Seeking food from neighbours	46	23.8
	Seek support from the religious groups	19	9.8
Health	Seeking health support from children/family members	105	**54.4**
	Selling of household items	50	25.9
	Seeking food from the government/FBOs	37	19.2
	Borrowing cash	19	9.8
	Seek support from traditional healers	19	9.8
Clothing	Seeking shelter from children/family members	104	**51.0**
	Support from religious groups	22	10.8
	Selling of household items	20	9.9
	Seek support from neighbours	19	9.8
Shelter	Support from children/family members	104	**51.0**
	Support from neighbours	19	9.8
Income	Selling of the household items	50	25.9
	Seek support from TASAF	21	10.9
	Seek support from children/family members	14	7.3

This was also affirmed by the elderly in the FGDs in Kiruweni Village pointed out that: *"The family members (children and relatives) are playing a big role as a place to cope during insecurities. All services including food, shelter, clothing and health services are greatly provided by families* (Elderly FGDs, Kiruweni Village, 2016).

Generally, these findings imply that seeking support from their children and other members of their families was still a more viable mechanism among the majority of elderly; it enhanced their social security more positively than other coping strategies used in the study area. This result was expected because the family was and is considered to be a primary SPSs supporter of the elderly in various social insecurities (food, health, income, shelter and clothing), which is documented in literature that the family can facilitate the process of improving the welfare of the elderly through SPSs provisions. Similar findings were reported by Gupta *et al.* (2015); Knodel (2012); Oduro (2010) and Norhasmah *et al.* (2010) who also found that in the absence of widespread social security systems among the elderly, family-based coping strategies were vital in maintaining their welfare.

Moreover, the findings in Table 4.1 reveal that the rest of the coping strategies such as selling their household items, seeking health support from the government, borrowing cash, seeking support from neighbours , seeking support from TASAF and reduce number of meals were applied by less than 30% of the elderly. Very few elderly (7.3%) managed to get financial support from their children and family members. This finding was also supported by participants in an FGD of the elderly in Rauya Village who pointed out that: "... *family members are responsible for taking care of the elderly compared to other institutions especially on the most basic needs such as food, health.....*" (Elderly FGD, Rauya Village, MDC, 2016).

This finding implies that various social institutions such as the Government; through Social Welfare Department, TASAF and religious institutions; had modest contribution compared to the family which was considered by the elderly as their primary care taker and source of coping strategies in the study area. The finding indicates further that the family through children and family members paid more attention to food, health, clothing, and shelter provisions as they thought that they were more essential than financial support. This finding shows further that the elderly, as a dependent group, needed support from different social institutions (Mohadese *et al.*, 2013; HAI, 2012) in order to survive rather than depending on hazardous strategies including selling of their household and reducing number of meals. The findings support previous findings by Ahmed *et al.* (2010) who revealed that if the elderly are frequently applied hazardous strategies such as decreasing the number/amount of meals or food, then their wealth deteriorates and become vulnerable to diseases. Poor diet among the elderly are associated with a greater likelihood of poor health and decreased quality of life.

While financial support from the family to the elderly, seems to be insignificant in terms of its value, the findings obtained are contrary to the findings of some of the previous studies such as Kessy (2014), Olayiwola (2013), Sugitanto *et al.* (2013) who established that income given to the elderly in terms of cash transfers and remittances is significantly related to elderly coping strategies and hence determines their social security.

4.3.2 Coping strategy index levels for the elderly's basic needs

Based on SPSs CSI, the cumulative CSI among the elderly was 45.0% found in the category of 19 – 45 scores, which was within the medium level applying coping strategies as depicted in Table 4.2. Thus, the elderly in Moshi Municipality and Moshi District Council were classified in medium level of applying coping strategies against social

insecurity. Meanwhile, about 19.2% of the elderly who were in the category of 47-100 scores and 35.0% of the respondents in the group of (0-18) were in high and low CSI levels respectively. These findings imply that the cumulative CSI in the study area was moderate denoting low coping behaviour among the elderly. The differences in CSI levels among the elderly could be a result of various interventions done by the government, non-governmental agencies and the family in providing SPSs to the elderly but it was an indicator of social insecurities among the elderly.

Meanwhile, the elderly tend to apply the coping strategies when the SPSs are not available or inadequate (especially during insecurity stress or SPSs inaccessibility) and vice versa. In this case, in the study area, the coping strategies are minimized by the elderly while depending on the available resources within their families (Kumalija *et al.*, 2015; URT, 2014; URT and HAI, 2010). This finding is in line with Rodríguez-Pérez *et al.* (2017); Dhemba *et al.* (2015); Mardiharini (2000) and Bosch *et al.* (2000) who highlighted that application of coping strategies alone during SPSs insecurities are not effective means of improving the quality life of the elderly; the elderly need to depending on various available SIs interventions and support for the greater impact. According to Napier *et al.* (2018), the notorious coping strategies normally applied by moderately and severely SPSs insecure elderly have negative significant effects on their wellbeing.

Table 4.2: Coping Strategy Index levels for the elderly basic needs (n=202)

Basic need	Levels (%)		
	Low (0-18)	Moderate (19-46)	High (47-100)
Food	56.9	23.2	19.7
Health	18.3	41.2	40.0
Shelter	37.4	44.8	17.2
Clothing	31.5	51.7	16.3
Income	36.9	38.4	24.1
Cumulative CSI	**35.0**	**45.3**	**19.2**

Furthermore, the findings in Table 4.2 show that there are variations of CSI levels among the elderly in relation to their basic needs. This is an extremely important finding, because it implies that various kinds of coping tend to co-vary. This variation is due to the fact that the basic needs and coping strategies of human being tend to differ in nature. Thus, changes in the elderly CSI levels show variability of the coping strategies applied which is due to the prevalence of social insecurity of a particular basic need of the elderly. The findings are similar to what was reported by two elderly's FGDs in Kiusa Street and Kiruweni villages; they both claimed to apply coping strategies when SPSs are not available from SIs such as health services from the government hospitals. However, one of the elderly FGD participants in Kiusa street was quoted as saying: "*...Not all coping strategies applied are usually decent.....there is no option when one is needy in stress and shock*" (Elderly FGD, Kiusa Street, 2016). Thus, the general results of the elderly's CSI in the study area portray the need of SIs to reorganise and providing adequate SPSs to the elderly in order to improve their welfare.

4.3.4 Factors determining coping strategy index among the elderly

Ordinal Logistic Model (OLM) is relevant in prediction of dependent variables with greater than two categories measured at ordinal level of measurement (Agresti and Finlay, 2009). In this paper, CSI was measured at low, medium and high levels of the elderly's coping strategy. Therefore, the OLM was appropriate to determine influence of independent variables on the elderly's coping strategies. The result of ordinal logistic regression model, which is presented in Table 4.4 reveals that four (4) out of ten (10) variables which are place of residence, household size, domestic remittance and the total annual income of the respondents were statistically significant ($p < 0.05$) and positively related to the elderly's coping strategies. Furthermore, the strongest predictors were place of residence and domestic remittances which were both positive and significant at the 1%

significance level as influencing the elderly to be in a lower coping strategy level (Table 4.3).

Similar findings which were reported by Dhemba *et al.* (2015) and Norhasmah (2010) show that, residing in rural areas increases the likelihood of the elderly to be in a high coping strategy level and hence increases social security of the elderly.

Table 4.4: Factors influencing the elderly's coping strategies (n = 202)

Explanatory Variables	Coefficient (β)	S.E.	Wald	Sig.	95% Confident Interval Lower	Upper
Respondent's sex	0.042	0.344	0.12	0.903	-0.633	0.717
respondent's age	-0.003	0.015	-0.25	0. 803	-0.035	0.027
Place of residence	2.875	0.608	4.72	**0.000**	1.680	4.064
Years of schooling	-0.080	0.075	-1.07	0.287	-0.229	0.067
Marital status	-0.823	0.583	-1.41	0.158	-1.967	-0.320
Household size	0.134	0.007	1.82	**0.068**	-0.010	-0.278
Current occupation	0.048	0.343	0.14	0.887	-0.062	-0.722
Occupation before retiring	-0.654	0.318	-2.05	**0.040**	-1.279	-0.029
Domestic remittance	1.147	0.335	3.45	**0.000**	0.489	1.805
Total annual income of the elderly in (Tshs)	0.000	0.000	2.23	**0.002**	0.000	0.000

The household size was also positively and significantly related to the elderly being in a high coping strategy level internally during social insecurity, but externally is low coping strategies because the elderly do not depend on external assistance. This finding implies that when household size increases, SPSs to the elderly also increase due to the presence of family members in that particular household to provide basic needs. This may be due to the fact that in African culture many households live with their own parents, and the children/relatives are providing various kinds of support in terms of food, health and income at home. The result is in agreement with the finding by Sharafkhani *et al.* (2010) who reported that the households with individuals at home (children and relatives) have no more chance for social insecurity as the elderly can apply coping strategies internally; as one person's increase in the family, it is a protective factor against social insecurity.

Furthermore, similar findings have also been reported in literature such as those by Olaywola (2013) and Kimuna (2013) who established that household size is a primary social institution which provides basic needs to the elderly during times of insecurities. Thus, household size is an important factor increasing the chance of the elderly to depend and cope on available SPSs provided by those who are present at home.

The results in Table 4.4 further reveal that access to domestic remittance from family members and relatives (as a basic SI), and the total annual income of the elderly were positively related to the high coping strategy level of the elderly internally. This finding implies that incomes in terms of cash transfer or remittance given to the elderly are significantly related to the external coping strategies of the elderly, and hence determine SPSs accessibility. This could be explained by the facts that the elderly, who are between 60 years old and above, tend to be inactive with diminishing physical strength due to ageing and hence less financially while dependent on their families. Thus, the elderly who are receiving remittance from their families are more likely to access SPSs including health, food and clothing in order to address the daily social insecurities. The result is in agreement with a finding by Kessy (2014) and Sugitanto *et al.* (2013) who reported that elderly who are receiving SPSs from various SIs (Government and Non-Governmental agencies) at relatively older ages are expected to be financially empowered and improve their welfare.

In addition, the occupation of the elderly after retirement (informal activities) exerts a negative but statistically significant effect on their coping strategies (Table 4.4). This implies that, before retirement age, the elderly were able to cope with social insecurities by doing their own productive activities, but due to the ageing process, the demand for help to cope with insecurities increases because they have less energy to

participate in formal and informal productive activities after retirement. In this regard, it is important to note that, the most important motives of the elderly for working beyond retirement age are to maintain their daily life and address SPSs inaccessibility. Consequently, occupation of the elderly after retirement age is not a significant factor in influencing the elderly's SPSs accessibility (Nyikahadzoi, 2013; Ziliak and Gundersen, 2011). Thus, Social institutions are essential vehicles in providing SPSs to the elderly in order to address challenges being accompanied by the ageing process; many efforts must be invested in the place of residence, domestic remittances and total annual income to improve the welfare of the elderly.

4.4 Conclusions and Recommendations

Based on the findings and discussion from this chapter it is concluded that family-based coping strategies are vital in addressing food, health, shelter, and clothing insecurities of the elderly. However, the majority of the elderly in Moshi Municipality and Moshi District Council are at a moderate level of applying coping strategies during social insecurity situation.

The various coping strategies applied have both positive and negative impacts to the social protection welfare of the elderly. The positive impacts are vital in assisting them to prolong life and their wellbeing without many hassles while waiting for the situation to normalise. The negative impacts include the worries that some of them will continue to rely on notorious copying strategies even when the situation is normal. The most important factors influencing the elderly's CSI in the context to accessing SPSs in this study are place of residence, domestic remittances and the total annual income of the elderly which have significant contribution to increasing the probability of the elderly to be at a high level of CSI internally and hence increase their SPSs accessibility.

Therefore, based on the conclusions presented in this chapter, it is recommended that the Government; through the Ministry of Community Development, Gender, Elderly and Children; should collaborate with families, respective government agencies and other voluntary agencies (CBOs, FBOs, community and NGOs) to design and implement appropriate and sustainable short and long term interventions for the elderly in order to intervene into their SPSs inaccessibility problems and avoid applying notorious coping strategies. Furthermore, the SIs should create awareness on pros and cons of applying hazardous coping strategies so as to minimize their risks. In reality, the SIs effectively should provide tangible SPSs including the provision of remittances (pension) for all the elderly in the country in order to improve the elderly's SPSs accessibility.

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CHAPTER FIVE

Paper Four

The Potential of the National Ageing Policy in Enabling Social Protection of the Elderly in Kilimanjaro Region, Tanzania

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Abstract

Despite the existence of the National Ageing Policy of 2003 in Tanzania, social protection among the elderly remains a major problem. This paper aimed at examining the potential of the national ageing policy for enabling the elderly social protection in Moshi Municipality and Moshi District Council in Kilimanjaro Region, Tanzania. The issues covered the policy environment of the NAP on provision of basic needs to the elderly, institutional arrangements in relation to the elderly's social protection and factors which limit the possibility of the NAP to be implemented. A cross-sectional design was used in which data were collected through focus group discussions and key informant interviews. Data were analysed by using content analysis. The study found that while Tanzania has taken some elderly's social protection initiatives including the adoption of The National Ageing Policy, the measures have not been adequately implemented to improve the welfare of the elderly. In addition, the absence of a legal and regulatory framework that addresses specific and strategic interests of the elderly, uncoordinated institutional arrangements and inadequate social and political support is among the policy shortfalls that hinder adequate provision of SPS to the elderly. The study concludes that in

the absence of legal framework and effective institutional arrangements, no successful and effective elderly social protection services' interventions will be achieved. Therefore, it is recommended that the Government and other social institutions should review the National Ageing Policy and come up with effective legal and regulatory framework measures that will guide and control the elderly social protection services delivery. Such measures should include enactment of the elderly law(s), establishment of effective institutional arrangements with coherent systems, enforcement and coordination engagements in order to guide social protection design and implementation processes for effective elderly's social protection services.

Key words: Elderly, social protection, policy, legal and regulatory framework.

5.1 Introduction

Social protection services policies have an important role in promoting welfare of the elderly, particularly in developing countries. However, one of the key challenges in relation to the social protection services of the elderly has been to develop policy options for establishing interventions which are supportive to sustainable welfare of the elderly. This has, as a result, been one of the areas where concerns regarding welfare of the elderly have frequently been voiced (Spitzer *et al.,* 2009; HAI, 2008). Moreover, a review of literature suggests that under appropriate legal and regulatory frameworks, social protection of the elderly might have higher impacts (Babajanian, 2013, Holmes *et al.*, 2012). According to UN (2015), these are considered as necessary infrastructures which supporting the control, directions or implementation of a proposed or adopted course of action such as social security programmes.

Globally, social protection policies for the elderly have been improving due to well defined targeted policies and legal frameworks (Max *et al.,* 2012). For example, while countries such as Belgium, Germany and Australia are known for improved means-targeted benefit expenditure for vulnerable groups including the elderly, situations are contrary in developing countries (Dhemba, 2015; Ferrarini *et al.,* 2013; Ferreira, 2005b). Available data show that, in most part of the African countries, SPSs interventions are very limited to the majority of the elderly. Besides low coverage of SPSs to the elderly, SIs in Africa have so many setbacks such as administrative, management and financial problems in providing social protection services to the elderly (URT, 2012; URT & HAI, 2010; Sepulveda, 2010). Meanwhile, it is reported that up to 80% of the elderly in developing countries including Tanzania are not covered by social security programmes due to inadequate legal frameworks (Laiglesia, 2011; ILO, 2014).

In Tanzania, 2.5 million elderly people (defined as those aged 60 and above) represent 5.6% of the total population (URT, 2012). Worse still, the majority (96%) of them live in rural areas where social protections services are not adequately provided. It is estimated that only 2.5% of the elderly are covered with social security schemes in the country (URT, 2012; URT & HAI, 2010). Consequently, the elderly are likely to face a number of challenges such as inadequate health care, lack of access to regular income, food insecurity and dependency in the household (URT, 2012; URT & HAI, 2010; Sepulveda, 2010). This situation has implications on the prevalence of social insecurity and poverty indicators among the elderly in the country.

Kilimanjaro Region is one of the places where the population of the elderly is very high when compared to other regions in Tanzania. Despite the highest population of the elderly, the region has still few social protection facilities to address problems of the

elderly such as health services (Sanga, 2013). In the light of this, there is a need to have a well-functioning legal framework for the elderly's social protection. Meanwhile, this is in response to the initiatives which arose from large organizations such as the United Nations, World Bank and national government's realization that without a coherent and comprehensive policy framework for the elderly, substantial efforts towards addressing the challenges of the elderly may continue to be wasted. The available statistics show that Tanzania was the second country after Mauritius in Africa to have the National Ageing Policy (NAP) which was promulgated in 2003 in order to address the needs of the elderly (URT, 2003). The policy was based on the United Nations Organization's Declaration No. 46 of 1991 which assured older people's rights, especially in achieving independence, participation, care, self-fulfilment and dignity (URT, 2007). Likewise, the policy was a result of the Policy Framework and Plan of Action on Ageing in 2002, which was a blueprint of incorporate ageing issues into social policy papers and development programmes for Sub-Sahara African countries (Stiglitz, 2011; URT, 2003). The policy was also based on key guiding principles for human rights as stipulated in the Tanzanian Constitution of 1977 as amended in 1984 and 1995 (URT, 1977).

The National Ageing Policy of 2003, among other things, stipulates to allocate enough resources with a goal of improving service delivery to older people, to involve older people in decision making in matters that concern them and the nation at large, to allocate resources for older people's income generation activities and their welfare, and to provide legal protection to older people as a special group. Indeed, having this policy document for the country was a very big achievement and the beginning of the pathway to establishing legal frameworks for the social protection of the elderly.

However, concerns over policies and legal frameworks that do not favour the elderly have been raised and identified as key challenges in addressing challenges of the elderly in the world due to prevailing social insecurity among the elderly. Several studies have shown that the existing social protection systems provide limited coverage for the majority of the elderly due to inappropriate legal frameworks (Bloom *et al.*, 2011; ILO, 2004; Dau, 2003). In the midst of these challenges, the situation of social protection of the elderly is particularly alarming and calls for more attention that needs immediate and effective legal framework solutions.

Although the premise of social protection policies in developing countries is still at an infancy stage (Spitzer *et al.*, 2009; Hanlon *et al.*, 2010), several studies have demonstrated that where there are effective social protection policies, social insecurity among the elderly are significantly minimal (Kessy, 2014; Bastagli, 2013; Sanga, 2013; Ferreira, 2005a). These study findings portray an opposite picture of what is happening in Tanzania. Despite the existence of the national ageing policy since 2003, the majority of the elderly still face social insecurity. In this respect, little is known on the contribution of the National Ageing Policy of 2003 in achieving social protection for the elderly.

It is on this basis that the study on which the paper is based aimed at examining the policy environment on the provision of basic needs, establishing the institutional arrangement in relation to elderly's social protection and examining the need for supportive social and political environment towards enhancing social protection initiatives. The findings of this paper would add knowledge on the existing literature and thus shed light on the necessary policy options that have the potential for improving the elderly's social protection at both national and local levels. Equally important, the paper contributes to analysing policy in

the context of NAP options that can assist the Government, policy and decision makers in identifying opportunities of establishing sustainable interventions for the elderly.

5.2 Conceptual Framework for SP Policy Environment for the Elderly

This paper is guided by the Pathway to Impact Model (PIM) approach which is normally used to assess policy documents. The model (Fig. 4.1) has been purposely formulated from the description given in the NAP document. Like other impact models, it includes inputs, processes, outputs, outcomes and impact categories as the social protection measurement benchmark. The role of this model is to generate a shared understanding of how and when a policy might bring about different impacts (equivalent to a theory of change) in the hope that through research and engagement, the various social protection players involved will be able to better-work together to help achieve those impacts (Douthwaite *et al.*, 2007). PIM approach can also provide a guide to future monitoring and evaluation of impacts associated with milestones set at the outset of social protection initiatives.

The linkage between the NAP and social protection for the elderly was analysed hypothesizing that having effective policy for the elderly and their improved social protection are mutually related. Figure 4.1 helps to discern the linkages of four variables including inputs/processes, outputs, outcomes and impact. In the light of the given Conceptual Framework, attaining social protection for the elderly in terms of achieving a social protection impact depends on the effective policy that is in place.

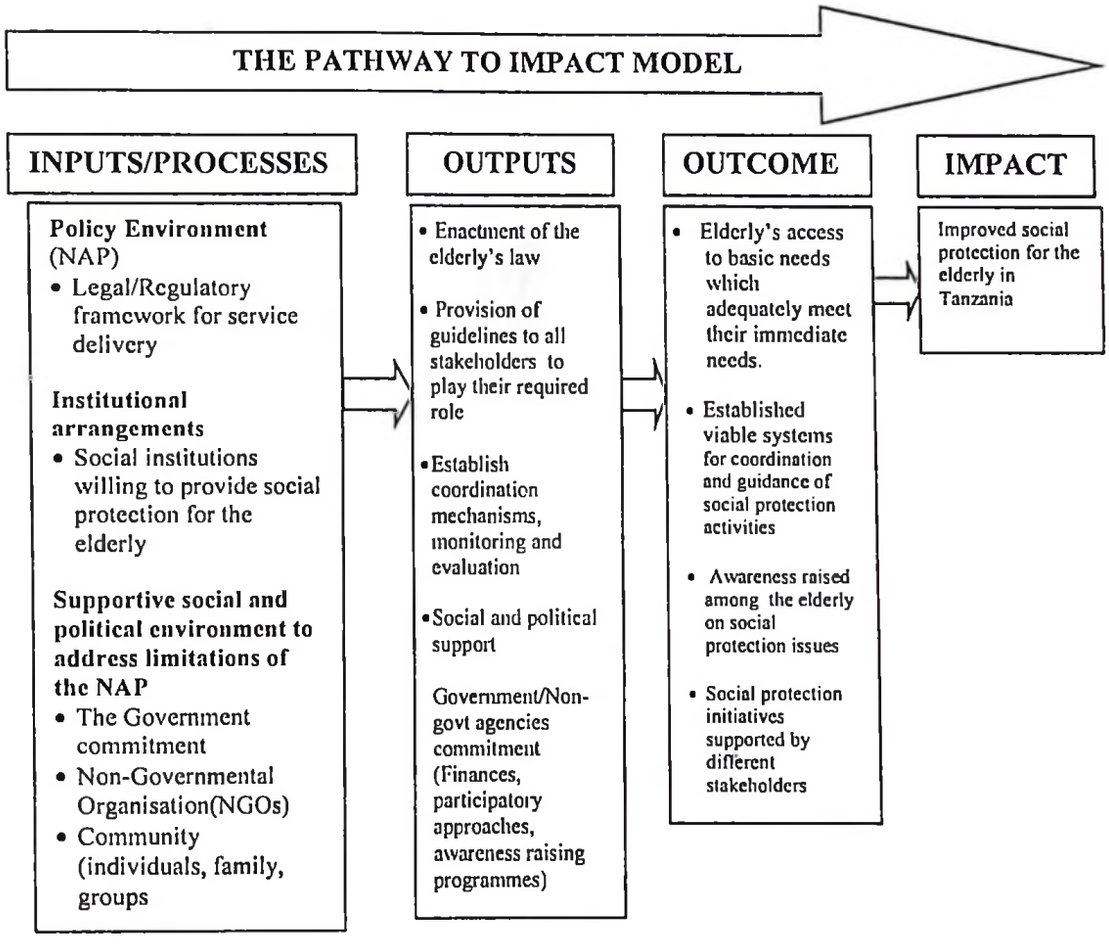

Figure 5.1: Conceptual Framework for the elderly social protection policy environment adopted from Douthwaite *et al.* (2007)

The inputs and processes in this model reflect legal/regulatory framework for social protection of the elderly, the role of social institutions in the social protection of the elderly and the need for supportive social and political environment. The assumption is that if these issues are not addressed, then the resulting outputs may not be achieved. A number of outputs are expected to result from the inputs and processes. These include the enactment of law for the elderly, the provision of guidelines to all stakeholders to enable them play their required role, coordination mechanisms, monitoring and evaluation and social and political support.

The outputs would then lead to outcomes, which would be manifested as the establishment of a viable system for coordinating and guiding SP activities of the elderly at various levels. Access to basic needs by the elderly, and which adequately meet their immediate needs, awareness raising among the elderly and social protection initiatives supported by different stakeholders such as the Government, Non-Governmental Organisation and the community would then lead to the impact, which is improved social protection of the elderly.

5.3 Methodology

5.3.1 The study area

This study was conducted in Moshi District Council (MDC) and Moshi Municipality (MM), Kilimanjaro Region in Tanzania. The Region was selected due to the fact that it has the highest number (5.6%) of the elderly population compared to other regions in Tanzania. Moreover, Moshi District Council (MDC) and Moshi Municipality (MM) was selected due to the facts that, the districts has high number of the elderly and both government and non-governmental social protection facilities respectively to provide SPSs to the elderly. Hence to be a good study area for the case being studied.

5.3.2 Research design, data collection and analysis

This paper is based on a qualitative type of research design in which data were collected using a combination of methods including Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and review of various documents which were largely related to elderly's social protection. FGDs were organized with some elderly people in the villages to ensure that the policy analysis reflected the real situation as well as their key experiences and perspectives. In total eight FGDs were held, four in each district. The FGDs composed of between six to twelve participants. In these focus group

discussions, issues of NAP and social protection services for the elderly were discussed, including opinions of the elderly regarding provision of social protection services such as health, food and income security shelter, and issues regarding awareness level of elderly on the NAP.

Key informant interviews were held with people who were believed to have in-depth understanding and knowledge on the national ageing policy and social protection issues in the area. They included 4 Village Executive officers (VEOs), 4 Ward Executive officers, 2 Community Development Officers (CDOs), 2 Social Welfare Officer (SWO), 2 District Community Development Officers (DCDO), 1 Tanzania Social Action Fund (TASAF) staff, 1 Health Officer from a public hospital. The district, ward and village leaders helped in generating general information about the NAP implementation and institutional arrangements for elderly's social protection initiatives. The issues explored during key informant interviews included; existing policy environment and implementation of the elderly's social protection initiatives, the role of social institutions in providing basic needs to the elderly and the position of the government and community in providing social and political support towards improving elderly's social protection.

In addition, documentary review was conducted. In respect to this, various documents were reviewed which included the National Ageing Policy of 2003, various policy and strategy documents such reports from the Ministry of Health, Community Development, Gender and the Elderly, district council and regional reports, media reports, NGOs reports and social protection for the elderly journal articles. With the use of the data collection methods cited above, relevant information related to social protection of the elderly were reviewed. These included policy environment for the elderly's social protection, the role of social institutions and their coordination towards providing social protection for the

elderly and the need for supportive social and political environment in supporting elderly's social protection initiatives.

Data were analysed using content analysis technique and complemented by empirical literatures. Data from focus group discussions and key informants were interpreted and organized into different themes of the study. The resulting themes were then analysed guided by research question for this study.

5.4 Results and Discussion

5.4.1 The policy environment on the provision of social services to the elderly

One of the policy instruments considered as the most effective for the achievement of sustainable welfare of the elderly is the requirement that all social protection initiatives for the elderly shall be undertaken for all proposed activities that are likely to have significant impacts on their livelihood as stipulated in the NAP document. The Government, through NAP, recognizes the importance of the elderly in the Tanzanian society that are the key contributors to the political, economic, cultural and social spheres of development of the country. Thus, the most significant findings of this study are the perceived performance of the NAP in relation to social protection of the elderly, particularly in the provision of basic needs, institutional arrangements and the supportive social and political environment which are among the major concerns of the NAP.

5.4.1.1 The opinions of the Key Informants' on the implementation of the 2003 NAP

According to the National Ageing Policy of 2003, Caption 3, Policy Statements No. 3.1, 3.5, and 3.7; various social services such as health, income, food, shelter, and clothing are identified as the basic needs and the rights entitled to the elderly towards improving their

welfare. While it is clear that SPSs provisions for the elderly are covered in the policy document (URT, 2003), it is surprisingly that no specific regulations have been enacted with respect to their implementation (Sanga, 2013; Stiglitz, 2011; URT and HAI, 2010 and Spitzer *et al.,* 2009). It remains to be a policy which is not legally binding and therefore not implementable at Local Government levels. In this case, the National Ageing Policy of 2003 to social protection growth and development of the elderly has demonstrated minimum outcome.

With respect to the findings of this paper, results show that the policy environment on the provision of SPSs to the elderly is yet to be achieved. This is further proven by responses given during a key informant interview with one Government key interviewee who revealed similar situation as shown in the quotes below.

" It is true that the implementation of the elderly's programmes as stipulated by the National Ageing Policy is quite impossible...so far there is no regulation that guides the policy; as a result service provision to the elderly is inadequate" (Key Informant, Moshi Municipality, 2015).

Similar findings were also reported by the elderly during a focus group discussion in Rauya village insisting that the Government has to formulate laws in favour of their welfare.

"We have already performed our great role as elderly in this country; it is high time now for the government and other stakeholders to take action in formulating laws that are in favour of the elderly so as to help us receive tangible services. We are now physically exhausted and therefore need effective support" (Male Elderly, Rauya village, 2015).

These findings imply that there is a need to have a functioning legal and regulatory framework for the elderly in the country. This is due to the fact that access to social services by the elderly is the basic legal right as per the national and international policies. Thus, the absence of a legal framework such as laws that address specific and strategic interests of the elderly can be interpreted as violation of the rights. Furthermore if there are no specific legal provisions for the welfare of the elderly, the probability of omitting the elderly from protection and inclusion systems in the national development agenda becomes high.

A similar observation is reported by Fredvang *et al.* (2012); Sanga (2013) and URT (2012). The results in these studies also showed the importance of legal frameworks towards improving social protection of the elderly. The study argues further that where interventions of the elderly are not legally protected, the provision of the services tends to be inadequate and thereby increasing social insecurity and age discrimination. Empirical evidence suggests further that the elderly obtaining immediate basic needs goes hand in hand with the formulation of the relevant laws and corresponding legislations that guide service delivery framework (Dhemba, 2015; Spitzer *et al.*, 2009).

In view of this, the findings underscore the importance of the laws and legislation as one of the essential policy instruments for implementing effective social protection programmes for the elderly. The main argument above confirm how important are the legal support towards implementing successful social protection for the elderly in the study areas.

5.4.1.2 The opinions of the elderly on the delivery of social protection services

Based on the opinions of the elderly, diverse attitudes and views on the delivery of SPSs such as health, food, and income from social institutions as per NAP were expressed during focus group discussions. Most opinions were related to legal framework situation for the elderly and how they are treated in accessing services. The findings indicate that the majority of the elderly had negative perception towards the service provision arrangements such as health services and cash transfer from TASAF relatively to their social welfare as beneficiaries. The following quotes highlight the importance of elderly basic needs perceived in relation to their social protection:

"Health, food and income services are our basic needs. However, accessing these services is a problem to many of us. What the NAP advocates are contrary to what is really happening to us" (Male Elderly FGD, Kanisani Street, 2015).

In another FGD, the [participants agreed as follows:

"We are among the beneficiaries of TASAF; we really acknowledge this support but the cash transfer provided is very little and cannot address all our needs....." (Female Elderly FGD, Samanga village, 2015).

In considering SPSs among the elderly, the above mentioned extracts clearly indicate that the majority of the elderly acknowledge that the elderly are accessing inadequate service from social institutions. These finding imply further that there is a gap between what the policy advocates and its implementation on the ground. Despite the existence of social protection activities mentioned in the NAP, the delivery of the basic needs to the elderly are not yet effectively implemented. For instance, in practice only few interventions such as cash transfers and free health services were in place. Nzali (2016) and Laiglesia (2014) also found that the elderly who lack adequate services such as health and income are

subjected to socio-economic insecurity. They argue further that weak legal frameworks for the implementation of social protection processes may affect national ageing policy performance.

According to the NAP, Caption 3.8 (i); the elderly are entitled to education and information on matters related to their rights and responsibilities. However, during focus group discussions, it was found that the majority of the elderly had limited knowledge on the NAP as well as on their basic rights as proclaimed in the policy document. They added that they could not demand for their rights because they did not know to whom they could do so. One of the elderly commented as follows: "... *I know nothing about our policy; ... by the way who is responsible to tell us about our entitlements? I was sick a few months ago and was made to wait till I got money for treatment from my family* (Female elderly, Rauya village, MDC, 1st September 2015). Another one added that "*I think the social insecurity we are experiencing is a result of being denied our rights including access to information*" (Male elderly FGD, Kilimani village, 2015).

Based on the above, it can be argued that there is inadequate knowledge and understanding among the respondents with respect to the NAP. Inadequate knowledge among the elderly can subject them to failure of demanding their rights and hence social insecurity. In their studies, Tobias *et al.* (2014) and Holmes *et al.* (2012) also found that the elderly who have limited understanding on issues of the elderly, and rights; have weak voices in matters related to their welfare and are not always well-represented in decision-making processes at local and national levels. Similarly, Kagaruki (2013) in a study conducted in Dar-es-Salaam also revealed that about 60% of the elderly were not aware of the existence of the National Ageing Policy because leaders at village and ward levels were not informed about the existence of the policy.

Generally, based on the findings above, it can be summed up that inadequate social protection among the elderly in the study area is linked to ineffective legal frameworks and which is not in favour of the lives of the elderly in their social and economic contexts. Although Tanzania has taken some initiatives including the adoption of the NAP of 2003 in relation to the operations of the elderly issues, the measures have not been able to achieve the expected results in improving the welfare of the elderly.

5.4.2 Institutional arrangements for social protection of the elderly

Institutional arrangements are the policies, systems, and processes that organizations use to legislate, plan and manage their activities efficiently and to effectively coordinate with others in order to fulfil their mandate. These arrangements are crucial as they provide the Government (Local and central) and Non-Governmental agencies at all levels with the framework within which to formulate and implement policies (UNDP, 2017).

5.4.2.1 The role of social institutions in the provision of social protection to the elderly

According to the National Ageing Policy of 2003, Caption 4; social protection for the elderly is a shared responsibility of the government, family, NGOs and CBOs. In this way, there are various service providers who support the elderly with various services such as health, income and food. During FGDs it was revealed that though various service providers were delivering services to the elderly, the perception of the elderly on the existing institutions were unfavourable. *"I do not know if there is any institution responsible for our survival apart from our families; we have nothing here, no food, no money, no shelter.....May be the institutions are not in our areas"* (Male Elderly FGD, Kanisani village, 2015).

While some of the NAP objectives such as the provision of health and income services in Caption 3.1 were meant to improve welfare of the elderly through social institutions, its implementation in providing adequate services to the elderly has been difficult. This is further proven by responses given during key informant interviews as shown in the quotes below:

"The policy document provides clearly that all the elderly should be given various services such as free health from public health centres ... However, in reality we do not have specific guidelines to back up the proposed NAP directives" (Key informant, Moshi Municipality, 2015).

On the other hand, the Key Informant in Moshi District said:

"*...It is true that we have the National Ageing Policy in place, but there is a big challenge in the implementation processes. So far, some of the documents such as the NAP and other elderly related directives are not available in our offices"* (Key Informant, MDC, 2015),

These findings imply that the implementation of the proposed initiatives in the policy document and practice on the ground are not consistent. Indeed, there is lack of policy instruments among Government officials that guide the implementation of activities of the elderly at different levels. Furthermore, the finding indicates that there is a critical implication for a mismatch between policy statements, legal provisions and reality on the ground. Similar results have also been reported in Zimbabwe where the performance of legal frameworks for the elderly has been weak in service provision (Dhemba, 2015; Dewhurst *et al.*, 2014; Chapman, 2010). The report indicates further that there were policy formulations that do not always lead to policy action. Evidence from the studies on elderly's SPSs also inform us that effective institutions that build on appropriate

accountability and transparency mechanisms among the service providers are an essential instrument through which social protection programmes of the elderly are being implemented (Dhemba, 2015; Dewhurst *et al.*, 2014; Holmes *et al.*, 2012; Chapman, 2010).

5.4.2.2 Coordination among social protection programs

The National Ageing Policy of 2003 clearly stipulates that the coordination role of all social protection initiatives is meant to be performed by the Government as provided in Caption 4 of the policy document. However, the findings of this paper as reported by key informants show that coordination of interventions by the Government has not been achieved in terms of supervising all the established service provider social institutions including families and voluntary agencies. Lack of coordination among the institutions (at the Central and Local Government levels) has been reported as a challenge that threatens social protection implementation agenda of the elderly. This is also reflected in the following extract:

"Every institution is working in isolation. We do not have forums that put us together as elderly service providers. Basically, this is the task of the Government. We need policy guidelines on the coordination of all elderly interventions in order to provide adequate services" (Key Informant, Moshi District Council, 2015).

These findings imply that the actors and social protection programmes of the elderly are fragmented and *ad hoc*, a situation which has restricted effectiveness of social protection arrangements to address poverty and vulnerability of the elderly. These findings are similar to the findings reported by Oladeji (2011); URT and HAI (2010) who revealed that lack of coordination among numerous service providers has contributed to unclear

structure and overlapping institutional roles for many designed social protection interventions.

Basing on these finding above, it can be summed up that, while these social institutions have become major service providers to the social protection of the elderly, their contribution in addressing challenges associated with social protection of the elderly is limited due to lack of necessary infrastructure such as laws and a coordination mechanism that support the implementation of a proposed adopted course of actions from the NAP.

5.4.3 Limitations of the 2003 National Ageing Policy (NAP)

The following section outlines the factors which hinder (are beyond control of NAP) the implementation of the 2003 NAP.

5.4.3.1 Commitment of the Government in promoting elderly's issues

Government social and political support has a strong impact on policies for social protection of the elderly. According to the NAP of 2003, Caption 4.1; the Government is a key stakeholder in coordinating and supervising social protection initiatives of the elderly. Although the Government of Tanzania pronounced that it would allocate resources to streamline the welfare of the elderly, as a matter of fact this is far from the truth for two reasons: firstly government spending mainly relies on donor funds; secondly the populations of the elderly exceed financial capacity that is possessed by the Government. Thus, the implementation of social protection instruments set by the Government has remained extremely narrow in providing supportive environment for social protection of the elderly. While it is clear that social protection provisions for the elderly are covered in the NAP of 2003, it is surprising that no specific regulation has been enacted for fifteen years with respect to its implementation. The NAP remains a policy which is not legally binding and therefore not implementable at Local Government

level. Moreover, there are few professional people who have the knowledge and skills regarding problems of the elderly. Again, contrary to what is written in the document as the NAP directive, many youths are not prepared for programmes on the elderly because most of programmes are hinged on and governed by political patronage. In this case, the contribution of the Government in supporting the elderly is very little and questionable. During KIIs, the majority of the interviewes shared the views of this respondent:

"*First of all, you should understand that there is limited conceptualization of the elderly's vulnerability among the key stakeholders including the government, community, family, etc. Therefore, there is less commitment because elderly's challenges are not well known*" (Key Informant, Moshi Municipality, 2015).

These findings imply that the general scope of ageing and dynamics of social protection of the elderly is not understood to the majority of the stakeholders, a situation which has led to the delay in embarking on establishing effective legal framework on social protection for the elderly. Laiglesia (2011) and HAI (2008) also found that a strong knowledgeable community in enforcing social protection of the elderly is essential in creating, implementing, and advocating programmes and policies that benefits the elderly.

However, it was observed that there is little evidence of initiatives for policy enforcement among the key policy makers on issues of the elderly such as implementation of policy commitment of the elderly by the Government. Until now, substantial action by the Government into bringing issues of the elderly on the political agenda and to assure that there is adequate provision of services for them is yet to happen. This suggests that the drivers or incentives of implementing these policies and commitments are relatively weak, and may reflect the level of political importance of perceived political returns from this area.

5.4.3.2 Inadequate financial support

Lack of financing has exacerbated the challenge of policy incoherence for social protection of the elderly. For instance, in the area of income security; the Government commitments has been to follow up on the existing policy frameworks so as to create a detailed plan for implementing and financing a universal social pension, but progress has remained slow (URT & HAI, 2010). Inadequate capacity of the Government in terms of financial support was also reported as a challenge in promoting social protection legal frameworks for the elderly in the study area:

"Establishing effective legal frameworks needs financial commitment. There is inadequate capacity and limited government own source finances, which limits implementation priorities for the elderly social protection programmes" (Key Informant, MDC, 2015).

The findings imply that establishing social protection structures and legal frameworks for the elderly is largely determined by Government level political determinants, that is, the existence of political will and financial capacity within the Government. This finding is similar to findings reported by Bandita (2017) and Holmes *et al.* (2012) who revealed that social and political commitments to social protection legal frameworks need to be built at the level of the Government finances and related actors relationship in terms of designing, funding and implementing social protection interventions of the elderly.

Similarly, in the health sector, shortages of financial resource have slowed down the implementation of policy reforms benefiting the elderly, particularly the provision of free health services to the elderly (Nzali, 2016). Furthermore, it has been impossible to implement this commitment with the current levels of resources. For instance, the official requirement that every Government health facility should have a separate window or

room for older people is impossible in practice, given that many dispensaries only have one room (Tobias *et al.*, 2014). Although there have been some clear cases where windows have been effectively identified and acted upon, in the study area, this has been practical only on the provision of a window and a room for the treatment and consultation purposes for the elderly, but when it comes for medication matters, the elderly are obliged to buy medicines.

This was also confirmed by one key informant who said that:

"We have tried our best to put in place the window and special consultation room for the elderly when sick.....a challenge is the medication.....some of the drugs are not available and accessible. We are given prescription to buy on our own" (Key Informant, Moshi Municipality, 2015)

These findings imply that the provision of free medication is not yet attainable as regards to the right to free health services by the elderly. This finding is in line with the findings reported in a study by Nzali (2016) in Iringa and Makete Districts, Iringa Tanzania who found that the free health system to the elderly was inaccessible and very few elderly possessed identity cards for use in treatment. Thus, the evaluation of the exemption process is essential in order to develop appropriate mechanisms for effective health provision services for the elderly.

5.4.3.3 Top down approach in implementing elderly's social protection programmes

Participatory approaches are promoted in the NAP Cap 4 where the role of stakeholders is stated. Thus, involvement of stakeholders in implementing the intervention of the elderly is a shared responsibility in order to achieve the expected social protection as per NAP. Currently, the opposite is the case. There is a top-down nature of policy-making in

Tanzania, where the strategy recognizes that high-level support within the Government on reforms regarding social protection of the elderly is important. Grassroots advocacy efforts at local levels to engage the elderly in collective action have been a challenge in the existing governance systems (URT, 2012). Moreover, a top down approach has not been in favour of the elderly's welfare, since there is no coordination and communication from top to down and hence no practical implementation of NAP has been achieved. This was also confirmed by one key informant who said that:

"..... I have never heard of any support from elderly's stakeholders including the government to support the elderly in this ward. The elderly who are in need in my area largely depend on humanitarian support". (Key Informant, Moshi Municipality, 2015).

This finding implies that there was a weak capacity for collective action in addressing the challenges of the elderly. Implementation of social protection of the elderly remains a top down approach with a narrow set framework while leaving out some of the key stakeholders during the implementation processes. URT and HAI (2010) have also revealed that a key criticism of the Government has been its limitation in involving all stakeholders in planning processes for the people's interests including the elderly. As a result, many discussions about the elderly's welfare are not fruitful.

5.4.3.4 Illiteracy and awareness of the elderly and communities

According to Tobias *et al.* (2014) and Spitzer *et al.* (2009), the majority of the elderly are not aware of their entitlements and rights such as free medical services in public health facilities and policy of the elderly as they have the right to information. Due to their ignorance, the elderly have been denied treatment in Government health facilities; as they could not afford the cost of medical services, even though these services are supposed to be free (Mboghoina *et al.*, 2010). It is important to understand that this reflects some

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general challenges with the implementation of the NAP of 2003 on the aspect of providing relevant information and awareness among the elderly.

5.4.3.5 Community participation and support on the elderly's social protection

Community is in a unique position to create, implement, support and advocate policies and services benefiting the elderly. The role of community participation to social protection of the elderly is clearly stated in the NAP of 2003, Caption 4, which stipulates that community members shall be encouraged to participate in the provision of care and protection of the elderly. Communities being inclusive in establishing social protection plans and strategies can help in identifying the best approaches and initiatives that address challenges of the elderly social protection and well-being. According to the respondents, community participation in addressing social protection of the elderly in the study areas would result in effective and sustainable social protection policies and programmes for the elderly.

Findings from focus group discussions showed that the exclusion of the elderly and community members in social protection issues for the elderly is a major failure of many elderly's social protection interventions. This was revealed by one FGD whose participants argued:

"*We are elderly ... my observation through the experience I have is that .... Social protection for the elderly is ignored at different levels. I do not expect effective policies to favour us unless the elderly are involved in decision making organs*" (Male elderly FGD, Mawanjeni village, 2015).

This explanation shows that the elderly in the study areas would like to be involved in different decision making organs whereby, through their representation, they could be

part of decision making processes. These findings are in line with the findings in a study by Dong *et al.* (2010) in Europe who found that there is a consistent correlation between social protection status of the elderly and social support from community. Thus, community members need to be sensitized so support activities of the elderly in developing sustainable social protection policies and interventions.

5.5 Conclusions and Recommendations

5.5.1 Conclusions

Based on the findings of this paper, it is concluded that the ineffectiveness of social protection services of the elderly in Tanzania is due to lack of legal frameworks that enforce, guide, and control procedures and activities that aim at addressing problems of the elderly as far as the provision of social protection services is concerned.

Although Tanzania has established the NAP of 2003 in relation to the operations of issues of the elderly, this policy is not backed by any respective law to reinforce its implementations. The elderly in the study area have not been able to achieve the expected results in improving welfare of the elderly due to lack of legal guidelines among the social institutions responsible for the implementation of programmes of the elderly. As a result, no coordination has been set among service providers to harmonise all activities of the elderly.

Lack of awareness among the elderly as primary beneficiaries and among the community at large has led to inaccessibility of the essential information regarding to welfare of the elderly. Furthermore, community participation in issues of the elderly has been inadequate; as such, the communities are not involved and hence are not active in promoting matters.

Lastly, the reluctance of the Government for fifteen years from 2003 to 2018 and probably beyond 2018 against formulating legal enforcement to back the NAP erodes good intentions pronounced in that policy for the elderly. It also creates a gap between planning and implementations of the strategies which aim at eliminating the barriers and drawback facing the elderly.

5.5.2 Recommendations

In view of the study findings and the above conclusions, the following recommendations are made.

Government agencies and other social institutions which are responsible for the elderly are encouraged to review the National Ageing Policy, and come up with an effective master plan of the legal frameworks which would enforce the implementation of social protection services of the elderly through enacting laws that would govern the delivery of social protection services to the elderly, and ultimately back up the 2003 NAP and its amendments.

The Government; through the Ministry of Health, Community Development, Gender, Older People and Children; should work together with civil society organizations to establish effective and consistent procedures that would facilitate the enforcement and coordination of social protection services of the elderly.

The Government and Non-Governmental agencies should create awareness among the elderly and the community at large on the importance of the National Ageing Policy (NAP) and the rights of the elderly particularly on the aspects of free health service entitlements, income (e.g. cash transfer from TASAF) and universal pension).

This would, among other things, develop an understanding of the NAP and laws which are essential in enabling the elderly access social protection services.

Lobbying and advocacy targeting parliamentarians, activists for the elderly and pressure groups, political parties, and religious institutions, amongst others should be directed towards effective implementation of the NAP of 2003 in order to influence, support and generate political commitment to social protection services of the elderly and which would steer the formulation and implementation of law regarding safeguarding welfare of the elderly.

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CHAPTER SIX

6.0 Conclusions and Recommendations

6.1 Conclusions

The following is a summary of the major findings of this study which is the basis for the recommendation made.

6.1.1 Social institutions and provision of social protection services to the elderly

The first specific objective of this study was to examine the types of social institutions which provide social protection services to the elderly. Based on the research findings, it is concluded that:

i. The duties and obligations of providing Social Protection Services (SPSs) to the elderly in Tanzania are carried out by three main types of SIs. They are Governmental (DSW, TASAF), Non-Governmental agencies (FBOs, CBOs) and the families. Since SPSs provided by SIs in terms of health, food clothing, shelter, income/cash transfer and awareness raising on rights were inadequately provided, the attitude of the majority of elderly the elderly were negative towards receiving SPSs from social institutions. This is due to the facts that the services provided to the elderly were inadequately delivered to the extent that they did not satisfy their basic necessities.

ii. There is an overlapping in the provision of SPSs among social protection institutions in implementing SPSs programmes. This is because social protection services interventions of the elderly are uncoordinated. Therefore, the SPSs provided to the elderly are inconsistent and not demand-driven, given the nature of the elderly.

iii. Due to inaccessibility of SPSs provision from SIs, the elderly had negative attitude towards the available service providers (SIs) in the study area. However, though the services are not adequately provided by the social institutions, their contribution (minimal contribution) is still acknowledged to be very important in helping the elderly to improve their welfare.

6.1.2 Determinants of the elderly's social protection accessibility

The second specific objective was to determine the access of social protection services to the elderly. It is concluded that:

i. Though SPSs in the study area are moderately accessible, the access is a reflection of the regional level standards rather than the national level standard where majority of the elderly's SPSs accessibility are inadequate.

ii. The SPSs are highly accessible by the elderly through protective services compared to preventive, promotive and transformative measures.

iii. The health insurance, financial assistance, awareness policy and rights are important predictors influencing the elderly's access to SPSs.

6.1.3 Coping strategies of the elderly against social insecurity

The third specific objective was to examine the coping strategies used by the elderly during social insecurity. It is concluded that:

i. The majority of the elderly in the study area are at a moderate level of applying coping strategies mainly relying on the family-based coping strategies as a vital alternative in addressing food, health, shelter, and clothing insecurities.

ii. Though the various coping strategies applied by the elderly are necessary to alleviate their social insecurities, they are however not permanent substitutes to SPSs basic needs. This is because they are used only when SPSs from social institutions are not accessible to the elderly, some of the elderly consider them as a way of living and not self-emergence initiatives to combat SPSs inaccessibility. In this regard, SIs are responsible for providing adequate SPSs to the elderly so that the latter can avoid applying hazardous coping strategies during social insecurities.

iii. Place of residence, domestic remittances and the total annual income of the elderly have a significant contribution on increasing the probability of the elderly to be at a high level of CSI and hence increasing their social security. Thus, much effort must be invested in the place of residence, domestic remittances and in the total annual income as important social protection indicators when social institutions address the social protection issues of the elderly.

6.1.4 The potentiality of the National Ageing Policy in enabling SPSs

The fourth specific objective was to analyse the potential of the National Ageing Policy in enabling social protection for the elderly. The conclusion drawn from the results are:

i. Although Tanzania has established the NAP of 2003 in relation to the operations of the elderly's issues, it is not backed by any respective law to enforce its implementations. The elderly in the study area have not been able to achieve the expected results in improving their wellbeing due to the absence of elderly law that enforces, guides, and controls all procedures and activities implemented by SI. As a result, no coordination has been set among service providers to harmonise all activities for the elderly. This conclusion agrees with Doron's multidimensional

theory that law is an important factor for enforcement of SPSs implementation processes by SIs in order to sustainably improve the welfare of the elderly.

ii. Lack of awareness among the elderly as primary beneficiaries and among the community at large has led to inaccessibility of the essential information regarding wellbeing of the elderly.

6.2 Recommendations

On the basis of the above conclusions and the empirical findings presented in the four papers in this thesis, the following recommendations are made.

6.2.1 Improvement of social protection service delivery to the elderly

Based on the conclusions drawn about social protection service delivery to the elderly from the SIS, it is recommended that:

i. The responsible elderly department and sections in the respective authorities (Central and Local Government) should revisit and coordinate services delivery programmes among the social institutions for the elderly in order to come up with coordinated and regulated interventions that meet the basic needs of the elderly in order to avoid overlapping of activities among them.

ii. There should be SPSs integration among the SIs (Government and voluntary agencies) which entails more intense cooperation in order to improve SPSs delivery to the elderly. Given the complexity of the SIs duties and obligations involved, this would only work smoothly and efficiently if their tasks were clearly divided and allocated to the right levels of Government and the appropriate voluntary agencies that have the capacity to perform them.

iii. The negative attitude of the elderly towards receiving inadequate social protection services from social institutions can change through receiving adequate social protection services from social institutions. The Government and voluntary agencies providing SPSs to the elderly should improve their delivery procedures that meet the elderly's basic needs and reach them wherever they are.

iv. Mechanisms for enhancing SIs as service provider's accountability are also vital, to enhance both accessibility and service quality. To be most effective, these require some legal underpinning of the right to information, and to hold SIs to account. Particular promising mechanisms include: district, municipality or village-level monitoring of the relevant SIs in their respective locations. These need to be linked to enhanced participation in decision-making, and empowerment of the elderly and community at large so that they can actually hold the SIs to be accountable.

6.2.2 Improving SPSs accessibility to the elderly based on the determinant factors

i. Social institutions, both the Central and Local Government Authorities and Non-Governmental Agencies (families, villages and voluntary agencies), should work together in harmony to raise accessibility of social protection services to the elderly, by considering important predictors that mostly influence social protection of the elderly including, the provision of health insurance, cash transfers (universal pension), and awareness of policy and rights among the elderly in order to address the immediate needs of the elderly.

ii. The Central and Local Government Authorities together with Non-Governmental agencies should mainstream social protection measures to their institutions and

design intervention strategies that focus on protective, preventive, promotive, transformative frameworks for the elderly as measures that can be used to ascertain the best way of addressing social insecurity problems among the elderly. Mainstreaming of the social protection measures would also make additional demands on financial, management and delivery capacity so as to address effective SPSs to the elderly that meet their basic needs.

iii. There is a need for the government to enact law(s) for the elderly through respective organs, including the Ministry of Health, Community Development, Gender, Elderly and Children, Ministry of Justice and Constitutional Affairs, and the Parliament that would guide the implementation of social protection service delivery to the elderly. This legal framework should coordinate activities of all stakeholders and eventually cement the delivery of social protection services delivery in Tanzania. Likewise, this recommendation agrees with Doron's elderly law multidimensional theory that law is an essential factor for improving SPSs accessibility from SIs to the elderly to improve the welfare of the elderly against social insecurities.

6.2.3 Elimination of coping strategies' risks from the elderly during social insecurity

i. Coping strategies are applied during insecurity situation. Therefore, if factors that influence adequate security are improved, accessibility to SPSs by the elderly would be improved; consequently, risky coping strategies would be eliminated, which would be a relief to the elderly who are confronted with insecurity situation. The elderly must be educated by SIs (Government and voluntary agencies) on the dangers of relying too much on coping strategies techniques to avoid escalation of its permanent reliance.

ii. The Government through the Ministry of Community Development, Gender, Elderly and Children, families and voluntary agencies should design and implement appropriate and sustainable short and long term interventions in order to address the elderly problems. These include the provision of education to the unsecured elderly on pros and cons of various coping strategies so as to minimize their risks, identification of social security status of all the elderly and keep their database in order to effectively plan and provide tangible SPS including the provision of remittances (pension) for all the elderly in the country.

6.2.4 Establishment of legal framework for the elderly's access to SPSs

i. Government agencies and other social institutions that are responsible for the elderly are encouraged to review the National Ageing Policy of 2003, and come up with effective master plan of the legal frameworks (elderly law) which would enforce the implementation of social protection services for the elderly through enacting law(s) and rules that would govern the delivery of social protection services to the elderly, and ultimately back up the 2003 NAP and its amendments to guarantee their legal rights and interests. This recommendation agrees also with Doron's elderly law multidimensional theory that law is an essential factor for improving SPSs accessibility from SIs to the elderly that improve the welfare of the elderly against social insecurities.

ii. The Government; through the Ministry of Health, Community Development, Gender, Older People and Children; should work together with civil society organizations to establish effective and consistent procedures including transparency strengthening service provision and the elderly's entitlements so as to enhance support which is provided to the elderly. Without stronger emphasis on

the provision of information, accountability would never be enhanced; neither would it be possible to facilitate the enforcement and coordination of social protection services for the elderly.

iii. The Government and Non-Governmental agencies should create awareness among the elderly and among the community at large on the importance of the National Ageing Policy (NAP) and rights of the elderly particularly on the aspects of free health service entitlements, income (e.g. cash transfer from TASAF) and universal pension). This would, among other things, develop an understanding of the NAP and laws which are essential to the wellbeing elderly in accessing social protection services.

iv. Lobbying and advocacy targeting parliamentarians, activists for the elderly and pressure groups, political parties, and religious institutions amongst others on the effective implementation of the NAP of 2003 in order to influence, support and generate political commitment to social protection services for the elderly that will steer the formulation and implementation of law for the elderly.

6.3 Theoretical Implication of the Findings

The theory of Law and Ageing (Multi-Dimensional Model) by Doron (2003) and the Pathway to Impact models explain the dynamic aspects of the social protection process and assert the reality that SPSs should have an impact on the livelihoods of the elderly as the elderly constitute one of the most substantial sectors of the poor society. They recognize the importance of spheres of law for the elderly as a special group of people in the society, and who need respect to enjoy the social protection and legal arrangements that protect their wellbeing. The models also comprise a number of

dimensions including protective, preventive, promotive and transformative (Doron's Model) and impact oriented SPSs (Douthwaite *et al.*, 2007), of which they are all attempting to satisfy the different requirements and aspects of the complex social issues concerning the elderly's rights. The study on which this thesis is based found that inaccessibility to SPSs by the elderly is associated with inadequate social protection legal framework to safeguard their wellbeing. Social institutions have the potential of contributing to the wellbeing of the elderly if they are operating under legal binding procedures.

Experience has shown that the SIs in Tanzania face several limitations to transform the wellbeing of the elderly due to lack of legal commitment to enforce the implementation of their social protection interventions. The findings of this study agree with the findings of many of the law and ageing literature in other countries (for example in China, India, France, Ukraine, Singapore, UK, Mauritius South Africa and Botswana). All these countries have laws on the elderly in place that govern the SPSs delivery to the elderly and Tanzania is no exception. Thus, this study offers some empirical explanation and pathway of how social institutions may contribute or fail to provide SPSs to the elderly and improve their wellbeing if their SPSs delivery is not enforceable by the laws regarding welfare of the elderly. Apart from legal aspects, it is here recommend, that in order for the SPSs to reach the elderly (beneficially) effectively, SIs must transmit the social protection services (make them accessible to the elderly) as a vehicle which is used to assure wellbeing to the elderly. In sending SPSs, the SIs must consider the determinants (socio-demographic variables, socio-economic, and institutional factors) and legal frameworks (elderly's policy and law).

6.4 Areas for Future Researches

The study recommends future research to be carried on the following:

i. Although this study found that the SPSs from SIs to the elderly were inaccessible the SIs still have potential of improving the welfare of the elderly. There is a need to conduct further investigation on factors limiting SIs implementation processes in delivering social protection services to the elderly, the way they transfer SPSs, and how social protection determinants and legal frameworks facilitate the elderly in accessing the SPSs.

ii. More studies to examine attitudes of the elderly towards various identified institutions and their SPSs service delivery are recommended in the study area in order to generate more indicators to enable the SIs (planners and SPSs providers) to design and implement appropriate intervention programmes for the elderly.

iii. Social protection dimensions (protective, preventive, promotive and transformative) were found to be essential aspects in designing social protection services for the elderly, but this study did not establish their interrelationships and priotisation impacts with regard to the wellbeing of the elderly. Therefore, a detailed study is recommended on interrelationships between SPSs dimensions and their impacts on the elderly's wellbeing

iv. Since the elderly were relying on coping strategies to address social and economic challenges during times of insecurities, there is a need to conduct further studies on the impacts of the coping strategies techniques applied including their risks on their wellbeing and sustainability.

v. Undertaking comparative studies on the elderly's SPSs among the rural and urban settings is recommended, due to the fact that rural and urban SPSs differ in terms of cultural, social and economic behaviour.

APPENDICIES

Appendix 1: A copy of questionnaire used for the research

Researchers' introduction

Dear respondents,

I am Regina Malima a PhD student from Sokoine University of Agriculture, Collage of Social Sciences and Humanities (CSSH). I am conducting a study on **the role of Social Institutions in provision of the elderly social protection services in Moshi Municipality and Moshi District Council.** Therefore, I request for your kind cooperation in responding to this questionnaire for the completion of this study, and your honesty answers to questions that will be asked are important for the results of this study to reveal the situation on the role of social institutions in provision of social protection services to the elderly. I would like to assure you that confidentiality will be maintained throughout the study (No any identification such as participant's name will appear in this study). For more information please contact me through the following contacts:

Email address: regina.malima@yahoo.co.uk

Mobile: +225 (0) 758 515 613

Section A: Questionnaire Identification

S/No	Item	
1	Districts	
2	(i) Moshi Municipality (ii) Moshi District Council	
3	Division	
4	Ward	
5	Village/street	

Section B: Respondents Characteristics

Please provide response (s) for each question. For questions with multiple answers put cycle the response number of your choice (s) from the list of choices given and for other questions fill your response in the space provided.

1	Sex (1 = F, 2 = F)	
2	Age	
3	Literacy status	Able to read and write, 2. Not able
4	Education and year of schooling	1. Primary ____, 2. Secondary_____, 3. Collage _____ 4. University_____
5	Marital status	1. Married, 2. Never married, 3. Widower 4. Widow, 5. Divorced, 6, Separated
6	Do you leave with a spouse as of now?	1. Yes, 2. No
7	Household head	1. Adult male, 2. Adult female, 3. His or her son, 4 His or her daughter, 5. Household's grandchild, 6. Other relatives, 7. Others (specify).....
8	How many people stays in the H/H	
9	Current main occupation elderly do.	1. Crop production, 2. Livestock keeping, 3. Non-government employment, 4. Others (specify).....
10	Prior elderly occupation before retiring.	1. Crop production, 2. Livestock keeping 3. Government employment, 4. Non-Government employment 5. Retired (civil servant), 6. Business, 7. Vocational work, 8. Others (specify).

Section C: Elderly/household source of income

17. What are the sources of the elderly's/household income?

S/n	Source of income	1 = Yes, 2 = No	Income amount per year
1	Wage/salaries		
2	Selling food products		
3	Selling cash crop products		
4	Child support		
5	Receiving remittance from relative		
6	Receiving support from a CBO/FBO/Social network		
7	State funds (oldage pension)		
8	Casual labour work		
9	Selling firewood/or wood charcoal		
10	Selling alcoholic drinks		
11	Other source of income (specify)		
TOTAL INCOME			

Section D: The elderly's problems with regard to their social protection services

18. Rank them as 3 if it is a serious problem, 2 if it is moderate and 1 if it is not a problem

S/n.	Problems	1	2	3
1	Health services			
2	Food			
3	Clothing			
4	Shelter			
5	Water			
6	Income			
7	Awareness on Social protection policies			
8	Others (specify)			

Section D: The elderly's institutional types and social protection services delivery

19. Among the below listed formal institutions, which institution is providing services to you?

S/No	Type of Institution	Mention services provided						
		Health	Food	Clothes	Shelter	Cash transfer	Training	Other (specify)
		1.Yes, 2. No	1.Yes, 2. No	1.Yes, 2. No	1.Yes, 2. No	1.Yes, 2. No	1.Yes, 2. No	1.Yes, 2. No
	Government/DSW/ TASAF /Elderly care centre							
	NGO							
	The Family							
	Religious institution							
	Others (specify)							

20. The elderly attitudes towards social protection services delivery

Let us now discuss about your attitude towards SPSs accessibility. Say whether you Strongly 1 = Strongly Dissatisfied, 2 = Dissatisfied, 3 = Undecided, 4 = Satisfied and 5 = Strongly Satisfied, on each of the following statements

S/No.	Attitudinal statements	1	2	3	4	5
1	Health services provided to you is good					
2	Food provided to you is sufficient					
3	You have Clothing(Heavy coats, blankets etc) to protect you during coldness					
4	You have Shelter (houses) in good condition					
5	Water provided is sufficient					
6	Financial support is available					
7	Training provided to you is good					
Overall attitude total score						

KEY: 1 = Strongly Dissatisfied, 2 = Dissatisfied, 3 = Undecided, 4 = Satisfied and 5 = Strongly Satisfied

Section E. Extent of social protection dimensions to the elderly

21. Dimensions of social protection and indicators/sub dimensions used for assessing service delivery for the elderly in the study area

S/No	Dimension	Indicators/Sub indicators	Levels of social protection accessibility		
			2	1	0
1	Protective	Receiving food			
2		Receiving health services			
3		Have houses			
4		Possession of clothings (heavy coats, blankets etc)			
5		Support from care giver			
6		Possession of bed			
7		Possession of mosquito net			
1	Preventive	Have health insurance (Community health ins., National health ins.)			
2		Undergo health check-up			
3		Access to transport facility			
4		Access pension			
1	Promotive	Access to financial support (TASAF, DSW, family etc)			
2		Access to training on (entrepreneurship, IGAs)			
3		Access to entertainments (playing games, watching TV)			
4		Receive farm inputs			
5		Attend agricultural capacity building training			
6		Attended capacity building on elderly issues?			
1	Transformative	Awareness on elderly rights/Ageing policy			
2		Representation in decision making organs			
3		Participation in community/family religious gathering/meetings			
4		Being respected by community/family/churches			
5		Access to relevant information			
6		Participate in elderly events e.g. National/ International old age days.			
7		Get legal support			

Key: 0= not accessed, 1 = moderate access to 2 = high access

Section F: Strategies of coping with social insecurity at the household level

22. How do the elderly cope with social insecurity? Please rank accordingly as far as coping strategies for the eldely are concerned

S/No	Coping Strategies	1 (L)	2(M)	3(H)
	FOOD			
1	Seek food support from children			
2	Reduce number of meals			
3	Selling of household items			
4	Do casual labour			
5	Get food support from neighbors			
	HEALTH			
6	Seek health support from his/her children			
7	Selling of household items			
8	Borrowing cash			
9	Attend traditional healer			
10	Seek support from the government			
	SHELTER			
11	Seek shelter from his/her children			
12	Support from neighbours			
	INCOME /CASH TRANSFER			
13	Selling of household items/assets			
14	Seek money from children			
15	Cash transfer from TASAF			
	CLOTHING			
16	Seek clothes from children			
17	Seek clothes from religious institutions			
18	Selling household item to buy clothes			
19	Seek clothes from neighbours			

Key: 1 = Low, 2 = Moderate and 3 = High

Economic assets owned by the elderly/households

Na.	Assets	1= Yes 2 = No	Quality of assets owned					Value of the asset
			Very poor	Poor	Moderate	Good	Very good	
1	Farm							
2	House							
3	Bicycle							
4	Sewing machine							
5	Car							
6	Hand hoe							
7	Goat/Sheep							
8	Chickens/Duck							
9	Cow							
10	Others (specify)							
11	Total Value of the asset							

24. What challenges do you face when accessing social protection services from social institutions?
    i. .....
    ii.....

25. How do you address the challenges?
i. .....
ii.....

26. How do you think the Government should do in order to improve provision of social protection services for the elderly in Tanzania?
i. .....
ii.....

Thank you very much for your cooperation, time and information that you gave us

Appendix 2: Overall Attitudinal scores of the elderly's SPSs accessibility from SIs

Statements implying SPSs having helped the respondents improve their welfare in terms of accessing food, health, clothing, shelter, cash transfer and awareness.	**Maximum possible score**	**Actual score**		
		1	**3**	**5**
1 Health services provided to you are good	6			
2 Food provided to you is sufficient	6			
3 You have clothing to protect you during coldness	6			
4 Shelter (houses) you have are not in good condition	6			
5 Cash transfer is not available to the elderly	6			
6 Poor awareness on various basic information to the elderly (health, rights IGA)	6			
Total points scored		6	18	30

1 = SPSs has accessed to low extent (Unsatisfied level)
2 = SPSs has accessed to moderate extent (Neutral level)
3 = SPSs has accessed to high extent (Satisfied level)

Appendix 3: A copy of the checklist of items used for focus group discussion

1. What are the main needs of the elderly?
2. Is there any social institutions that help elderly people in your area?
3. What kind of services do the elderly receive from social institutions (focus on preventive, promotive, protective and transformative dimensions)?
4. Do the elderly have access to social protection services?
5. Does the elderly aware on the existence of the National Ageing Policy (NAP) and other related official information on the elderly's social protection services and rights?
6. Their perception of social protection services delivery from social institutions.
7. What are the assets that are owned in your household that denote wealth/improved living conditions?
8. How do elderly people cope with insecurities?
9. What should the government and other stakeholders (community members, NGOs) do to improve social protection for the elderly?

Appendix 4: A copy of checklist of items used for Key informants Interview Guide

1. What are the main needs of the elderly people in your area?
2. What kind of support do the social institutions provide (focus on preventive, promotive, protective and transformative dimensions)
3. What are the existing mechanisms for social protection services delivery to the elderly?
4. Do you have coordination among you in implementing your activities?
5. What are the existing elderly social protection policies, laws, legislation and practice? Explain.
6. Does it provide adequate guidance? Yes/No, if Yes or No; Why?
7. Are the prevailing social protection policies, laws, regulations, and legal provisions appropriate, or do they need revision? Explain
8. Do you have any elderly social protection guidelines that govern you in your administration? Explain.
9. What are the factors influencing access to social protection services by the elderly.
10. Constraints faced by social protection service providers in providing adequate social protection services to the elderly.
11. What should the government and other stakeholders (community members, NGOs, elderly people) do to improve social protection for the elderly?

Appendix 5: Sample size determination

The sample size by Cochran's (1977) formula based on the level of precision, degree of confidence and variability of the population as expressed in the following formula n = N/ 1 + N (*e*) 2

Where:

n = Sample size

N = the population size

e = the level of precision or sampling error, estimated in percentages (0.05)

According to population size of Kilimanjaro Region the number of the elderly was 114,806 (URT, 2012) .Therefore, sample size calculated as follows:

n = N/ 1 + N (*e*) 2

n = 114,806/1+114,806(0.0025)

n =114,806/288=

n=398

However, sample was reduced to 202 based on the arguments given by Bailey (1994), that a sample of 30 respondents is bare minimum for studies in which statistical data analysis is to be done regardless of the population size. Therefore, 30 respondents were selected from each of the 8 villages and this make a total of 240 cases. Furthermore, the sample size was reduced to obtain 202 respondents after excluding 38 respondents who were the outliers.

Appendix 6: Definition of variables used in ordinal regression model

Dependent variable	Operation definition	Level of measurement
Access to SPSs	Whether respondent is categorized in low , moderate or high level access towards receiving SPSs	Ordinal Classification in terms of low, moderate and high SPSs accessibility level)
Coping Strategies Index (CSI)	Whether the elderly were in low, medium or high level coping strategy category	Ordinal Classified in terms of ordered CSI levels (low, medium and high level)
Independent variables		
Age	Age of the respondent	Continuous Measured in years
Education level(years of schooling)	Number of years respondent spent in the school	Continuous Measured in years
Sex	Gender	Categorical 1=Male 0=Female
Household size	Total number of people reside in the household	Continuous Measured in total number of people
Place of residence	Where the elderly resided	Categorical 1= residing in rural areas, 0=residing in urban areas
Marital status of the elderly	If the elderly is married, single, widowed or divorced. The responses were then coded into dummy variable (Single or otherwise)	Categorical Married =1 Otherwise =0
Current Occupation of the elderly	The elderly current activities	Categorical 1=farming 0=Otherwise
Health Insurance	The elderly's accessibility to health services through health insurance	Categorical 1 = Access 0= Otherwise
Awareness on the elderly's rights	Elderly awareness on elderly's legal rights issues	Categorical 1 = aware 0= Otherwise
Access to information	Elderly being in a position of accessing various information regarding elderly matters.	Categorical 1 = Access 0= Otherwise
Cash transfer from TASAF	The elderly be in apposition of receiving cash transfer from TASAF	Categorical 1 = Access 0= Otherwise
Selling of agricultural produces		Nominal 1 = Yes 0= Otherwise
Remittances from children/family	The elderly be in apposition of receiving cash transfer from children/family members	Nominal 1 = Yes 0= Otherwise
Total annual income of the elderly		Continuous Measured in terms of Tshs

Appendix 7: A Map showing the Study Area