

Institutional Culture and the Welfare of the Aged Population in Arusha District, Tanzania

Caroline Noah Mwaikuka¹, Dr. Fred Wamalwa² and Dr. Paschal Wambiya³

¹Postgraduate Student; The Catholic University of Eastern Africa

²The Catholic University of Eastern Africa-Kenya

³Faculty of Arts and Social Sciences

DOI: <https://doi.org/10.51244/IJRSI.2023.10817>

Received: 13 July 2023; Revised: 15 August 2023; Accepted: 19 August 2023; Published: 22 September 2023

ABSTRACT

The rising number of elderly persons in Africa and the need to provide them with support within state and non-state institutions require that the institutions meet the standards set by international and national conventions on elderly persons welfare. It is in this vein that the current study aimed at determining the role of institutional culture on the welfare of the aged population in Arusha rural district, Tanzania. To achieve this, it explored the role of traditional perceptions on the welfare of the elderly in Arusha rural district, explored how different institutional care plans on the elderly affect their well being in Arusha rural district, and investigated the role of different institutional stakeholders on the welfare of the elderly population in Arusha rural district. The research used Culture Care Diversity and Universality and Social Exclusion theories. The study used mixed Convergent research design under mixed method research approach. It targeted 48,480 elderly persons, 15 local government administrators, 10 non-state actors, and 50 relatives to the elderly. Questionnaire, interview guide, and FGD were used. Data was analyzed through descriptive and inferential statistics. The study found that traditional community perception, institutional care plans, and stakeholder involvement had a positive relation on the welfare of the older population in Arusha Rural District in Tanzania. It concluded that, elderly persons faced societal stereotypes and traditional beliefs that negatively affected their welfare. It also concluded that, the government offices in the area did not provide friendly and timely care services for the elderly persons.

Key words: Institutional Culture, Welfare, Aged Population, Traditional Perceptions, and Stakeholder Involvement

INTRODUCTION

In the traditional African setting, the care of the old persons was traditionally the mandate of the extended families (Lumen, 2012). However the collapsing extended family system in Africa call for the care for the elderly to be transferred to the state and other philanthropic organizations, even though this responsibility is still ascribed to the household throughout many regions of the world, especially in non-Western countries. Elders are much less likely to be cared for solely by their families for a variety of reasons, including the shrinking number of families, the longer lifespan of the old persons, the geographic spread of families, and the reality that women are increasingly educated and employed outside the home. Supported living, adult daycare, hospice care, in-home care and nursing homes are some of the different forms that aged care services can take.

In the United States, the growing trend of the aging population and the recognition of the challenges that come with aging social policies have been designed to help the elderly. Two significant policy initiatives are

State Pensions, a welfare program that levies taxes on the working population to provide money to people in retiring. Medicare is the other major source of social assistance for older Americans in conjunction to Social Security. Hospital stays, doctor visits, and prescription medication are all covered by Medicare. This has made living easier for the aged due to these institutional changes. Healthcare is provided in the homes for the aged that caters for the welfare of this generation (Census Bureau, 2007).

United Nations Economic Commission-Africa (2007) reports in Nigeria issues associated with ageing are like the rest of the world. However, the matter of health is challenging since people believe that the elderly will die anyway, along with the lack of health awareness, poor health service provision for the elderly as well as inadequate specialist services to serve the elderly population's health needs. Yettunde (2007) adds that the issue of the elderly not having access to existing health services leads to a high number of poor elderly populations in Africa that lacks free health services and medication.

In Tanzania, the National Aging Policy adapted in 2003 provides the Government policy guidelines on how to support the elderly. This policy replaced the Socialist Policy of Ujamma that was adopted in Tanzania after the Arusha Declaration of 1967. This system was an extension of the African extended family system where everybody looked after another. Children looked after their old parents and parents looked after their children. This extended to the community where everyone was related to another person and had an obligation to take care of another person in the community. Changing family structure, migration, and the dominance of a society that elevates formal education and literacy while moving away from socialism are eroding these positions, though. According to Sibyiga (2011), relatively few people in Tanzania have any kind of pension, hence the elderly, particularly older women, are among the poorest people in the nation. The social protection programmes covering the elderly and those with severe disability is very low and also covers very few old people in Tanzania. Furthermore, elders are often met with injustice as such where rights exist over property or health care, they fail to claim them because of lack of awareness, lack of information and poor structures (Sibyiga, 2001).

The Institutional Culture

Concerns have been raised concerning the effectiveness of institutional care institutions for the elderly due to the poor uptake of services by these institutions (Sole-Auro & Crimins, 2014). African perspective on caring for old goes beyond personal advantage and prioritizes societal benefit (Lloyd-Sherlock, 2018). As a result, it is thought that society has a duty of ensuring that elderly persons gracefully age. This is consistent with broader African discussions concerning the need to steer clear of western standards and methods for long-term care delivery in specific institutions. In a typical African society, the old are supposed to be cared for by the the society composed mainly of relatives. This has however not been able to work well because of the growing westernization of the society as young people who are meant to take care of the old leave the rural areas to look for employment.

Governments in Africa, have therefore had to intervene by creating Policies and programmes that assist the elderly. According to the National Aging Policy adapted in 2003 in Tanzania, the Government of the Republic of Tanzania has started institutions where the elderly are taken care of by Government officials. The Elderly and the severely handicapped are also selected and placed under cash transfer programmes

Specifically, in Arusha rural district, there are three administrative divisions that provides cash transfer programs to the vulnerable including the elderly persons. The administrative units includes, Enaboishu, Moshono, and Mukulat. The aged population over 60 years in Arusha Rural District as directed by the Tanzanian policy for the elderly (2003) make up approximately 15% of the entire 323,198 people (Social Protection Data, Arusha Rural District, 2022).

This gives an approximate target population of 48,480 elderly persons. Therefore, these institutions hold

about 48,480 elderly persons registered for various cash transfer programs to improve their welfare.

Statement of the Problem

The elderly are an invaluable asset to societies as they have given their time and resources to nation building. Institutions should be put in place to help this population deal with the challenges that come with age such as poor health, lack of proper functioning, and social care (Kimamo, 2018). Despite global laws and conventions on dealing with the aged persons, in reality, the elderly are in most instances destitute without proper mechanisms put up by governments on how to help them tackle their aging life. Since the emphasis on the nuclear family is increasing in Tanzanian families, which results in neglecting the elderly, majority of them do not have a source of income. As a result, there are old people who are in need and will perish from neglect if no action is taken.

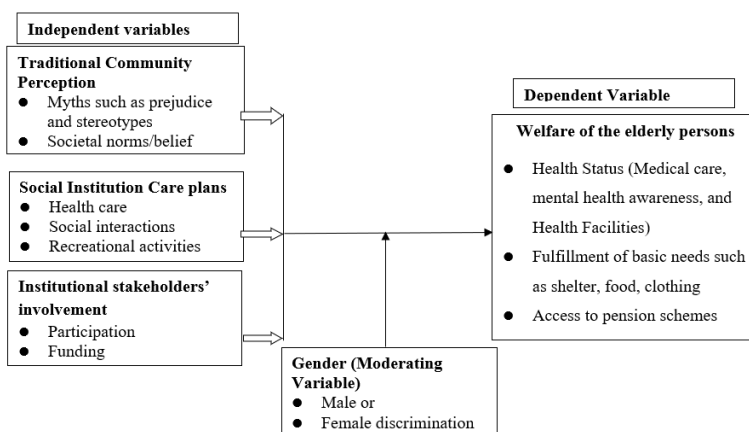
At old age, majority of the people have their activity level decreased and therefore there is a need for support by the society to improve their well being. However, this is not the case in Arusha rural district, where the aged population continue to strive and struggle for their survival that has left them weak, homeless, ignored, abused, forgotten, poor, and in poor health conditions. The cultural belief systems such as the elderly being unproductive and associated with witchcraft, customary law of succession, myths such as prejudice and stereotypes towards the aged negates them their rights to enjoy freedom and benefits associated with welfare services in Arusha rural district.

Moreover, a study by Dijkstra, Andela, Korhan and Kornelia (2012) did not use institutional culture as independent variable while Waweru’s (2002) study failed to use institutional culture as the independent variable and was also not done among elderly persons in Arusha. A study by DeNavas-Walt and Proctor (2015) was done in a developed country hence cannot be used to generalize the welfare of elderly persons in Arusha while a study by Ulriksen’s (2016) used social protection development as dependent variable while the current study used the welfare of the elderly persons. To bridge the identified research gaps, this study assessed the extent to which institutional cultures affected the welfare of the elderly population in Arusha rural district. The specific objectives were to explore role of various traditional community perceptions of institutional culture on the welfare of the elderly in Arusha rural district, to determine the role of different social institutional care plans on the welfare of the elderly in Arusha rural district, and to examine the role of different institutional stakeholders on the welfare of the elderly population in Arusha rural district.

The Conceptual Framework

In Figure 1, connection among independent, moderating, and dependent variables are clearly shown.

Figure 1: The Conceptual Framework



Source: Author, 2023

LITERATURE REVIEW

Theoretical Framework

The study was premised on Culture care diversity and Universality and Social Exclusion theories.

Social Exclusion Theory

Social exclusion theory explains how the elderly are blocked from or denied certain opportunities, rights, and resources due to things such as their age, gender, and among others. The social exclusion theory was used in this study because it argues against discriminating the vulnerable in the society especially the elderly when it comes to distribution of resources such as social protection funds. According to the theory, in an institution that socially excludes others such as the elderly from accessing certain care, their social well being may be abused and this could affect their overall economic, social, and physical well being.

Culture Care Diversity and Universality Theory

The theory is concerned with learning in-depth information about social-care and cultural notions from significant and non-significant sources regarding health, happiness, death, or impairments. Cultural imperialism behaviors are frequently harmful, parochial, disrespectful, and cause suffering and disputes across cultures (Leininger, 1995). This theory helps to bring a better understanding about cultural beliefs, forms of human care, and expressions in relation to culture. In other words, it explains why care is part of the culture the elderly person comes from.

Review of Empirical Literature.

Welfare of the Elderly Persons

Dijkstra, Andela, Korhan, and Kornelia (2019) studied the care reliance and well being-related self-happiness of elderly patients from Netherlands, Poland, and Turkey. The research found that the considerations dependency condition for overall elderly society was largely correlated with age and informal reflect changes by relatives. It was discovered that length of illness was longer for senior people, which was related to their level of dependency. Further, Yanan, Guariglia and Dickinson (2013) did a study on the old age dependency and household finance. The research reveals that amount of old age dependency had a deleterious effect on family buffer finances in remote areas. Rural areas have higher levels of social welfare system creation, gainfulness, and security support. Urban areas had also a less detrimental effect on the wellbeing of the elderly. In Zimbabwe, Mwalinge's (2015) studied the prevalence of elderly reliance and associated risk factors. The analysis revealed that reliance had just few lower layers of prevalence amongst some of the aged and that dependency was fundamentally linked to socio-statistical characteristics and wellbeing. The research also revealed that prevalence of dependency among some of the older folks was greater than that reported in longitudinal studies.

The Role of Traditional Community Perceptions on the Welfare of the Elderly

Wolff, Spillman, Freedman, and Kasper (2016) investigated the effect of traditional beliefs on awareness creation among the older persons in Sweden. The study found that educating older persons in the society was a good strategy of improving their self-perceptions about aging. In yet another study, Akpan and Umobong (2013) investigated the relationship between societal perception and welfare of the elderly people in Ghana. It was noted that the aged were seen negatively, and that discriminating actions and serious harassing were committed against them. Furthermore, Wagana and Mkamwa (2018) carried out a study on old people' perceptions on their lives quality in Tanzania. According to the study, elderly people's life happiness was significantly influenced by their socioeconomic level.

The Effect of Social Care Plans on the Wellbeing of the Elderly

A research by Jenson, Ferrari and Cavanaugh (2020) sought to find out the understanding of the elderly persons and their expectation from formal care giving institutions in Italy. The research demonstrates that old persons had a better knowledge of what they anticipate to receive from the institutional care, which revolves on their personal exercise and overall health. Most elderly persons were also conscious of policies governing social protection services. In Malaysia, a research by McDonald and Thomas (2013) sought to establish the understandability of the social protection policies by elderly persons. It was established that, even though formal care institutions operate in line with own policies, some institutions failed to follow the policies available.

A study by Kakwani and Subbarao (2015) was based on the influence of pension policies on the ageing persons in 15 low income African countries. The study observed that, fiscal policies that governs the provision of social protection services such as, social pension program were discriminatory and ignored several qualified elderly persons. In Tanzania, Ulriksen's (2016) study focused on social protection policies and how they influence three main social protection developments in Tanzania. The study found that the social protection policies in the country were influenced by external agencies, main funders.

The Influence of Stakeholders on the Wellbeing of the Elderly Population.

Neddie (2017) focused on the relationship between stakeholder engagement and the wellness of aging persons in Zimbabwe. The study observed that majority of the elderly persons could not access social services due to poor coordination by various stakeholders that included the national government, local government and the political representatives. Begley et al. (2021) studied the influence relatives of elderly' self-efficacy. The study revealed that feeling of alienation by various stakeholders including local employees from the government offices and community leaders made elderly persons develop loneliness, depression, hopelessness, and anger. Such happenings were found to have undermined the elderly persons' wellbeing. Henia (2019) investigated the psychosocial factors affecting elderly persons' wellness among homes in Nairobi. According to the study, older residents at Nairobi's elderly care facilities felt secure and protected there. It was determined that they enjoyed the assistance of the residents at the facilities and were happier there.

Research Gaps

Regarding research gaps, the empirical review revealed that, most studies were done in developed countries as such, their findings may not be used to infer the local situation on the role of institutional culture on the welfare of the aged population in Arusha rural district, Tanzania hence the need for this study. Again, several studies only used descriptive statistics, cross tabulation, or factor analyses which are basic methods for analysis thus the need for the current study to bridge the methodological gap by using descriptive statistics together with multiple linear regression.

RESEARCH METHODOLOGY

This study employed Convergent design under mixed method research approach (Cooper & Schindler, 2014). The general population consisted of the aged population of Arusha Rural District and local government administration dealing with elderly persons. For the purpose of this study, the target population consisted of the 60 years old population in Arusha Rural District as directed by the Tanzanian policy for the elderly (2003), who make up approximately 15% of the entire 323,198 people (Social Protection Data, Arusha Rural District, 2022). Yamane's (1967) scientific formula was used to determine the number of the elderly in the study sample from a population of 48,480 people. The formula asserts that: $n=N/(1+Ne^2)$

Where:

n = sample size

N = total population (48,480 in this case)

e = margin of error (0.05 preferred in this study)

The sample size therefore was computed as follows:

$$n = N / (1 + Ne^2)$$

$$n = 48,480 / (1 + 48,480 \times 0.05^2)$$

$$n = 396.73$$

$n \approx 397$ respondents

Regarding sampling technique, the elderly persons were sampled using stratified sampling technique. This implied that, the respondents were sampled based on their sex (male and female). In this technique, the local administrators led the researcher to the other until saturation point of the findings were reached. The study as well employed the use of purposive sampling in selection of key informants in the study. These included the heads of the local government administrators who were in charge of various social protection institutions. Further, this study employed the use of questionnaire (aged population), focus group discussion (community social workers), and interview guide (local administrators) as data collection instruments.

The researcher used content validity. In order to ensure validity of the instrument, the researcher gave out copies of the questionnaire and interview guide to experts (university supervisors) at Catholic University of Eastern Africa who scrutinized the tools. Further, peer scrutiny was also done in order to achieve validity. The study also conducted the internal consistency approach in this investigation. Cronbach's alpha (α) was used by the investigator because it only calls for one round of testing. The researcher calculated the reliability coefficient by use of SPSS to get the Cronbach's alpha reliability scores. Data was analyzed using the Statistical Package for Social Scientists (SPSS version 23). Data was analyzed descriptively into percentages and frequencies. Thematic analysis was used to provide qualitative data. For advanced analysis, the study used multiple regression and the formula is shown below.

$$Y = \alpha_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where:

Y = Welfare of aged persons

α_0 = Is the constant

X_1 = Traditional perception

X_2 = Institutional care plans

X_3 = Stakeholder participation

X_4 = Gender

$\beta_1, \beta_2, \beta_3$ & β_4 = Coefficients

ε = Residual error term

FINDINGS AND DISCUSSIONS

Descriptive statistics

The Role of Traditional Perceptions on the Well being of the Elderly

The results presented in Table 1 entails the role of traditional perceptions on the well being of the elderly persons in Arusha rural district.

Table 1: The Role of Traditional Perceptions on the Well being of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Total %
There are negative traditional beliefs about the elderly in the community	3.6	6.7	2.4	46	41.3	100
As an elderly person, I have ever been directly affected by societal stereotypes	3.6	6.3	2.4	51.2	36.5	100
The overall treatment of the elderly persons in the community is discriminating	23.8	44.8	5.2	13.9	12.3	100
Cultural beliefs in the society negatively affects the well being of the elderly persons	3.2	7.1	4.4	42.5	42.9	100
Increasing societal knowledge and information is an effective way for reducing traditional beliefs	3.6	7.9	3.2	37.7	47.6	100
Elderly persons in the society usually undergo education to improve their self-perceptions about aging	18.7	27.4	11.9	19	23	100

Regarding descriptive statistics, the study found that there were negative traditional beliefs about the elderly in the community as agreed and strongly agreed by 46.0% and 41.3%, respectively. In support of the findings, Pharr et al. (2014) found that, the provision of care for the elderly was deeply embedded in the cultural sub consciousness. The study found out that, elderly persons had been directly affected by societal stereotypes as reported by 51.2% and 36.5% who agreed and strongly agreed, respectively. In support, a study by Akpan and Umobong (2013) established that, a negative evaluation of the elderly along discriminatory acts against them was observed in Ghana. It was also found that, 44.8% disagreed that, the overall treatment of the elderly persons in the community was discriminating while 23.8% strongly disagreed. In agreement, a study by Levy et al. (2012) revealed that, discriminatory acts and stigmatization were common among communities who view elderly persons negatively. The study also found out that, the cultural beliefs in the society negatively affected the wellbeing of the elderly persons as agreed by 42.5% and 42.9% who strongly agreed. In congruence, a study by Eeuwijk (2014) found out that, cultural beliefs in Indonesia state diminished the societal support that the elderly persons should receive and this negatively affected their wellness. The results also showed that, increasing societal knowledge and information was an effective way for reducing traditional beliefs as reported by 47.6% and 37.7% who strongly agreed and agreed, respectively. The results resonate with a research by Wolf et al. (2016) that established that,

increasing knowledge and information was an effective strategy that influenced positively older person’s views on aging. It also established that, 27.4% and 18.7% of the respondents disagreed and strongly disagreed that, the elderly persons in the society usually underwent education to improve their self-perceptions about aging. However, 23.0% strongly agreed while 19.0% agreed. However, a study by Akpan and Umobong (2013) found that the West African country strived to expose elderly persons to education and seminars to increase their knowledge.

Social Institutional Care Plans and the Well being of the Elderly

The findings shown in Table 2 regards the role of institutional care plan on the well being of the elderly persons in Arusha rural district.

Table 2: Social Institutional Care Plans and the Wellbeing of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Total %
The governing policy for the elderly persons has ensured registration of more persons	8.7	10.7	8.7	30.6	41.3	100.0
In my community, most of the elderly persons have been enrolled in cash transfer program by the government	6.0	10.7	4.0	31.7	47.6	100.0
The conditions for enrolling elderly persons in the cash transfer program is friendly	8.3	8.7	9.1	33.3	40.5	100.0
The government offices in the area provide friendly and timely care services for the elderly persons	30.2	42.1	4.0	11.1	12.7	100.0
The policies governing the elderly persons can be said to be protective to the wellbeing of the elderly in the society	32.5	39.3	5.2	13.1	9.9	100.0
The equal amount allocated by the government can be deemed as adequate to sustain the needs of my household	24.6	44.0	5.2	13.9	12.3	100.0
The payment rules have accommodated close family members to transact on behalf of the elderly persons	31.3	41.3	6.0	11.9	9.5	100.0

The study found that the governing policy for the elderly persons had ensured registration of more persons as supported by 41.3% and 30.6% who strongly agreed and agreed, respectively. The results are in line with a study by McDonald and Thomas (2013) that revealed that, the elderly persons preferred policies that permitted them to access and register for social protection programs. It also established that, most of the elderly persons had been enrolled in cash transfer program by the government within the community as supported by 47.6% and 31.7% respondents who strongly agreed and agreed, respectively. The results contradict, a study by ILO (2015) that found out that, majority of older people are not covered by social security pension scheme in Africa due to poor policies. Again, it found out that, the conditions for enrolling

elderly persons in the cash transfer program was friendly as supported by 40.5% respondents who strongly agreed while 33.3% agreed. In agreement, a study by Mittal (2018) found that, in North America, a significant proportion of elderly persons were covered by the social pension scheme as a result of friendly policies in place. The research revealed that, 42.1% disagreed and strongly disagreed (30.2%) that, the government offices in the area provided friendly and timely care services for the elderly persons. In yet another study, Kakwani and Subbarao (2015) found that, most respondents reported that the services they received whenever they visited government offices were good.

Further, it was established that, 39.3% disagreed while 32.5% strongly disagreed that, the policies governing the elderly persons were said to be protective to the wellbeing of the elderly in the society. Kakwani and Subbarao (2015) observed that, the social protection services such as, social pension program ignored several qualified elderly persons among African countries. Again, the study established that, 44.0% disagreed while 24.6% strongly disagreed that, the equal amount allocated by the government were deemed as adequate to sustain the needs of their respective households. The results are against another study by Choi et al. (2018) that revealed that, in Switzerland fee set aside for the elderly persons was adequate.

The Role of Institutional Stakeholders on the Wellbeing of the Elderly

The results shown in Table 3 regards the role of stakeholders on the wellbeing of the elderly persons in Arusha rural district.

Table 3: The Role of Institutional Stakeholders on the Wellbeing of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Total %
I have ever been involved in decision making on matters that directly or indirectly affect my life	30.2	44.8	7.5	5.2	12.3	100.0
I have the knowledge about the stakeholders involved in the care for the elderly in my society	20.6	19.8	11.5	27.8	20.2	100.0
The NGO leaders play integral role in enlightening the elderly persons about their rights	11.1	11.9	2.8	34.9	39.3	100.0
In the recent past, various stakeholders have increased awareness campaign to enroll more elderly persons	4.8	7.9	2.4	35.7	49.2	100.0
The role played by various stakeholders in the area have improved the wellbeing of the elderly persons	3.6	7.9	3.2	37.7	47.6	100.0
There is regular visitation by various stakeholders to the elderly persons' houses/home-based care	10.3	13.1	3.6	42.5	30.6	100.0

From the results, the research established that, 44.8% disagreed that, they had ever been involved in decision making on matters that directly or indirectly affect their life while 30.2% strongly disagreed. The results failed to agree with another study by the Center of an Aging Society (2012) that revealed that various

families were fully involved in assisting elderly person’s access medication. The study found that 27.8% agreed that, they had the knowledge about the stakeholders involved in the care for the elderly in their society while 20.2% strongly agreed. In yet another study, Neddie (2017) established that, the national government, local government, and the political representatives were at the center of elderly persons’ affairs. It also found that, the NGO leaders played integral role in enlightening the elderly persons about their rights as reported by 39.3% and 34.9% respondents who strongly agreed and agreed, respectively. In agreement, a study by DeNavas-Walt and Proctor (2015) found out that, the local social protection offices were equally up to task and ensured that the elderly persons within their jurisdiction were attended to.

Further, it was found that, in the recent past, various stakeholders had increased awareness campaign to enroll more elderly persons as supported by 49.2% respondents who strongly agreed while 35.7% agreed. In agreement, a study by Henia (2019) found that, through awareness, it was possible to enhance the elderly persons’ wellbeing in the homes by encouraging their regular participation in physical activities, regular counseling sessions, and continuous health checkups. Again, the role played by various stakeholders in the area had improved the wellbeing of the elderly persons and 47.6% strongly agreed whereas 37.7% of the respondents were in agreement. In agreement, a study by Zhou, et al. (2019) established that, total stakeholder involvement can support the wellness of the elderly persons and this increased their life expectancy.

The Wellbeing of the Elderly

The results shown in Table 4 regards the wellbeing of the elderly persons in Arusha rural district.

Table 4: The Wellbeing of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Total %
I have full access to pension schemes provided by the government	5.2	7.9	2.4	36.1	48.4	100.0
Since being enrolled into the social protection scheme, I am able to meet my basic needs	4.8	6.3	3.6	30.2	55.2	100.0
My health status has improved since enrolling into the social protection system	8.3	18.3	4.8	31.0	37.7	100.0
Various stakeholders have put in place measures to create awareness towards the wellbeing of the elderly persons	4.0	2.8	2.0	45.6	45.6	100.0

Based on the results presented, 48.4% of the respondents strongly agreed that they had full access to pension schemes provided by the government while 36.1% were in agreement. In agreement, a study by Lumen (2012) found that, most developed countries ensured that, the retired vulnerable in the society have adequate access to pension schemes. The research revealed that, enrollment into the social protection scheme helped them meet their basic needs as supported by 55.2% respondents who had strong agreement while 30.2% agreed with the statement. The result are in line with another study by Horton et al. (2017) that found that, having social protection membership enhanced access to basic needs due to the monthly given fee to the elderly persons. It was also revealed that, the health status of the elderly persons had improved since

enrolling into the social protection program as supported by 37.7% of the respondents who strongly agreed and 31.0% who agreed. In agreement, Yetunde (2017) indicated that, despite that most African states have low level of elderly persons uptake into the social protection programs, the small amount provided to the registered persons have greatly made a big difference in their quest to access basic needs. It was also found that, 45.6% strongly agreed while another 45.6% agreed that, various stakeholders had put in place measures to create awareness towards the wellbeing of the elderly persons. The results are against another study by Sibyiga (2011) that established that, awareness creation was lacking in most regions of Tanzania and this had marginally affected the provision of institutional services to the vulnerable in the society.

Inferential statistics (The Regression Results)

In this section, the results for regression analysis were presented. It begins with the results for the model summary, followed by the ANOVA results and finally, the regression coefficients.

Table 5: Inferential statistics

Dependent variable = Wellbeing of the elderly persons

Variables	Standardized Coefficient (Beta)	Standard errors	t-value	p-value
Constant	1.708	1.016	1.681	0.094
Traditional community perception	0.334	0.079	4.37	0
Institutional care plans	0.364	0.044	5.17	0
Stakeholder involvement	0.582	0.049	10.237	0
Model summary:				
R	.801 ^a			
R square	0.642			
ANOVA:				
F-statistic (p-value)	110.469 (0.000 ^b)			
	N = 32			

^a = Constant; ^b = Coefficients of each variable.

Significance level = 0.05

In Table 5, the study found that the R square was 0.642; it was actually 64.2%. The high R square was an indication that the chosen variables predicted for about 64% of the welfare of the elderly person in Arusha rural districts. The remaining percentage (36%) can be accounted for by other variables not included in the study. The ANOVA results showed that the F statistics was significant at the 1% level; actually it was significant at 0.000. This could be interpreted to mean that the regression model was significantly reliable.

As presented in Table 5, the beta coefficient for traditional community perception was 0.334 and also the variable was significant at the 1% significant level; actually the significant level was 0.000. This means that a positive increase in the community perception could improve the welfare of the elderly persons. The study also found that, the institutional care plans had a beta coefficient of 0.364 and statistically significant with the welfare of the elderly person at 0.000. This can be interpreted to mean that, an increase in the institutional care plans could improve the welfare of the elderly persons by a certain unit. It also found that, stakeholder involvement had a beta standard coefficient of 0.582 and significantly related to the welfare of

the elderly persons at 0.000. The results can be interpreted to mean that, an increase in the stakeholder involvement by a certain unit can increase the welfare of the elderly persons in Arusha rural district.

CONCLUSIONS

The study concluded that, elderly persons were always faced with societal stereotypes and traditional or cultural beliefs and these negatively affected their welfare. The traditional community perception also had significant positive relationship with the welfare of the elderly persons in Arusha rural district.

The study concluded that, despite that the governing policy for the elderly persons' registration allowed enrollment of more persons into cash transfer program, the government offices in the area did not provide friendly and timely care services for them. Further, the policies available were not protective to the wellbeing of the elderly while the equal amount allocated by the government was deemed as inadequate to sustain their needs. The study also concluded that, the institutional care plans had positive significant relationship with the welfare of the elderly person.

The research concluded that, most elderly persons had never been involved in decision making on matters that directly or indirectly affected their life and still, many did not have the knowledge about the stakeholders involved in their care. However, it was found that, stakeholder involvement had positive significant relationship with the welfare of the elderly persons.

RECOMMENDATION

The study recommended that the government should provide adequate resources so that societal knowledge and information is increased to reduce the negative effects of traditional beliefs on the welfare of the elderly persons. Through societal education, the negative self-perceptions about aging will be minimized if not completely eradicated.

The study recommends that, the government and any humanitarian body should increase the monthly cash transfers to allow the elderly persons access basic needs without having to suffer at the hands of family members, relatives and even loved ones who may be unwilling to help. Further, more institutions should be built and additional staff allocated to ensure that all potential elderly persons who have qualified for the social protection schemes are cared for.

The study recommends that, all stakeholders such as community members, the elderly persons and various government officials as well as NGOs and other humanitarian bodies should be engaged and involved in all decision making process. Such steps could help in boosting every stakeholder confidence thereby improving the welfare of the elderly persons within Arusha rural district. Further, bodies such as NGOs could also ensure that there are increased awareness campaigns to enroll more elderly persons into the program.

REFERENCES

1. Albritton, E., Edmunds, M., Thomas, V., Petersen, D., Ferry, G., Brach, C., & Bergofsky, L. (2015). *Engaging Stakeholders to Improve the Quality of Children's Health Care*. Agency for Healthcare Research and Quality.
2. Ara, S. (2016). *Old age among slum dwellers*. New Delhi: South Asian Publishers
3. Arusha District Council. (2016). *Arusha Region Office, Tanzania*. Archived from the original on 16 October 2016. Retrieved 4 November 2016.
4. Basedow, J., Westrope, C., & Meaux, A. (2017). *Urban stakeholder engagement and coordination: Guidance Note for Humanitarian Practitioners*; Stronger Cities Consortium. London: IIED.
5. Chen, C. C., Yamada, T., Nakashima, T. & Chiu, I.M. (2017). *Substitution of Formal & Informal Home Care Service Use & Nursing Home Service Use: Health Outcomes, Decision-Making*

- Preferences, and Implications for a Public Health Policy. *Frontiers in Public Health*, 5:297:1-13.
6. Chenoweth, L., Stein-Parbury, J., White, D., McNeill, G., Jeon, Y. H., & Zaratan, B. (2016). Coaching in self-efficacy improves care responses, health & well-being in dementia carers: a pre/post-test/follow-up study. *BMC Health Services Research*, 16(1):1-16. doi:10.1186/s12913-016-1410-x
 7. Chonody, J. M. & Teater, B. (2017). *Social Work Practice with elder adults*. (1st) Chicago: Sage Publishing
 8. Clement, I. (2013). *Education and Social welfare Programs for older Population*. Nigeria: Academy press
 9. Creswell, J. (2007). *Designing and Conducting Mixed Methods Research*. Thousand Oaks, CA: Sage .
 10. Creswell, J. (2013). *Qualitative Inquiry & Research Design: Choosing Among the Five Approaches*. Thousand Oaks, CA, pp. 77-83.
 11. D'Avanzo, B., Shaw, R., Riva, S., Apostolo, J., BobrowiczCampos, E., & Kurpas, D. (2017). Stakeholders' views and experiences of care and interventions for addressing frailty and pre-frailty: A meta-synthesis of qualitative evidence. *PLoS ONE*.
 12. Eeuwijk, P. v. (2014). *The Elderly Providing Care for the Elderly in Tanzania and Indonesia: Making 'Elder to Elder' Care Visible*. Berlin: Duncker & Humblot.
 13. HelpAge International. (2002). *State of the worlds older people*. London
 14. HelpAge International. (2011). *Violence against older women: tackling witchcraft accusations in Tanzania*.
 15. Hess, T. M., Hinson, J. T., & Statham, J. A. (2014). Explicit and implicit stereotype activation effects on memory: do age and awareness moderate the impact of priming? *Psychology and Aging*, vol. 19, no. 3, pp. 495–505.
 16. Horton, S., Baker, J., & Deakin, J. M. (2017). "Stereotypes of aging: their effects on the health of seniors in North American society,". *Educational Gerontology*, vol. 33, no. 12.
 17. IFC. (2017). *Stakeholder Engagement: A Good Practice Handbook for Companies Doing Business in Emerging Markets*. International Finance Cooperation.
 18. Isle of Wight NHS Trust. (2017). *Stakeholder Engagement Strategy*. Isle of Wight NHS Trust Stakeholder Engagement Strategy.
 19. Jeffery, N. (2009). *Stakeholder Engagement: A Road Map to Meaningful Engagement*. Doughty Centre, Cranfield School of Management.
 20. Kornadt, A. E., & Rothermund, K. (2011). "Contexts of aging: assessing evaluative age stereotypes in different life domains,". *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 66, no. 5, pp. 547–556.
 21. Legal and Human Rights Centre. (2010). *Tanzania Human Rights Reports 2009*. <http://www.humanrights.or.tz/wpcontent/uploads/2010/10/Tanzania-HumanRights-Report-2009.pdf>, April 2010, p.21 (Visited 21 June 20110).
 22. Lloyd-Sherlock, P. (2018). Long-term Care for Older People in South Africa: The Enduring Legacies of Apartheid and HIV/AIDS. *Journal of Social Policy*, 1-21. doi:10.1017/s0047279418000326.
 23. Marsh, C. (1982). *The Survey Method: The Contribution of Surveys to Sociological Explanation*. London: George Allen & Unwin.
 24. Meisner, B. A. (2012). A meta-analysis of positive and negative age stereotype priming effects on behavior among older adults. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 67, no. 1, pp. 13–17.
 25. Mvumbi, F. N. (2015). *Companion to Research Methodology: Focus on Humanities, Education and Social Sciences*. Nairobi: CUEA Press.
 26. NBS Tanzania. (2012). "Census 2012". National Bureau of Statistics. Archived from the original on 5 March 2016. Retrieved 16 February 2016. National Bureau of Statistics of Tanzania.
 27. Orodho, J. A. (2003). *Essentials of Education and Social Science Research Method*. Nairobi: Masola Publishers.
 28. Ory, M., Hoffman, M. K., Hawkins, M., Sanner, B., & Mockenhaupt, R. (2013). Challenging aging stereotypes: strategies for creating a more active society," . *American Journal of Preventive Medicine*, vol. 25, supplement 2, no. 3, pp. 164–171.

29. Oso, W., & Onen, D. (2016). A general Guide to writing research proposal and report: A handbook for beginning researchers. Nairobi, Kenya: The Jomo Kenyatta Foundation (JKF).
30. Prakash, I.J. (1999). Ageing in India. Bangalore: Sage Publishing
31. Sebyiga, B. (2011). Increasing Access to Social Service for Older People in Magu District: Recommendation of the Sukuma land Older Womens Programmw. Helpage International. Daresalaam-Tanzania.
32. Schatz, E. & Seeley, J. (2015). Gender, Ageing & Carework in East and Southern Africa: A review. *Global Public Health*, 10(10), 1185-1200.
33. Schulz, R. (2016). Family Caregiving Roles and Impacts. Washington (DC): National Academies Press (US).
34. Sole-Auro, A. & Crimins, E.M. (2014). Who cares? A comparison of informal and formal care provision in Spain, England and the USA. *Ageing Society*, 34(3), 495-517.
35. Spitzer, H., Rwegoshora, H., & Mabeyo, Z. M. (2009). The (missing) social protection for older people in Tanzania. Final report. Institute of Social Work, Tanzania.
36. The National Bureau of statistics Tanzania. 2002-2012.
37. The Tanzania National Ageing Policy. (2013)
38. Ulriksen, M. S. (2016). The development of social protection policies in Tanzania, 2000-2015: Legislating and Implementing Welfare Policy Reforms. South Africa: CSSR (Centre for Social Science Research) Working Paper No. 377, University of Cape Town.
39. UNECA (2007) African Union, Help Age International Expert Group Meeting on Ageing in Africa. Ethiopia
40. UNFPA, & HAI. (2012). Overview of Available Policies and Legislation, Data and Research, and Institutional Arrangements Relating To Older Persons – Progress Since Madrid: Report compiled in preparation for The State of the World’s Older Persons 2012. New York: United Nations Populations Fund and HelpAge intermational.
41. United Nations (2006). Population ageing. DESA: New York
42. United Nations. (2011). Current Status of the Social Situation, Wellbeing, Participation in Development and Rights of Older Persons Worldwide. New York: Department of Economic and Social Affairs.
43. United Nations. (2017). International Conference: Human Rights of older persons & non-discrimination. Santiago, Chile: Center of Old Age and Aging Studies, Pontificia Universidad Católica de Chile: The Office of the United Nations High Commissioner for Human Rights (OHCHR).
44. United Nations. (2020). Policy Brief: The Impact of COVID-19 on older persons.
45. United Republic of Tanzania. (2003). National Ageing Policy, 2003. Tanzania: Ministry of Labour, Youth Development and Sports.
46. United Republic of Tanzania. (2017). Tanzania Progress Report Review and Appraisal of the MIPAA: Expert Group Meeting on Aging in Africa. Addis Ababa, Ethiopia.
47. URT (2012a). The 2012 National Human and Household Census Results. Bureau of Statistics. United Republic of Tanzania, Dar-es-Salaam, Tanzania
48. Wagana, P., & Mkamwa, T. (2018). Perceptions of old people on the quality of their lives and factors influencing their perceptions. Mwanza, Tanzania: Saint Augustine University of Tanzania.
49. Yetunde, A. (2017). Old Age and Social Security in Nigeria; The challenges of the new world order. Nigeria: Macmillan Nigeria Publishers Limited.
50. Zhou, S., Thomas, S., Li, D., Zhang, J., Fan, J., & Yang, Y. (2019). Characterizing Stakeholders of Aging-in-Place through Social Network Analysis: A Study of Nanjing, China. Hong Kong, China: Department of Civil Engineering, The University of Hong Kong.

FOOT NOTES

[1] Master in Arts Finalist in the Faculty of Arts and Social Sciences at the Catholic University of Eastern Africa (CUEA) and the main author

[2] Lecturer in the Faculty of Arts and Social Sciences at CUEA

[3] Senior Lecturer in the Faculty of Education at CUEA