INSTITUTIONAL CULTURE AND THE WELFARE OF THE AGED POPULATION IN ARUSHA DISTRICT, TANZANIA.

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DECLARATION

DECLARATION

This Thesis is my original work. It has not been presented in any other University or institution of higher learning for any academic credit. All work sourced from other scholars and sources have been duly cited and acknowledged in this document.

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This thesis is submitted for examination with our approval as the duly appointed university supervisors.

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DEDICATION

This work is the fruit of countless sacrifices, encouragements and prayers. I would like to dedicate this to my dear parents Mr. & Mrs. Mwaikuka, thank you for encouraging me and believing in me.

My siblings Albertina and Abraham your support and cheer on is something I will forever be grateful for, to my God sent friends, classmates and colleagues, these past years could not have been what they were without your constant applauds even when I was on the brim of giving up and making me believe I can achieve this.

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ABSTRACT

The rising number of elderly persons imply that the institutional culture should be continuously improved to promote the welfare of the elderly persons. Thus, in the event there is poor planning and management, the welfare of the elderly could be jeopardized. It is in this vein that the current study aimed to determine the role of institutional culture on the welfare of the aged population in Arusha rural district, Tanzania. Specifically, the study explored the role of traditional perceptions on the welfare of the elderly in Arusha rural district, determined how different institutional care plans on the elderly affect their wellbeing in Arusha rural district, examined the role of different institutional stakeholders on the welfare of the elderly population in Arusha rural district, and investigated the moderating role of gender on the connection among community perceptions, social care plans, and stakeholder involvement. The research used Culture Care Diversity and Universality and Social Exclusion theories. The study used mixed research design (quantitative and qualitative). It targeted 48,480 elderly persons, 15 local government administrators, 10 non-state actors, and 50 relatives to the elderly with a sample size of 397 15, 10 and 50 respondents respectively. The study used simple random sampling to select elderly persons while purposive was used to identify local government administrators, non-state actors, and relatives. Questionnaire, and interview and FGD guides were used. Data was analyzed through descriptive statistics and multiple linear regressions. The study found that traditional community perception, institutional care plans, and stakeholder involvement had positive relation with the welfare of elderlies. It concluded that, elderly persons faces societal stereotypes and traditional beliefs and these negatively affected their welfare. It also concludes that, the government offices in the area do not provide friendly and timely care services for the elderly persons. The study recommends that government must avail adequate resources so that societal knowledge and information is increased to reduce the negative effects of traditional beliefs. It also recommends that, the government and humanitarian bodies should increase the monthly cash transfers to increase elderly access to basic needs. Further, the study recommends that, key stakeholders should be engaged in all decision making process.

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CHAPTER ONE

1.0 INTRODUCTION

The chapter encompasses the study background, the statement of problem, research objectives, study questions, study assumptions, justification of study, study's significance, scope and delimitation, limitations, conceptual framework and operational definition of some terminologies.

1.1 Background of the Study

Almost every nation in the globe witnesses a surge in elderly people in its population. World Population Prospects data: the 2019 Revision estimates that by 2050, one in six persons worldwide—an increase from one in 11 in 2019 (9%)—will be above the age of 65 (HelpAge International., 2021). In Europe and America, one in four people could be 65 or older by 2050. For the very first time ever in 2018, adults 65 and older outnumbered youngsters under five worldwide. It is projected that by 2050 people aged above 60 years will outnumber children aged between 0-14 years (HelpAge International, 2021). With these increased numbers, the United Nations emphasized the need to place the aged persons' needs at the center of development (Hess, Hinson, & Statham, 2014).

According to Horton, Baker, and Deakin (2017), care of the old persons was traditionally the mandate of the extended families in the traditional African setting. The family system has progressed to the point where care for the elderly is now given by 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, the geographic spread of families, and the

reality that women are increasingly educated and employed outside the home. Although this trend is pervasive in North America and Europe, there is mounting evidence that it is also present in many regions of Asia. Supported living, adult daycare, hospice care, in-home care and nursing homes are some of the different forms that aged care services can take. Additional categories for the various institutions include non-medical and medical care.

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, and Medicare, a government program that covers older citizens' medical expenses. Medicare is the other major source of social assistance for older Americans in conjunction to Social Security (Zastrow & Hessenauer, 2022). Medicare is a health insurance program that covers medical expenses for residents of the United States who are over 65. 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.

Japan which has one of the highest numbers of the aged population does not have pronounced institutional frameworks on how to deal with the aging population. This can be due to the fact that aging in Japan is seen as having more positive connotations because of the roots of Japanese ideas about aging in Buddhist, Confucian, and Taoist intellectual traditions, which view aging as maturity (Horton et al., 2017). As a result, the elderly are valued and have fewer difficulties because 32% of Japanese seniors 65 and older resided with their children. With such living arrangements. The situation is similar as shown by Ara (2016) who says India is known to be a

geographical vast and culturally heterogeneous country, yet it lacks a national wide registry of aged people.

In Nigeria issues associated with ageing are like the rest of the world however the impact is adverse due to several issues such as poverty, the matter of health is lightly taken since the perception 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 (2017) says also the issue of the elderly not having access to existing services and treatment which comes along in the economic reforms that affect the elderly. This in return leads to a high number of poor elderly populations that lacks free health services and medication. In most industrialized countries pension systems cover economic need of the elderly but in numerous developing nations such as the African ones economic support still comes from the family, however with modernization this has become extinct (Yetunde, 2017).

In 1982, International Plan of Action on Aging was ratified in Vienna, Austria, at the first World Assembly on Aging, and Kenyan government is one of its signatories. Since that time, the government has vowed to uphold the ideals of the United Nations, which state that older people have the right to autonomy, participation, dignity and self-fulfillment. Nevertheless, material to hand suggests that families are breaking up in search of employment and better possibilities in cities (HelpAge International, 2021). The Government has since adopted policies and strategies on elderly people which would necessitate the formation and resourcing organizations tasked with ensuring the welfare of seniors, with the Government Welfare Division being in charge of, among other things, developing and implementing policies for seniors. The division's specific activities include: Promoting social welfare to older people in communal or institutional settings;

liaising and networking with non-profit welfare organizations (NGOs), such as Help Age-Kenya and Help Age International; and Religious Organizations; and building the capacity of division officers and community stakeholders (Undesa, 2016).

In Tanzania, the most area where the aged population is mentioned is in the National aging policy adapted in 2003. In the past different areas looked out for the welfare of their aged in different settings due to the Socialism aspect adapted by Nyerere (1964) after independence. 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. 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 elderly's poverty often exceeds the income or social security's, it involves weakness, isolation, powerlessness and low self-esteem (Ajwad, Abels, Novikova, & Mohammed, 2018). Furthermore, in traditional setting, elderlies are customs and traditions' custodians, advisors, mediators and child careers as well, despite that still elders are often met with injustice where rights exist over property or health care, they fail to claim them due to lack of awareness, lack of information and poor structures. Henceforth in Tanzania there are issues developing every day in relation to older population that need redress. The National Ageing Policy (2013) states elderly population is characterized by issues such as Laws that do not protect the elderly, older women with disabilities, older women and incompatible traditions such as denied the right to inherit land, inadequate care, poverty, diseases and weak traditional life. Tanzania through the national aging policy recognizes older people as a source of income but fail to accommodate them in the national social welfare and hence lead to a the lack of welfare aspects to ensure the welfare of the aged individual, this is evident in the

failure to even include them in the national budget despite everything (The National Ageing Policy, 2013).

Ajwad et al. (2018) state that, like in most societies in Tanzania with specific attention to Arusha rural district, women are the majority caretakers of the aged population, sometimes when she is married she has to live the home and other female relatives take the role. However, with current advancements and development the female child has access to education and employment hence she is also most likely to move to urban areas in search of greener pasture. As such, a high percentages of the elderly in rural segment is left unattended resulting to a high rate of abuse of the elderly. Moreover, elderly persons' case of taking care of each other is more intense in most communities now, family members that are aged will take care of each other one way or another.

Clement (2013) states that, the cultural belief systems are of great influence on the aging population. Elements such as the traditional practices especially in Arusha district that enforce the ways that the community through their traditions influences the welfare or lack of it on the aged population's welfare. The different attitudes and perception of the community influences the welfare of the aged population.

The adoption of such services, mostly in developing nations, is incredibly low, despite the fact that the onset of structured care services inside institutions have indeed been thought should render relief to old people. For instance, only 2.4% and 1.5%, respectively, of the elderly in Zimbabwe and Botswana have enrolled in official care services inside the institutions (El-Badry, 2013). The acceptance of these services may be equally low in Tanzania due to the lack of institutions accessible, according to information from the aforementioned nations, notwithstanding the lack of empirical research on the topic. Similar to the nations of East Africa,

there aren't many formal institutions of care, hence most elderly care is given by family. And there is a care shortage for the elderly since there is a big gap between the demand for care and the availability of carers, particularly from reputable organizations (Schatz & Seeley, 2015).

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 point of reason 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. A society with strong ties to its past is engineered into the public view.

Chenoweth et al. (2016) claim that the institution's confidence in its ability to handle complex duties for aged care is one aspect that has an impact on this activity. Self-efficacy frequently shifts through time and in reaction to certain life situations, including such taking caregiver's role as an adult and adjusting to the behavioral change and skills of elderly people.

The level of experience in social welfare varies with distance, with longer distance caregivers highly likely get involved in advanced care planning, emotional and social support, financial aid, and care coordination for the elderly (Schulz, 2016). Based on this, this work is set to assess the role of institutional culture on the welfare of the aged population in Arusha rural district, Tanzania. A study of this magnitude will verily help in bridging the literature gaps and also provide recommendations thereof that can be borrowed to enhance policy implementation of welfare of the elderly within Arusha District.

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 in Arusha Rural District aged 60 years old 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). This gives an approximate target population of 48,480 elderly persons. Therefore, these institutions hold about 48,480 elderly persons who are validly registered for various cash transfer programs to improve their welfare.

In this study, the institutional culture imply the way those institutions that are led by the government are run. This is to say that, the study looks at the way these institutions involve various stakeholders to meet the demand of the elderly persons (Hess et al., 2014). As part of institutional culture, the study also looks at how these institutions handles traditional community perception and how care plans are rendered to the elderly persons (Kimamo, 2018).

Studies on welfare of these government institutions are dire. This is because, a robust research has revealed that very few studies are done in this area. For example, a study by Ulriksen's (2016) focused on social protection policies and how they influence three main social protection developments in Tanzania. However, the research employed social protection development as dependent variable while this current work used elderly persons' welfare. The work was generalized to the whole of Tanzania while the current specifically looks at the institutional culture and the welfare of the elderly persons in Arusha rural district thus the need for the current research. Another study was also done by Kisoli et al. (2015) on elderly persons' social protection in Tanzanian urban and rural settlement. The study found that, the institutional culture on administrative matters were outdated and this negatively affected the delivery of timely

services to elderly societal members. However, study was generalized to the whole of Tanzania thus making it difficult to comprehend or to draw inferences on the relationship between institutional culture and the welfare of the old persons with specific attention to Arusha rural district thus the necessity for present study.

1.2 Statement of the Problem

Despite global laws and conventions on dealing with the aged, in reality, the elderly are in most instances destitute without proper mechanisms put up by governments on how to help them tackle day to day activities. Since the emphasis on the nuclear family is increasing in Tanzanian families, which results in the neglecting of the elderly, the majority of them do not have a source of income. If left unchecked, their wellbeing could be jeopardized thus negatively impacting the wellness of the entire population. As a result, there are old people who are in dire need and will perish from neglect if no action is taken. Despite the government efforts, the elderly persons continue to face unprecedented challenges in their ageing life. It is thus the interest of this study to determine whether the available institutional cultural care plans promotes the welfare of the elderly persons in Arusha Rural District. Through this study, recommendations provided thereof can be used to improve the welfare of the elderly persons in Arusha Tanzania.

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 wellbeing. 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 associate with witchcraft, customary law of succession, myths such as prejudice and stereotypes towards the

aged among others, negates the aged people 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 and was also not done among elderly persons in Arusha. 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 uses 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.

1.3 Objectives of the Study

The main objective was to determine role of institutional culture on welfare of aged population in Arusha rural district, Tanzania.

1.3.1 Specific Objectives

(a) To assess the role of various traditional community perceptions on the welfare of the elderly in Arusha rural district.

(b) To examine the role of different social institutional care plans on the welfare of the elderly in Arusha rural district.

(c) To examine the role of different institutional stakeholders on the welfare of the elderly population in Arusha rural district.

(d) To investigate moderating effect of gender on relations between community perceptions, social care plans, and stakeholder involvement on the welfare of the elderly in Arusha rural district.

1.3.2 Research Questions

(a) What are the various traditional community perceptions affecting the welfare of the elderly in Arusha rural district?

(b) How do social institutional care plans affect the welfare of the aged population in Arusha rural district?

(c) How are different institutional stakeholders involved in care of the elderly affect their welfare in Arusha rural district?

(d) What is the moderating role of gender on community perception, social care plans, and stakeholder involvement on the welfare of the elderly in Arusha rural district?

1.4 Study Assumptions

The work was pegged on various assumptions including: respondents were available at specific times to volunteer information, without necessarily demanding for remuneration. The study assumed that the welfare of the elderly is not as effective as it ought to be as a result of the institutional culture. The study further found that some of the elderly are put under institutional care, and that the institutions cooperated with the study in seeking answers to the study questions. The researcher was able to access the respondents easily and got adequate sample size that represented the entire population of the elderly in the United Republic of Tanzania, and that the respondents gave truthful information. Further, there was no other constraints and delays during the research process.

1.5 Justification of the Study

Essentially, everyone is bound to grow old someday, thus the researcher thinks more study should be done in this area as it will be useful to everyone especially the aging population to enhance policy formulation and implementation. Further scanty studies have been done on this area (Arusha rural district) and even Tanzania generally is neglected. Also, the current media focuses on health issues related to the elderly population in Tanzania but ignoring all the other aspect in relation to the welfare of the elderly population.

This study is timely as the world has seen an increased number of the aged in population demographics due to advancements in technology therefore leading to better healthcare, decreased child-birth and migration in search of better livelihoods. Little attention has been paid to this generation therefore this study is necessary.

There has also been increased media coverage of mistreatment of the poor in some African cultures with them being accused of witchcraft leading to atrocious deeds such as being burnt haunting them.

This study is also justified as a PM research due to the fact that issues such as socio-economic services rendered to vulnerable persons by the government are projects that should be well thought out via proper planning and management to ensure that they meet their intended purpose; in this case, the welfare of the elderly! Therefore, when such projects are poorly planned and managed the elderlies will suffer the consequences- poor well-being. Therefore, a well thought out research would fuel programs put in place to ensure the welfare of the aged and their respective programs solves institutional and social care problems they may be faced with.

1.6 Significance of the Study

The work is of importance because of need of an evaluation on the role of cultural belief systems and how they affect the welfare of the aged population. It is of importance to the policy makers such as members of parliament as it will advise them on the formation of different policies in relation to the elderly population welfare, also to the educators on every level so they can administer and educate on the various aspects of elderly wellbeing. It is also of great significance to the government and its various bodies as well for the need of investigating how effective the nations aging policy is, implementing it and the need of a better functioning national policy for the aging population. There is need of this research to the community and also the present unique challenge the elderly face in rural Arusha, Tanzania. The study will also be of importance to the elderly in that they will be able to understand the role the government plays in promoting better livelihood for the aging population. To be specific, they will be aware of the available social welfare services for the elderly hence those who may have not registered for the same can grasp the opportunity to do so.

The research is also significant to PPM research due to the fact that issues such as socio-economic services rendered to vulnerable persons by the government are projects that should be well thought out via proper planning and management to ensure that they meet their intended purpose; in this case, the welfare of the elderly! Therefore, when such projects are poorly planned and managed the elderlies will suffer the consequences- poor well-being hence it provided recommendations that can be built on to improve the planning and management of projects relating to elderlies in Arusha rural.

1.7 Scope and Delimitation

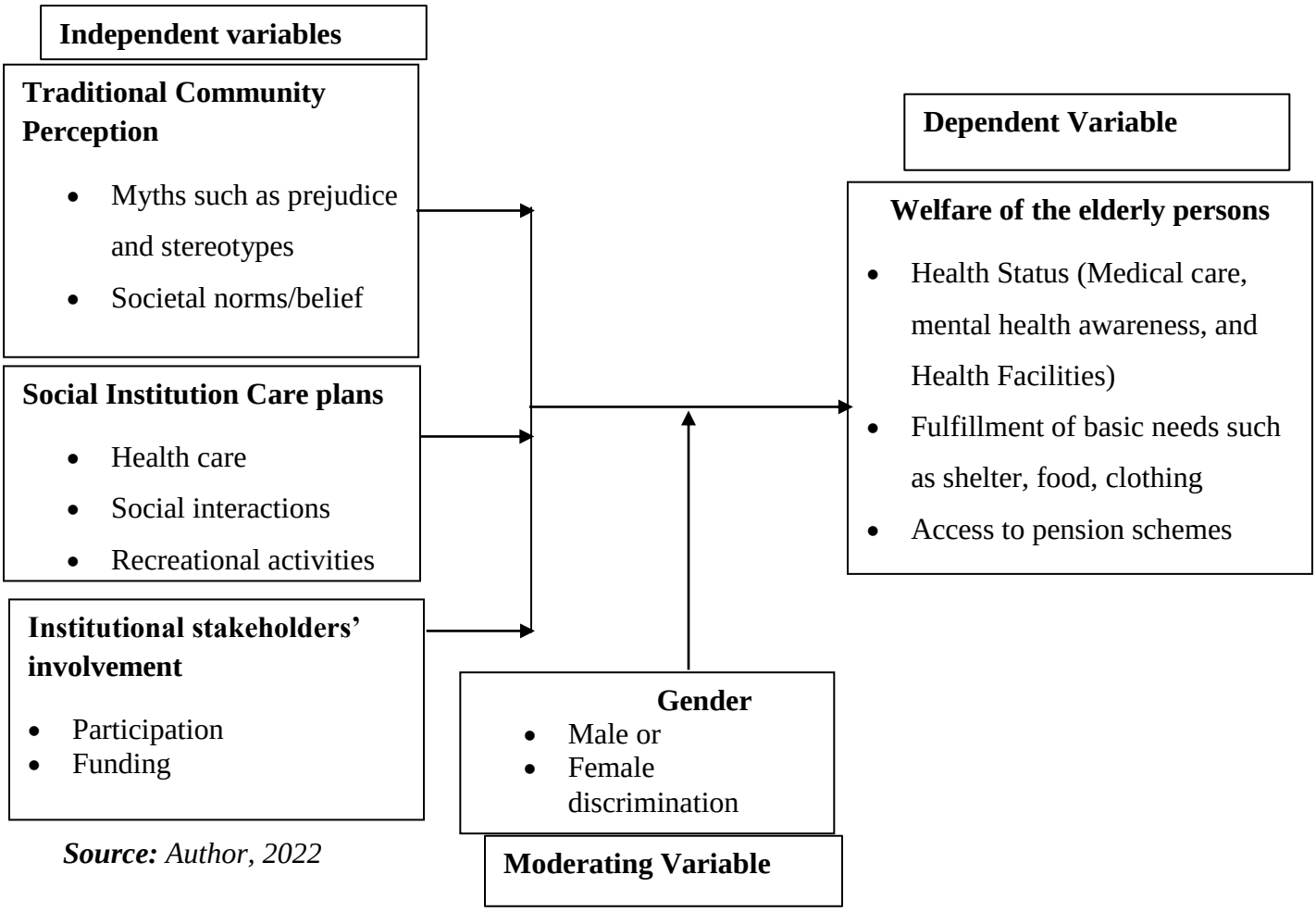
The study focused on the various cultural belief systems and their role and impacts on the welfare of the aged population and it covered the area within rural Arusha district. The study looked at male and female elderly population that is those aged above 60 years old coming from the various wards within the district these are; Ilboru, Kisongo Lemanyata, Nduruma, Oldonyosambu and Oldonyimaasi.

The researcher could have conducted this study by focusing on the whole Arusha region, however, it would have been a large geographical area to cover and it might have been a rather biased study if done within the time frame the researcher has and due to this the researcher decided to narrow down to Arusha rural district. Although, some researchers may define people in their late 50's as older persons this research focuses on person above 60 years. The researcher looked at other belief systems such as religion, and the kind and the way they influence the welfare of the aged population in rural Arusha district but the researcher focused on the cultural belief systems alone and looked at how they may influence or affect the welfare of the elderly population within rural Arusha district.

1.8 The Conceptual Framework

A framework shows a connection among more than one variable in a research. In Figure 1, connection among independent, moderating, and dependent variable is clearly shown. For instance, traditional community perception as measured by myths and societal norms has a relationship with the welfare of the aged persons. Further, social institutional care plans as indicated by healthcare, social interactions, and interaction activities is believed to have a relationship with the welfare of the aged persons. Again, institutional stakeholders' involvement as indicated by availing adequate funds and participation by all key stakeholders have a

relationship with the welfare of the aged population. The figure also show that the gender is employed as a mediating variable and links dependent and independent variables (welfare of the aged population which is indicated by healthy status, fulfillment of basic needs, and access to pension schemes).



Source: *Author, 2022*

Figure 1: The Conceptual Framework

1.9 Operational Definition of Terms

Elderly/aged: Males and females aged 60 years and above

Institutional Culture: Is a social system of meaning and customs that is developed within an institution for the elderly to assure its adaptation and survival. It was operationalized using traditional community perception, social institution care plans, and institutional stakeholders' involvement.

Perception: A view or opinion that is frequently embraced by several people and is founded on how things appear to be. It was operationalized using myths such as prejudice and stereotypes, societal norms/belief.

Policy: An intentional set of rules intended to direct actions and produce logical results. It was operationalized using government policies for the elderly.

Stakeholder: Any individual, or group(s) of individuals or organization(s) who can be affected by actions, objectives and elderly policies. They include but not limited to the government, NGOs, religious institutions, local administration, elderly and legal institutions.

Welfare: Government support to the elderly to ensure that they meet their basic necessities including food, shelter and clothing. It was operationalized using health Status (Medical care,

mental health awareness, and Health Facilities), fulfillment of basic needs such as shelter, food, clothing, and access to pension schemes

CHAPTER TWO

LITERATURE REVIEW

The chapter gives an overview into the theories adopted for the study and review of empirical works. Theoretical framework of this study draws from two theories that are internationally used by various scholars of the social science field, these are Culture care diversity and Universality Theory and Social Exclusion theory. Empirical studies are thematically organized into the role of traditional perception on elderly's welfare; impact of institutional policies towards wellbeing of the elderly; and the role of the various stakeholders on the wellbeing of the elderly. Chapter summary is given at the chapter's end.

2.1 Theoretical Framework

In this section, the study reviews various theories that will guide it. The applicability of the theories to this study are indicated together with their weaknesses. The study is premised on Culture care diversity and Universality Theory and Social Exclusion theory.

2.1.1 Social Exclusion Theory

The theory was authored by Red Lenoir in mid-1970s. In contrast to temporary hardship or adversity, "social exclusion" has mostly been utilized to define numerous deprivations that are chronic and systematic (Walker, 1997). As per Hills (1998), a proponent of the theory, social isolation can emphasize the interconnection between both difficulties mentioned herein and how the ensuing interactions affect elderlies' lives. It is also asserted that studying procedures is crucial because it enables researchers to pinpoint the causes of deterioration and exclusion as well as, more encouragingly, the pathways by which people might escape poverty. This type of analysis frequently results in the discovery of tactics for "empowerment" of people and communities.

According to Walker (1997), a proponent of the theory, comparative to earlier definitions and analyses of social inequality, social isolation frequently has a stronger spatial focus on social inclusion issues. A "residuum" of undesirable council houses and inner city neighborhoods with extremely low private rental housing supply is said to have been created as a result of a preponderance of poverty, economic immobility, lone motherhood, crime, and other symptoms of isolation as fronted by Hills (1998). The presence of economic hardship and exclusion has been affected in a paradoxical way by this alleged density of "excluded" people in "exclusion zones": on the one hand, it has intensified and, in several media reports, sensationalized its effects; on the contrary hand, it appears to have been removed from "mainline" life.

The propensity of the nationality connection to widen the scope of the social ostracisation argument from a restricted emphasis on a purported impoverished to a much larger conversation about benefit policy and societal rights is one result of the citizenship connection. Lister a proponent of the theory observes that individuals denied social opportunity include more social

groupings than just those described by Field et al. (2016) as a disadvantaged proletariat (Lister, 1991). Other groups that are denied social and civil liberties include those with disability, members of racial and ethnic minorities, women, gays and lesbians, travellers, and others. Such communities frequently endure "exclusion" from mainstream society, which can take many different forms, including economical, social, political, and institutional.

In the current study, 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 the like. Some of these social exclusions happen in a cultural ground, where culture is used as an arena that sets certain rules through traditions that bring forth exclusion especially with stigmatized groups such as the aged. The social exclusion theory is used in this study because it argues against discriminating the vulnerable in the society especially the elderlies when it comes to distribution of resources such as social protection funds hence the relevance of the theory to the current. According to the theory in an institution that socially excludes others such as the elderly from accessing certain care, their welfare or social wellbeing may be abused and this could affect their overall economic, social, and physical wellbeing. Its strength is therefore, pegged on the fact that, by providing inclusive services to the vulnerable in the society, all persons will feel part and parcel of the overall socio-economic programs rolled out hence a sense of belonging and satisfaction. However, one the weaknesses of this theory is that it has been challenged on how or the manner in which it will bring about social inclusion thus the use of the second theory to address this weakness.

2.1.2 Culture Care Diversity and Universality Theory

The theory was introduced by Madeleine Leininger in 1961. The philosophy of Culture Care Diversity and Universality is really an original product of free-thinking, intimate understanding

of a world that is shifting quickly, and much more than five decades of utilizing and perfecting the theory. The origins of theory are based on theorists' earlier and present nursing interventions and draw on his or her expertise and original ideas that are pertinent to the medical and health care disciplines. It was separately created and is thoroughly put together as greatly applicable theory to find out what cultural differences need for health and care in institutions, hospitals, community - based settings, and her research of several countries around the globe.

According to Leininger and McFarland (2002) who is one of the proponents of the theory, the idea has developed into a significant caregiving theory with a distinct focus on care as a way to understand and support societies. Culturally based care elements are acknowledged as having a significant impact on how people communicate their healthcare, disease, wellness, or readiness to deal with death and disability. According to the theory, caring for others is essentially makes individual human, offers them respect, and motivates them to seek treatment and assist others. Theorist also asserts that while caring cannot occur in the absence of healing, healing cannot survive with absent of caring (Leininger, 1988).

The Culture Care 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. Three theoretical categories form the foundation of this theory. The following definitions were given for these three theoretically expected action and decision modalities of the cultural care theory (Leininger, 1991; Leininger & McFarland, 2002).

To enhance (or benefit from) health-care patterns, procedures, or results, person's lifestyles and organizations must be reordered, changed, modified, or restructured. This is alluded to as "cultural care re-patterning" by professionals. Leininger (2002; Leininger & McFarland). These

three approaches, which are based on scientific data, are believed to be crucial for caregiving and should be utilized in conjunction with specific study care data found from theory. Cultural imperialism behaviors are frequently harmful, parochial, disrespectful, and cause suffering and disputes across cultures (Leininger, 1995). The study used Culture Care Diversity and Universality Theory because provision of care to the elderly must consider their culture and diversity to ensure care plans put in place does not fringe on their respective cultural diversity. The strength of this theory is that it helps bring a better understanding of the why of culture, the essence, nature, meanings, 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. However, the theory is not devoid of weaknesses. For example, the theory has possible misunderstanding of values, culture, and norms of people from diverse background. Hence, it has concerns about what constitutes genuine and effective cultural care due to different cultural norms that arises.

2.2 Review of Empirical Studies

In this section, the study presents various empirical studies that relates with the role of institutional culture on the welfare of the aged population in Arusha rural district, Tanzania. The studies presented contains area of the study, methodologies used, and findings as well as research gaps. The section is presented based on the three research objectives as shown below.

2.2.1 Welfare of the Elderly Persons

In this subsection, several empirical studies were reviewed on the welfare of the elderly persons. For instance, Dijkstra, Andela, Korhan, and Kornelia (2019) studied the care reliance and wellbeing-related self happiness of elderly patients. 325 elderly patients (> 60 years) from the Netherlands, Poland, and Turkey made up the group. In the research, descriptive statistics were

in use. They employed both a survey and an interviewing technique. The research finds 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. The research also discovered that the assessment provided human services professionals' expertise into enhancing the standard of elderly care in each of the three countries. However, the research was done in developed economies hence it could be difficult to compare the results with the local situations in Arusha, Tanzania.

In yet another study by Lin, Wu Hsiung and Kuo (2014), they studied useful autonomy measurements in elderly persons living in Taiwanese facilities. The study used qualitative method. Targeted population was aged population registered for social protection funds. Using thematic analysis, it found that the bulk of elderly people in urban and lengthy care centers were men, above 80 years old, unmarried or widowed, suffering from many diseases, using more than one assistive device, and receiving social assistance financial assistance. The findings showed that remote care institutions' motor and cognitive abilities were typically greater than those in metropolitan regions, as seen in the Functional Independent Measure evaluation, and that this had an impact on their accessibility to social protection programs. However, the study only focused on those elderly persons living in government facilities while the current study covered both elderly persons living at home and those within government facilities.

Additionally, the influence of healthcare beliefs on the decisions made by older, dark women in the US to use personality practices was examined in a study by Morgan and Turner (2019). The study's foundation was paradigm of reformative, which recommended lifestyle adjustments for previously biomedically described events. The demographic that was targeted included older,

dark-skinned women. In order to draw conclusions about the sample group, the research utilized structural equation modeling to collect relevant information among three significant developments. According to the study, older black ladies' with high self-esteem were seldom likely to practice basic own care. The study was however limited to elderly women in USA hence the need for a local study of this magnitude.

Again, Yanan, Guariglia and Dickinson (2013) did a study on the old age dependency and household finance. The study used life-cycle model. The purpose of the research was to determine if development of welfare systems, the growth of money system, and the safety and involvement of the elderly have any bearing on the effect of dependence. 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, nevertheless, also had a less detrimental effect on the wellbeing of the elderly. The study only used descriptive statistics while the current one used both descriptive and inferential statistics.

Furthermore, White, Holman, Boehm, Peipins, Grossman and Henley (2014) analyzed the role of community based organizations on the wellness of elder persons aged 60 years in the United States. The study used mixed research design and all the elderly person accessing government funds were studied. According to the research, elderly adults over 60 reported to do no regular exercise from outside job over the prior month. Age-related increases in lethargy ubiquitousness may be seen; among people 60 to 64 years old, it was 25.4%; among people 65 to 74 years old, 26.9%; but also among people 75 years and above, 35.3%. It was discovered that the prevalence of inactivity basically increased as education levels declined and the world's population grew

heavier. The study was limited to CBOs while the current study mainly looked at governmental institutional care plans.

Further, in Zimbabwe, Mwalinge's (2015) study looked on the prevalence of elderly reliance and associated risk factors. The study design used was descriptive. 352 senior citizens made up the target demographic. Between the protracted periods of June and September of 2014, information was gathered at their residences. The Katz Index survey and the Lawton and Brody Scale were employed in the study. Descriptive statistics and Pearson correlation were employed in the investigation. 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 folk was greater than that reported in longitudinal studies, and it was suggested that this dependency is a function of the socio-statistical characteristics and contentment displayed by these seniors. The study was done in a different scope hence the need for a local study with specific attention to Arusha rural district.

In a study by Waweru (2018) in Dagoretti Nairobi, Kenya, the study investigated factors influencing the livelihood of the elderly persons. The target population was 174 elderly persons. The study used mixed research design and simple ransom sampling technique was used. Data was analyzed using linear regression analysis and factor analysis. 43.7% of senior people, according to the research, seemed to have no autonomous source of income. In either case, 80% of them are incapable of carrying out daily activities. The investigation found a significant correlation between the government aid that really was available and the welfare of the aged. The study generally covered factors influencing the livelihood of the elderly persons while the current research was limited to institutional, community perception, stakeholder engagement to

bridge the conceptual gap. The studies assessed widely agreed on the concerns facing the elderly persons in across the globe. This study joined the debate to shed more light in Arusha rural district.

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

In this section, various empirical studies were reviewed on the role of traditional perceptions on the welfare of the elderly. For instance, Pharr, Francis, Terry and Clark (2014) studied the influence of perception on the wellbeing of the elderly in the USA. Target population was 54,000 selected elderly persons. Questionnaire was used to gather data from a sample size of 451 respondents. The study also found that the provision of care for the elderly was deeply embedded in the cultural sub consciousness. Despite that the study was of relevance to the current research, however, it was done in a developed economy thus the need for a study that focuses on the institutional culture and the welfare of the aged population in Arusha district, Tanzania.

Another work was done by Wolff, Spillman, Freedman, and Kasper (2016). The study investigated the effect of traditional beliefs on awareness creation among the older persons in Sweden. Population was 20, 122 persons aged above 70 years. Data was analyzed using factor analysis. The study revealed that, information and knowledge increase was appropriate strategy that influenced positively older person's views. Specifically, the study found that educating older persons in the society was a good strategy of improving their self-perceptions about aging. However, the study only used factor analysis that only present basic analysis results as opposed to use of advanced analyses methods such as, regression analysis. The study used both descriptive statistics and inferential statistics to improve the findings.

In yet another study, Akpan and Umobong (2013) investigated the relationship between societal perception and welfare of the elderly people in Ghana. Quantitative research design was used. The study targeted 300 elderly people. According to the survey, 46.7% of elderly individuals reported medical negligence as a consequence of their carers' unfavourable perceptions of them, while 47% exposed to physical violence, 49% stayed in unpleasant circumstances, and 35% had their meager goods stolen by family members. It was noted that the aged were seen negatively, and that discriminating actions and serious harassing were committed against them. Once more, the culture's compassion for the aged varied based on the cultural setting and how the aged were viewed. The work was of relevance to the current study, however, it only target a small population of elderly persons whereas the current study looked at a wider population covering the whole of Arusha rural district, Tanzania.

In a comparative study in Tanzania and Indonesia, Eeuwijk (2014) studied the role played by the society to promote positive perception about the elderly persons. The research used mixed research design that involved the use of questionnaire and interview guide. Utilizing frequency tables and descriptive analysis, the gathered data was examined. According to the research, Tanzanian and Indonesian societies need not pay enough attention to senior people caring for other elderly people because they view this type of care as being inconsistent with positive practice. By anthropological analysis, variations in care procedures and methods can be seen; yet, in both situations, the majority of aged carers experience significant social agency when the aged care clients experience adverse health changes. In Tanzania, family persuasion results in the use of younger family and kindred individuals as conventional carers, whereas in Indonesia, kin bargaining results in the use of family and kindred persons as conventional caregivers. However,

the study was a comparative research while the current study was limited to Arusha rural district, Tanzania.

Furthermore, Wagana and Mkamwa (2018) carried out a study on old people' perceptions on their lives quality in Tanzania. In 2017, a connection in place cross-sectional study of life situation and growth (also known as the SAUT Survey, with a sample size of 1,488) was carried out in five areas of Tanzania, including both rural and urban locations, among adults aged 18 and over. The SAUT Survey data were mined for information on persons 50 and older and utilized for analysis. Ordinary Least Squares (OLS) as well as other descriptive methods like frequency and cross-tabulation were used in the data processing. According to the study, elderly people's life happiness was significantly influenced by their socioeconomic level. However, the study used OLS that has the inability to detect outliers. The current study thus used descriptive statistics together with multiple regression to find out the relationship between traditional perception and the welfare of the elderly persons in Arusha rural district, Tanzania. The studies presented here had contradicting results on the role of traditional community perceptions on the welfare of the elderly hence the need for the current study.

2.2.3 The Role of Institutional Social Care Plans on the Wellbeing of the Elderly

Under this subsection, the study presents empirical studies that touches on the social cate plans and the wellbeing of the elderly persons. For example, 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. Descriptive design was employed and population was 10, 121 elderly visiting various social protection institutions in Italy. The research sought to use both descriptive statistics and binary logistics. According to research, older people desired high-quality care that would allow people to have fulfilling lives. The

research demonstrates that old persons have a better knowledge of what they anticipate to receive from the institutional care, which revolves on their personal exercise and overall health, even if it did not explicitly say what older folks believed to be quality healthcare. Most elderly persons were also conscious of policies governing social protection services. However, the study only used questionnaire while the current used it together with interview guide, key informant interview, and focus group discussion.

In addition, a research by McDonald and Thomas (2013) sought to establish the understandability of the social protection policies by elderly persons in Malaysia. The study used both mixed research design that consisted of questionnaire, focus group discussions and observations. The study also used both descriptive statistics and content analysis. The target population was 3,400 registered with various government led institutions. The study found that some elderly respondents preferred policies that permitted them to uphold their independence, and permit relatives to access social protection if need be. It was established that, even though formal care institutions operate in line with own policies, some institutions failed to follow the policies available. Indeed added value to the current study but it failed to show how the available policies improved or otherwise the wellbeing of the elderly persons. Therefore, it is integral for the current study to assess whether such institutional policies are good for the wellbeing of the elderly people.

In yet another research by ILO (2015), the report sought to establish the level by which elderly persons comprehend the legal framework guiding their welfare. The target population was 1,112 elderly persons from North America, 621 elderly persons from Latin America, 421 from Asia, 232 from Pacific, 203 from North Africa, 211 from Middle East, and 198 from Sub Saharan Africa. According to survey, the bulk of elderly individuals in Africa do not have access to the

protection pension system because of bad regulations. Yet, because of supportive laws in place in North America, a sizeable number of old people are protected by social pension system. Particularly, 90%, 56%, 47%, 37%, 30%, and 17% of people, correspondingly, in North America, Latin America, Asia and the Pacific, North Africa, the Middle East, and Sub-Saharan Africa are protected by state welfare pension plans. Policymakers developing effective financing for the aged should also take extra monies for carers into consideration as part of a health care package because the most of the aged in Africa lack the financial means to pay for the expensive medical treatment (Mittal, 2018). However, the study had a mixed geographical scope hence the findings may not be used to draw inferences on the Arusha rural district case while the current study only dwelT on elderly persons in Arusha rural district.

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. Through descriptive statistics, 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. The authors contend that, there seems to be a need for a non-contributory pension programs restricting the eligibility to the poor among the elderly. However, the study only used descriptive statistics which only present basic findings. The current study thus useD multiple regression analysis besides descriptive statistics.

In another research, Choi, Ransom, and Wyllie (2018) assessed the level of satisfaction with institutional policies on welfare of the elderly individuals in Switzerland. The research adopted census research design. The target population were 937, 222 elderly persons registered on social protection services. The collection of data was done using structured questionnaire. Data were processed via factor analysis and Spearman analysis. The study found out that, most elderly

persons in the country were satisfied with the policies governing their affairs. However, a good proportion indicated that the policies were to some extent discriminative hence needed adjustment. It was again found that access to elderly services was extended to family members who could access services on their behalf upon provision of identification documents belonging to the said elderly individual. The fact that only questionnaire was used presented a methodical concern that was bridged by using several research instruments in the current study (questionnaire, KII, and FGD)

In Tanzania, Ulriksen's (2016) study focused on social protection policies and how they influence three main social protection developments in Tanzania. The study looked into the role of different bureaucracies shaped social protection policies. The research used was mixed research design and the target population was 1203 retired government employees and policy experts. The study utilized a self-administered questionnaire together with FGD. Using correlation analysis, the study found that the social protection policies in the country were influenced by external agencies, main funders. Although domestic institutions are responsible for implementing policies, the study claims that their capacity to do so and to track their performance depends mainly on the assistance they receive from outside organizations. Foreign forces can make a significant impact on the promotion of distinctive cultural protection policy ideas by providing funds for pilot initiatives, sponsoring evidence-based publications, and sponsoring promotional activities. Suggested initiatives are far less likely to receive significant political traction in the absence of strong concentrated ownership and resourceful collaborators (Ulriksen, 2016). However, the study was limited to retired public servants thus excluding other elderly persons outside this bracket hence the need for the current study which expressly covered both elderly retired civil servants as well as any other elderly persons outside this category. The

studies on role of institutional social care plans on the wellbeing of the elderly presented mixed results hence the call for this study.

2.2.4 The Role of Institutional Stakeholders on the Wellbeing of the Elderly Population

Regarding the third objective; role of stakeholders on the wellbeing of the elderly population, the study highlights various empirical researches. The first being work by Center on an Aging Society (2012) that investigated level of stakeholder involvement on cost of medical care for elderly persons in USA. The study targeted 543 elderly persons from the State of Ohio USA. The research design used was quantitative research design. Data was collected via formulated questionnaire. Through inferential statistics and descriptive statistics, the study revealed that various families were fully involved in assisting elderly person's access medication. However, stakeholder involvement was found to have a positive relationship with the ability of the elderly persons to access medication for their wellbeing. Indeed the study was of additional value to the current study, however, it was limited to elderly persons in the USA hence the need for the current study that focused on the role of stakeholders on the wellbeing of the elderly population in Arusha rural district, Tanzania.

In yet another research, Neddie (2017) focused on the relationship between stakeholder engagement and the wellness of aging persons in Zimbabwe. Targeted respondents were 1021 elderly persons and 21 government officials from the ministry of social services. The study used questionnaire. Data was analyzed using descriptive statistics. Data was presented in tables, frequencies and figure formats. The study again 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. The study was of great importance to the current study, however, it only used descriptive statistics that lacks the

ability to determine the relationship between variables. Thus, the current study blended descriptive statistics with multiple regression analysis to bridge the gap.

Again, DeNavas-Walt and Proctor (2015) was assessed relationship between stakeholders participation and welfare of elderly persons in New Delhi. The study used case study research design. All 5,601 elderly persons from New Delhi were targeted. Analysis was done using factor analysis and OLS. Local social protection offices were equally up to task and ensured that the elderly persons within their jurisdiction were fully attended to. Despite that the study added value to the current literature review, it may not be fully used to infer the local situation on the extent various stakeholders are involved to enhance the elderly persons' welfare in Arusha rural district hence the need for the current study.

Further, in their attempt to contribute to the influence relatives of elderly' self-efficacy, Begley et al. (2021) used descriptive research design and targeted 1001 elderly persons in South Africa. Through questionnaire, data was collected from the sampled respondents and analyzed suing cross tabulation and correlation analysis. 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' ability to positively think about their life thereby negatively affecting their wellbeing. Indeed the study was important to the current literature review, however it primarily focused on elderly persons from South Africa hence the need for a study that focused on elderly persons in Arusha.

Moreover, another work by Chipangura, Van Niekerk and Van Der Waldt (2016) studied the influence of stakeholders' support on the livelihood of elderly persons in Germany. The research

design utilized was longitudinal research design. The research targeted 712 elderly persons and 120 government officials handling the welfare of elderly persons in Berlin. Data was collected using constructed questionnaire. The research observed that, presence of timely stakeholder support improves elderly persons' livelihood and vice versa. The study findings were limited due to the fact the study only used factor analysis which is a basic technique for analysis hence the need for the present study that used both descriptive statistics and multiple linear regression method.

Similarly, another study by Phillips and Ziminski (2012) investigated the effect social support staff on elderly' wellbeing in Philippines. Study used mixed research design and targeted 20 elderly persons from each of the 23 local social services center. Data collection was through interview guide and focus group discussions. The research employed correlation analysis. It was established that, inadequate staffing at the local government offices was associated with increased elderly persons' neglect. Meanwhile, sufficient staffing addresses complex care needs, improved the wellbeing of elderly persons. However, the study was limited to social support staff while the current study focused on various stakeholders that includes ward officers, community leaders among others.

In addition, Henia (2019) investigated the psychosocial factors affecting elderly persons' wellness among homes in Nairobi County. The three psychological aspects of reliance, idleness, and isolation were the main topics of the study. The study's target audience was restricted to five nursing elderly care facilities in Nairobi County, and it employed a survey-descriptive research method and utilized a stratified sampling method to sample 122 respondents. Data collection was through structured questionnaires, semi-structured interview guide and FGD. Both inferential and descriptive statistics were used to analyze the data. Utilizing content analysis, qualitative

data was examined and verbatim given (narratives). 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. The study found that promoting regular physical activity, frequent counseling consultations, and ongoing health examinations could improve the wellbeing of older people living in their homes. However, the study was limited to elderly persons in Nairobi but not Arusha thus the need for the current study. The findings on the role of institutional stakeholders on the wellbeing of the elderly population were mixed across the globe hence a research gap that this study bridged.

2.2.5 The Moderating Effect of Gender on the relationship between Community Perception, Social Care Plans, and Stakeholder Involvement and Elderly Persons Welfare

Some communities view gender such as female members of the society differently. For instance, in certain African community's female are not allowed to make decisions on the welfare of the aged or any other community social related matters (Ulriksen, 2016). This means that the male gender in the society is overly allowed to perform key societal functions especially on aged persons in the society. The elderly persons and their families faced myriad of financial issues in accessing treatments and resources to support their aging health conditions and most affected is the female gender. This is attributed to discrimination and biased societal mindset.

Further, when it comes social cultural decision making, the most preferred gender in the African setting is the male members of the society. Elderly women are seldom involved in any societal decision making and this explains why many of them end up not accessing equal social protection programs in most African societies. In the wake of increased discrimination against female elderly persons, studies (Zhou, et al., 2019) have explicitly found that, stakeholder involvement have a positive relationship with the ability of the elderly persons to access

medication for their wellbeing. This study (Zhou, et al., 2019) clearly established for the prompt access and care to elderly persons, social community workers should ensure that all members of the society who are aged should access equal care plans without looking at their gender variations.

Regarding the role of intervening effect of gender on community perception, social care plans and stakeholder involvement. The study by Phillips and Ziminski (2012) noted that various stakeholders such as family and community members such as the male and female persons were quickly drained through payment for multiple prescriptions for chronic conditions affecting elderly relatives. The policies available were however found to be favorable to both male and female elderly persons. Indeed, the study was of additional value to the current study, however, it was limited to elderly persons in the USA hence the need for the current study that focused on the role of stakeholders on the wellbeing of the elderly population in Arusha rural district, Tanzania.

2.3 Chapter Summary and Research Gaps

In summary, study was guided by two theories, that is, the Culture care diversity and Universality Theory and Social Exclusion theory which helps bring a better understanding of the why of culture, the nature, essence, meanings, beliefs, expressions and forms of human care in relation to culture; and explains how the elderly are blocked from or denied certain opportunities rights and resources due to things such as their age, gender and the like respectively.

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 of analysis thus the need for the current study to bridge the methodological gap by using descriptive statistics together with multiple linear regression. That latter helped in determining the relationship between the various variables used in the study. Further, several studies only used one data collection instruments as opposed to this study that utilized primary data collection tool known as questionnaire that was backed by interview guide. The latter added more information in addition to data collected by questionnaire thus enriching the study results as opposed to use of a single data collection tool.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

The chapter encompasses research methodology that the study used. It discusses research design, research site, sampling procedures, study population, target population, sampling size, validity and reliability of research instruments, data gathering procedures, data analysis, and research ethics.

3.1 Research Design

The creation of a successful research plan is a crucial component of the study activity (Zikmund, Babin, Carr & Griffin, 2009). A structure for data collecting, evaluation, and reporting is provided by study design (Saunders et al., 2009). This study employed mixed research design (Cooper & Schindler, 2014). The study used a mixed research design because the study majorly used quantitatively and qualitatively developed questionnaire and interview guide, respectively that helped in generating responses. The mixed research methods included questionnaire, interview guide and focus group discussion. The study also preferred using mixed research design because the qualitative data instruments such as interview schedules helped in-depth descriptions of phenomena. Therefore, the mixed research design entailed both qualitative and quantitative research data collection tools to access the influence of institutional culture on the welfare of the aged population in Arusha rural district.

3.2 Research site, study population and target population

Under this subsection, the study presents the site where it was conducted. The study population that includes all elderly persons and local administration were also discussed. Further, the target population were also presented.

3.2.1 Site Description

Tanzania's northeastern quarter is where the Arusha district is situated. It shares its borders with the Kilimanjaro and Tanga areas to the north and east. Its borders with the districts of Dodoma to the south and Singida, Shinyanga, and Mara to the west are shared. It consists of seven districts, with the Arusha rural district serving as the report's primary focus (Tanzanian National Bureau of Statistics, 2014). Arusha rural district is an important administrative center for regional

activities (Wenbansmith, 2015). Arusha rural district is one of the districts in the United republic of Tanzania found on the Northern part bordering Kajiado county and Narok county Kenya, Kilimajaro region to the East, Manyara and Singida to the South and Mara and Simiu regions to the West. It has several districts such as Longido, Ngorongoro, Meru, Arusha Urban, and Arusha rural. It covers 1,547.6 km^2. Arusha city has the population of 323,198 people according to the 2012 Tanzania National Bureau of statistics (Census). The expected subjects are the target population that are those in Arusha rural district and the wards within Arusha rural district include, Ilboru, Kisongo Lemanyata, Nduruma, Oldonyosambu and Oldonyimaasi. All wards were be studied due to the fact that they are few hence manageable during data collection. Government officials also formed part of the site description.

3.2.2 Study Population

According to Adam (2019), a study population is a general collection of individuals or objects that are the focus of the study. With regard to this study, the general population consisted of the aged population in Tanzania and local government administration dealing with elderly persons. The elderly are key in the study as they gave the challenges they encountered in the society and possibly, how they go about these challenges. The local administration were also consulted on the traditional perspectives about the aged population, culture, and how these affect them and also some of the institutional policies relevant to the elderly person in the area. Non-state actors were also included in the study together with the relatives of the elderly persons.

3.2.3 Target population

The term "target population" refers to the total set of people or things that investigators are interested in applying the findings to (Adam, 2019). It is from the target population that the

researcher drew the sample from. For the purpose of this study, the target population consisted of the aged population in Arusha Rural District aged 60 years old 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). This gave an approximate target population of 48,480 elderly persons. The three main administrative units that provide services for the elderly persons (48,480) are Enaboishu, Moshono, and Mukulat. It is from this population that the sample was drawn. The total target population for the local senior administrators who represents the national government from the three (Enaboishu, Moshono, and Mukulat) local institutions are 15. Meanwhile, the non-state actors were 10 while all the relatives of the elderly persons were totaling to 50.

3.3 Sample Size and Sampling Techniques

In this subsection, the research presents the sample size for all the respondents. The sampling techniques such as simple random and purposive sampling methods are also included. The details are presented in the subsequent sections.

3.3.1 Sample Size

Since the target population was too large to be studied; and for the purposes of saving on time and resources, the study carried out sampling. Therefore, Yamane's (1967) scientific formula was used to determine the study sample of elderly 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:

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

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

$$n = 396.73$$

$$n \approx 397\ respondents$$

Therefore, the study sampled 397 elderly persons. Meanwhile, all local senior administrators (15), the non-state actors (10) and relatives of the elderly persons (50) were all studied.

3.3.2 Sampling Techniques

The sampling strategy involves choosing a number of people or things from a group so that the chosen group comprises aspects that are indicative of the traits present in the overall group (Orodho & Kombo, 2003). The elderly persons were sampled using stratified sampling technique. This imply 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 was reached. The saturation point in this study was 397 respondents. The study as well employed the use of purposive sampling in selection of key informants in the study, who include the heads of the local government administrators who are in charge of various social protection institutions. The government administrators, five from each of the three government institutions (Enaboishu, Moshono, and Mukulat councils) were specifically or purposefully targeted because they primarily dealt with the welfare of the elderly persons on daily basis. The study used simple random sampling thereby distributing the questionnaire randomly equally for the three administrative

units. Therefore, these respondents were preferred based on the knowledge they possess on the role of institutional culture on the welfare of the aged population. The study also used purposive sampling technique to select all the 10 non-state actors handing the elderly persons' issues in the region. Further, 50 family members living with the elderly persons was also selected through simple random sampling technique. The total families living with elderlies in the area were only 50 based on Social Protection Data, Arusha Rural District (2022). The sample frame is presented in table 3.1 below:

Table 1: Sample Frame

Respondents	Sample size	Sampling Technique
Aged population	397	Stratified sampling
Local government administrators	15	Purposive sampling
Non state actors	10	Purposive sampling
Relatives	50	Simple random
Total	**472**	

Source: *Researcher (2022)*

3.4 Methods and instruments of data collection

In this subsection, the study highlighted the various methods used to collect data. The instruments that was used to gather data are also presented. These includes, use of questionnaire, focus group discussions, and interview guide. The results are presented in the following subsections.

3.4.1 Interview guide

In person-to-person verbal interactions known as interviews, one individual (or a group of people) asks the other(s) questions in an effort to elicit data or viewpoints (Oso & Onen, 2016).

Data that is not clearly witnessed or is challenging to record in writing is gathered through interviews. It helps capture in-depth information. This study employed the use of use of questionnaire, focus group discussion, and interview guide as the main instruments of data collection. For the interview guide, only open-ended questions (unstructured) were used.

An interview schedule/ guide contains questions, both structured and unstructured that are administered either on one on one basis or on phone. In this study, the researcher employed the use of face-to-face administration, and shall use unstructured questions to gather as much information from the key informants as possible. During the face to face interview, the researcher collected data on individual basis; one respondent at a time. The key informants in the study included the local administrators who represents the national government who handles the elderly matters on daily basis. The relatives were also interviewed. This was important in the collection of qualitative data from the respondents. Interviews facilitate collection of in-depth data, facilitate clarification of questions and facilitates flexibility of the questions. They were employed as some of the key informants may not have time to complete a questionnaire. However, interviews are speculated to take longer, be costly and are likely to be biased. Key informants were from the local government administrators who run affairs of various government institutions within Arusha rural district. The five senior officials from the three institutions were used in the study because they play greater role in offering institutional support to the community especially on the vulnerable such as the elderly. Based on their social roles they are believed to have rich information about the welfare of the elderlies within a community hence their use in this study. Interview guide was also used to collect data from relatives of the elderly persons who are their caregivers in Arusha rural district.

3.4.2 Questionnaire for aged persons

The quantitative data was collected using researcher-administered questionnaire to collect data from the aged population. The study employed the use of structured questions to collect data from the elderly persons. The use of structured (close ended) and unstructured (open ended) questions is to facilitate easy interpretation and analysis of the collected data. These questions are also likely to reduce variation of the responses from the respondents. This aided in the collection of quantitative data. The questionnaire was subdivided into various sections. For example, the first section dealt with demographic information, the rest of the sections solicited information from the respondents based on the research objectives.

3.4.3 Focus group discussions (FGD)

Focus group discussions (FGD) was used to collect information from the non-state actors such as community social workers (10-non state actors) dealing with the elderly persons in Arusha rural district. The focus group discussion was formulated based on the research questions. It helped in gathering of detailed information insofar as the influence of institutional culture on the welfare of aged population in Arusha is concerned. The participants were selected via purposive sampling technique. During data collection, the researcher audio recorded responses from the respondents. Arrangements were made and all respondents were invited in an open area where questions or statements were read out. Consequently, respondents were in turn invited for discussions on a given question. The gadget for recording was turned on to capture all responses.

3.5 Validity and Reliability

Under this section, the validity of the research instruments are discussed. The section also entails the detailed discussion about the reliability of the research instruments. The detailed discussions of each of the subsections are shown in the following subsections.

3.5.1 Validity

A measure has validity when it properly captures the ideas it is intended to assess (Rubin & Babbie, 2007). Validity is the primary important factor being used assess sensible measurement, according to Kothari (2004). The researcher used content validity in this study. Kothari (2004) defined content validity as the extent to which a measurement tool adequately covers the subject being studied. Assessment of a device's representation of the subject under study is known as content validity. In order to ensure validity of the instrument, the researcher shared the instruments with experts (my university supervisors) in Catholic University of Eastern Africa to go through them and gave their comments, suggestions and made possible correction. Further, peer scrutiny was also done in order to achieve validity. It was done through involving colleagues to look at the instruments and gave their views on the areas which need improvements.

3.5.2 Reliability

According to Wadsworth (2006), reliability is the degree to which same instrument gives same results of the same individuals at different times. Kimberlin and Winterstein, (2008) argues that an instrument is reliable when it consistently what is to measure. Internal consistency assesses uniformity between the items, or within the questionnaire. The study conducted the internal consistency approach in this investigation. Cronbach's alpha (a) was used by the investigator because it only calls for one round of testing.

An alternate formula for determining how consistent subject replies are across questions on a study instrument is Cronbach's Alpha. According to Gliem & Gliem (2003), the range of the Cronbach's alpha reliability coefficient is typically 0 to 1. The internal reliability of the scale's items is inversely correlated with how near the Cronbach's alpha coefficient is to 1.0. The

following general guidelines are provided by George and Mallery (2003), which are quoted in Gliem and Gliem (2003): r >.9 (excellent), r >.8 (good), r>.7 (acceptable), r >.6 (questionable), r >.5 (bad), and r 5 (unacceptable); (where r stands for reliability coefficient). Pilot testing was conducted in Arusha town among the elderly persons in that area. After pilot testing of the research instruments, the researcher calculated the reliability coefficient by use of SPSS to get the Cronbach's alpha reliability scores. The study found a reliability coefficient score of 0.877 which is near to 1.00 hence the instrument was reliable.

Regarding the reliability of the interview guide, the study used university supervisor to authenticate the reliability of the research tool. Peer reviews were also used to ascertain the reliability of interview guide and this was specifically involved the use of fellow students to check the reliability of the interview guide. The study also used triangulation that involved engaging various research experts/investigators from the university and using various sources of data to ascertain the reliability of the interview guide.

3.6 Data Analysis Procedures

The data collected was coded and verified for cleaning purposes and any responses found to be incomplete were excluded. The verified and cleaned data was then entered or fed into a software and the entered data was subsequently analyzed to get the output. This was done using the Statistical Package for Social Scientists (SPSS version 23) to process the data. The software was utilized then to generate numbers and percentages in order to draw population-level approximations and inferences. Then, numerical data (questionnaire) was shown via graphing, charts, and table. The use of quantitative data is for ease of presentation and interpretation of data presented in frequencies and percentages. Content and verbatim analysis were used to provide qualitative data. The content of the interviews and field observation was then analyzed using this

methodology. Qualitative data gave in-depth understanding of the phenomenon of institutional culture and its impacts on the wellbeing of the elderly. Under each research objectives, relevant responses from interview guide and FGD were grouped into themes or paragraph during analysis for ease of interpretation. Qualitative data did not require any coding as opposed to quantitative data. For advanced analysis, the study used multiple regression analysis. The method helped in establishing the relationship between independent, intervening and dependent variables. The regression formula is shown below.

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

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

3.7 Ethical considerations

As a requirement when carrying out a research, the researcher must give attention to ethical issues of research (Kombo & Tromp, 2011). The researcher has an obligation to the rights, needs, values and desires of the informant (Creswell, 2014). Therefore, in research participants have to be respected and protected by the researcher. First, the researcher obtained a letter from

Catholic University of Eastern Africa to allow her conduct the study, additionally; a permit was then sought from Tanzanian Research authorities. The study ensured confidentiality and security of the gathered data and no third party accessed the respondents' data. In this regard, all the data collected were kept in safe custody to avoid any possibility of tampering with the information by malicious parties. Respondents were not required to write their names on questionnaires to ensure anonymity. This means that, the study adhered to anonymity as part of ethical considerations. A letter of introduction was then used to introduce the study to respondents requesting them to participate in the study. This was a show of courtesy to respondents and a way of ensuring informed consent to participate in the study. Integrity of scientific knowledge was insured by refraining from forging data and avoiding plagiarism. Further, the research were set in such a manner that no sensitive questions were asked. Specifically, there were no invasive or intrusive questions or statements used during data collection.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter presents the analysis of data that was collected using questionnaire and interview guide. The interpretation and discussion of data collected are also presented. The sections commences with presentation of personal information followed by presentation of descriptive statistics. The third section presents result for regression analysis and finally, discussion of the results.

4.2 Presentation of Results for Personal Information

In this section, results for respondents' gender, age, and marital status are presented. Further, the place where the elderlies are care for together with results for sources of income are also highlighted.

4.2.1 Elderly Persons' Gender

The study sought to find out the distribution of respondents by gender. The results are presented in Figure 2.

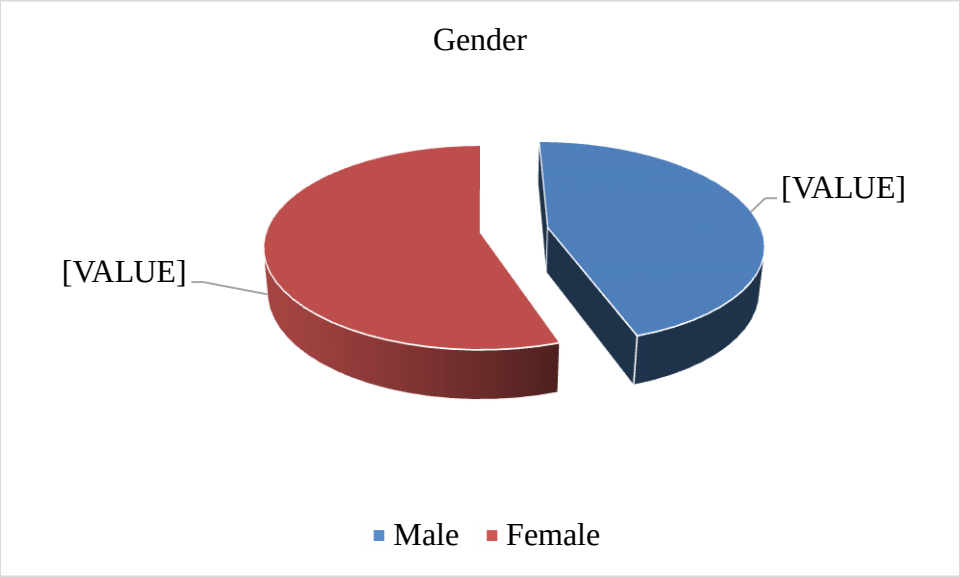


Figure 2: Elderly Persons' Gender

From the results in Figure 1, the study found that 55% of the elderly persons were female. This means that majority of the elderlies in Arusha rural district were female. The male elderlies were represented by 45%. This could also mean that elderly women sought social protection services than male respondents. This had implication on the nature of institutional culture and welfare of the elderly persons.

4.2.2 Elderly Persons' Age

The elderly persons were asked to indicate their distribution by age categories. The results are presented and interpreted in Table 2.

Table 2: Elderly Persons' Age

Categories	Frequency	Percent
Below 60 years	29	12
60-70 years	95	38
71-81 years	82	33
Above 81 years	46	18
Total	252	100

As shown in Table 2, 38% (95) fell in the age category of 60-70 years and they turned out to be the majority. The second highest age category was for those who were between 71 and 81 years as reported by 33% (82). The third highest category was for the elderlies who were above 81 years as supported by 18% (46) while those below 60 years were reported to be 12% (29). From the results, it is clear that most elderlies who qualified for institutional care plans were above 60 years. This had not any implication on the institutional care plans and welfare of the elderlies.

4.2.3 Elderly Persons' Marital Status

The study set to establish the distribution of elderly persons by their marital statuses. The results are presented in Figure 3.

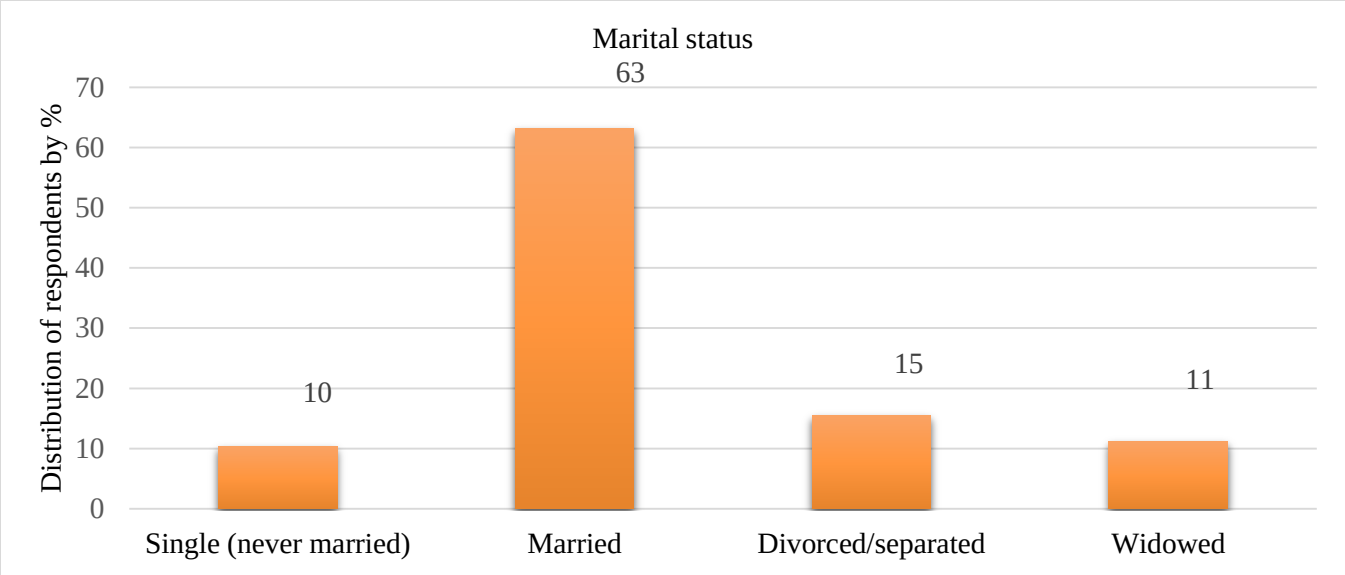


Figure 3: Elderly Persons' Marital Status

Based on the results in Figure 3, 63 of the elderly persons were married and they were the majority who were either on institutional or home based care. This was followed by 15% of the respondents who were divorced or separated. Those who were 11% and 10% were widowed and single (ever married), respectively. From the results, it can be said that, those elderly who were enrolled in the social protection programs in Arusha rural district cuts across all marital statuses. This could also mean that, most elderly persons had partners who could lend them support when needed. The section is relevant to the study because it attempts to find out whether guaranteed support at home in the event they developed age related complications.

4.2.4 Elderly Persons' Distribution by institutional care or home-based care

The elderly persons were required to indicate their distribution by institutional care or home-based care. The results shown in Figure 4.

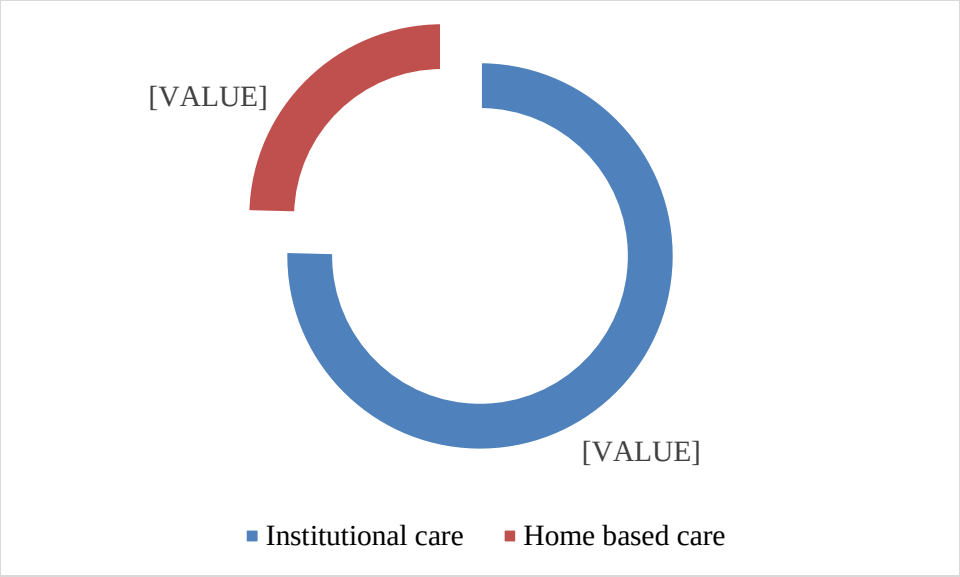


Figure 4: Elderly Persons' Distribution By Institutional Care or Home-Based Care

According to the results in Figure 4, 75% of the elderly person were from the institutional care settings while only 25% were being taken care of from the home set up. Based on the results, it can be said that, most of the elderly persons within Arusha rural district were based in various government led institutions and this could enhance their access during delivery of care plans. This could impact the nature of care plans offered to the elderly persons.

4.2.5 Elderly Persons' Sources of Income

To find out the distribution of the elderly persons by sources of income, the elderly persons were asked to indicate their distribution by sources of income generating activities. The results are shown in Table 3.

Table 3: Elderly Persons' Sources of Income

	Frequency	Percent
Own savings	12	5
Pension	29	12

Cash transfer	149	59
Self-employment	55	22
Formal employment	7	3
Total	252	100

In table 3, the study found that, 59% (149) of the elderly persons were enrolled in the cash transfer programs and this was their main source of income. It also show that 22% (55) were self-employed while another 12% (29) were on pension schemes. Further, 5% (12) and 3% (7) had own savings and formal employment, respectively. The results could be interpreted to mean that most of the respondents relied on government social protection programs (pension and cash transfer) as their sources of income. This had implication in the study because without offering social protection funds to the elderly persons, their welfare could be harmed.

4.3 The Role of Traditional Perceptions on the Wellbeing of the Elderly

The following statements regard the role of traditional perceptions on the wellbeing of the elderly persons in Arusha rural district. The results are presented in Table 4.

Table 4: The Role of Traditional Perceptions on the Wellbeing of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Mean	Std. Dev
There are negative traditional beliefs about the elderly in the community	3.6	6.7	2.4	46.0	41.3	4.05	0.411
As an elderly person, I have ever been directly affected by societal stereotypes	3.6	6.3	2.4	51.2	36.5	4.01	1.244
The overall treatment of the elderly persons in the community is discriminative	23.8	44.8	5.2	13.9	12.3	2.81	0.523
Cultural beliefs in the society	3.2	7.1	4.4	42.5	42.9	4.15	1.74

negatively affects the wellbeing of the elderly persons							5
Increasing societal knowledge and information is an effective way for reducing traditional beliefs	3.6	7.9	3.2	37.7	47.6	4.71	0.508
Elderly persons in the society usually undergo education to improve their self-perceptions about aging	18.7	27.4	11.9	19.0	23.0	2.10	1.887

The results in Table 4 shows that, there are negative traditional beliefs about the elderly in the community as agreed and strongly agreed by 46.0% and 41.3%, respectively. The study found out that, elderly person, have ever been directly affected by societal stereotypes as reported by 51.2% and 36.5% who agreed and strongly agreed, respectively. It was also found that, 44.8% disagreed that, the overall treatment of the elderly persons in the community is discriminative while 23.8% strongly disagreed. The study also found out that, the cultural beliefs in the society negatively affects the wellbeing of the elderly persons as agreed by 42.5% and 42.9% who strongly agreed. The results also show that, increasing societal knowledge and information is an effective way for reducing traditional beliefs as reported by 47.6% and 37.7% who strongly agreed and agreed, respectively. It also established that, 27.4% and 18.7% of the respondents disagreed and strongly disagreed that, the elderly persons in the society usually undergo education to improve their self-perceptions about aging. However, 23.0% strongly agreed while 19.0% agreed.

The research also received feedback through interview guide from the local government administrators. The administrators were required to indicate whether there were any traditional beliefs or stereotypes about the elderly in this area. The answers were in affirmative! Administrators said that, stereotypes such as the notion that the elderly persons have lived their life thus they do not deserve any kind of attention was a common issue that was raised. Further,

it was indicated by some respondents that, some deemed the elderly persons as a burden to the society or to families and therefore ignored providing required assistance to them. Some of administrators indicated that the elderly persons are in most cases linked to witchcraft and this made some members in the community to look down upon them; to make matters worse some received public humiliation from certain segment of community members.

The administrators were also asked to indicate whether culture in any way affects the wellbeing of the elderly in the society. Again, the answers were in affirmative! For instance, a large number of administrators indicated that, indeed culture negatively affected the wellbeing of the elderly persons in the community. The administrators cited issues such as, many believed that elderly is related to curses. This they argued that, some cultures believed that elderly persons have the tendency of cursing people without or without the family settings and this made some community members to desist from lending a helping hand to them thereby affecting the overall wellbeing.

Some of the administrators also said that, by claiming that the elderly persons are linked to witchcrafts, many sigh away from assisting the elderly persons especially in relation to helping them access social protection services and this affect their welfare. Stereotypes against the elderly persons also made some community members including relatives to be reluctant in offering help to the elderly persons, especially whenever they want to access government related services while some are left to stay alone at old age and this affects their overall wellbeing.

Some relatives also said that, many members of the society think that the elderly persons are associated with what they term ‘curse’ in the society. Therefore, in case of anything ill in the society, the elderly persons are always associated with it”.

The relatives were also asked to suggest solutions that can be borrowed to address the cultural challenges that the elderly encounter. In response, some argue that societal awareness should be regularly carried out by relevant government bodies to enlighten the society about the benefit of accepting the elderly persons ageing condition; if anything, everyone at one point or the other will one day reach old age. The community members should also be educated and exposed seminar training so that they can be at the front in championing the rights of the elderly persons within their respective communities.

Further, it was noted that various humanitarian stakeholders should ensure that they constantly liaise with the local government authorities to make sure that local leaders are trained and empowered to enable them reach out for all elderly persons, especially the unregistered persons so that they can be made aware of their rights, through such measures, their plights can be addressed and support rendered to improve their welfare.

Further, some relatives for the elderly persons, indicated that, there is need to expand the seemingly overwhelmed government provided institutions for the elderly persons to ensure that the newly enrolled elderly persons can access social protection programs. It is believed that those who are based in various institutions receives quality care than those within home setting who are sometimes left to chat their own cause.

The study collected data through FGD from the non-state actors such as NGOs. The respondents were asked to mention some of traditional beliefs that affects the welfare of the elderly in their area.

The first non-state actor (male) indicated that,

> "Community members believe that old age is related to witchcraft and therefore many people including relatives of the elderly persons sometimes mocked them".

The second non-state actor (female) said that;

> "Traditional beliefs is ripe within the community and many young people believe that, being old is associated with curses as such little or no care is given to the elderly persons hence the reason many of them look for refuge from the few available homages for the elderly person within the Arusha rural district".

The third non-state actor (female) from one of the NGOs indicated that,

> "Traditional beliefs such as associating the elderly persons with sorcery is very active in the area and this supports the reason why most elderly persons are ignored and given less care by some immediate family members".

Another non-state actor mentioned that,

> "During my interaction with elderly persons, I have come to realize that some of them face a lot of discrimination due to what the society members calls 'the cursed one'. He further said that such stereotypes exposed the elderly persons to incessant ridicule hence their welfare is seldom considered'.

Further, another non-state actor (male) said the following,

> "Name calling from the society members is a common experience and worse still, even the children have normalized mocking and laughing at the elderly persons whenever they

interact in the villages. Such experiences have resulted to some elderly persons mentioning words that are tantamount to cursing."

Through FGD, the study sought to find out from the non-state actors to indicate measures that can be adopted to curb the mentioned traditional beliefs.

One non-state actor (female) suggested that,

> "I would like to request all stakeholders including the government to introduce robust awareness campaign that will see communities enlightened so that they can come to terms with the fact that old is just part of life and all persons whether young will one day reach that glorious stage of life. Through such understanding because of increased awareness, community members will likely embrace the elderly persons and consider them part and parcel of the society".

Again, a second non-state actors (female) argued that,

> "There is need for community members to be educated so that they can understand old age is gold and that such persons are instrumental in instilling moral values in the community hence their presence is not with coincidence. They are thus noble members of the society who have experience in many matters related to life thus by subjecting community members to seminars and workshops they are likely to be treated with dignity to improve their welfare".

A third non-state actor (male) reported that,

> "More homes should be built to ensure most if not all elderly persons are taken care of away from the limelight of the community. By building more elderly persons' homes, many will be accommodated hence chances of getting discriminated will be eliminated".

Additionally, another non-state actor (female) recommended the following,

> "There is need to increase the number of social workers in the villages. These social workers will constantly monitor and make regular follow up on the welfare of the elderly persons who are either living with relatives or other caregivers. Through this, actions can be initiated against any member of the society found culpable in a abusing the rights of the elderly persons".

4.4 Social Institutional Care Plans and the Wellbeing of the Elderly

In this section, results for the statements regarding the role of institutional care plan on the wellbeing of the elderly persons in Arusha rural district are presented. The findings are shown in Table 5.

Table 5: Social Institutional Care Plans and the Wellbeing of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Mean	Std. Dev
The governing policy for the elderly persons has ensured registration of more persons	8.7	10.7	8.7	30.6	41.3	3.61	0.40
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	3.23	1.211
The conditions for enrolling elderly persons in the cash transfer program is friendly	8.3	8.7	9.1	33.3	40.5	4.25	0.501
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	2.15	1.705
The policies governing the elderly persons can be said to protective to the wellbeing of the elderly in the society	32.5	39.3	5.2	13.1	9.9	1.72	0.533
The equal amount allocated by the government can be deemed as	24.6	44.0	5.2	13.9	12.3	2.01	1.811

adequate to sustain the needs of my household							
The payment rules have accommodate close family members to transact on behalf of the elderly persons	31.3	41.3	6.0	11.9	9.5	1.81	0.187

According to the results in Table 5, the study found that the governing policy for the elderly persons has ensured registration of more persons as supported by 41.3% and 30.6% who strongly agreed and agreed, respectively. It also established that, most of the elderly persons have 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. Again, it found out that, the conditions for enrolling elderly persons in the cash transfer program is friendly as supported by 40.5% respondents who strongly agreed while 33.3% agreed with the statement. The research reveal that, 42.1% disagreed and strongly disagreed (30.2%) that, the government offices in the area provide friendly and timely care services for the elderly persons. Further, it was established that, 39.3% disagreed while 32.5% strongly disagreed that, the policies governing the elderly persons can be said to be protective to the wellbeing of the elderly in the society. Again, the study established that, 44.0% disagreed while 24.6% strongly disagreed that, the equal amount allocated by the government can be deemed as adequate to sustain the needs of their respective households. Moreover, it found out that, 41.3% and 31.3% disagreed and strongly disagreed, respectively that, the payment rules have accommodated close family members to transact on behalf of the elderly persons.

Through interview guide, the local administrators were asked to state some of the policies put forth to cater for the wellbeing of the elderly in the area. Some mentioned that, registration policies, payment rules (equal amount), and age limit as some of the policies put in place to ensure the correct persons are enrolled into the system.

Another policy identified by majority of the local administrators was the social protection that clearly identified the members of the society who are qualified for home based care or institutional care. The policies available also identified the next of keen who is allowed to lend a helping hand to the elderly persons especially in their attempt to access monthly stipend; this was applicable to those within the home based care. The policies in also clearly defined the roles of various stakeholders, particularly government officials (who are at the grass roots) who are delegated the role of attending to the elderly persons at the local level.

The local administrators were also asked to indicate how common the institutional care for the elderly in the area is. The local administrators indicated that most of the elderly persons were taken care of within the institutional settings. This, they argued helped humanitarian organizations and also government officials to easily access the elderly persons and also provide timely assistance to them whenever required. However, the institutions were said to be few and this means that many elderly persons could not be admitted to such institution thereby leaving them at the mercy of some members of the society who viewed them a curse to the society. Despite the presence of inadequate institutions within Arusha rural, those that were available were said to be effective and could provide required services to the elderly persons. Nevertheless, some argued that they were not well equipped with adequate resources as such, delivery of services was questionable.

The study also required the local administrators to recommend some institutional policy changes that could be adopted to improve the wellbeing of the elderly persons. One of the policies that was suggested related to the opening of bank accounts to all elderly persons. The local administrators indicated that, all elderly persons should have bank accounts that can be operated

in tandem with a legally registered next of kin in case the elderly person is unable to physically access bank account due to old age related common illnesses.

According to the local administrators, by improving the social protection policy to include the next of kin, the elderly persons will be allowed to access the cash deposited into their accounts with little difficulty. Some local administrators argued that the next of kin should be able to work hand in hand with the local administrators who will ensure that the accessed cash reaches the intended recipient.

Through FGD, the NGOs were asked to indicate some of the social institutional care plans that they think have negative effects on the welfare of the aged population.

One of the non-state actor (male) said that,

> "The mere fact that only one member is registered and allowed to accompany the elderly persons to access funds is a challenge because many of the elderly persons have failed to access their monthly stipend due to sickness of care givers or their unwillingness to cooperate".

Secondly, another non-state actor (female) indicated that,

> "Many of the elderly persons are still left out from the program due to stringent qualification rules and this has exposed them to more suffering since a lot of them may be unable to work to fend for basic needs".

Thirdly, another non-state actor (female) mentioned that,

> "The delay in availing the monthly finances have exposed the elderly persons to suffering such as inability to access timely medication and buy food for themselves. Such delays have subjected to psychological and physical torture hence exposing them to other illnesses associate with old age".

Further, another non-state actor (male) mentioned the following,

> "In some government institutions, some of the elderly persons have sometimes failed to access services within the date providing due to high workload and this mean that some have to go back home unattended. They are then told to come back another day!. Given that, these old persons struggles to raise even transport for such visits, some are unlikely to visit the facilities as per the readjusted dates".

Again, another non-state actor (female) said that,

> "Some elderly persons have visited social protection facilities with no documentation after having lost or misplaced them. They are forced to either for another that takes longer to process and this means they will go home without accessing their monthly stipend. Such happenings have affected their wellbeing".

The non-state actor were also asked to state some of the difficulties they have encountered when interacting with the elderly persons within their jurisdictions.

The first non-state actor (male) said the following,

> "Some of the elderly have lost their monthly stipend to their care givers who are mostly relatives and close associates. Again others have complained of neglect by caregivers who only resurface towards end month, a time they are sure of getting part of the money".

The second non-state actor (female) said that,

> "Many elderly persons complained of going without food in many occasions. This is attributed to the fact that the money they are given is not adequate for a whole month".

In addition, a third non-state actor (male) argued that,

> "Some have experienced abrupt illness at night and none of their caregivers were always available to lend a helping hand. This has happened to several elderly persons I have interacted with".

Again, a fourth non-state actor (female) said that,

> "Some of the elderly persons were unable to write or read and this made some unscrupulous people with the society to con them their monthly. Most of them are lured into this criminal network by individuals who pretend that they will double their monthly income if they invest with them".

The fifth non-state actor (male) mentioned the following,

> "I have interacted with very old persons who cannot even walk well. So subjecting them to monthly visitation to facilities is tantamount to worsening their already vulnerable conditions. Some have reported to have failed to visit social protection facilities as a result of lack of persons to accompany them".

Another non-state actor (female) said that,

> "Some of the elderly persons seemed lost memory as a result of old age effects and this made our work more challenging especially when we are attempting to enquire about their wellbeing related issues"

4.5 The Role of Institutional Stakeholders on the Wellbeing of the Elderly

In this subsection, the elderly persons were required to provide their answers on various statements regarding the role of stakeholders on the wellbeing of the elderly persons in Arusha rural district. The results are shown in Table 6.

Table 6: The Role of Institutional Stakeholders on the Wellbeing of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Mean	Std. Dev.
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	2.16	2.402
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	3.01	1.806
The NGO leaders play integral role in enlightening the elderly persons about their rights	11.1	11.9	2.8	34.9	39.3	4.78	1.544
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	4.11	1.102
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	4.74	1.167
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	3.01	1.016

From the results in Table 6, the research established that, 44.8% disagreed that, they have ever been involved in decision making on matters that directly or indirectly affect their life while 30.2% strongly disagreed. The study found that 27.8% agreed that, they have the knowledge about the stakeholders involved in the care for the elderly in my society while 20.2% strongly agreed. On the same statement, 20.6% strongly disagreed while 19.8% disagreed with it. It also found that, the NGO leaders play 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. Further, it was found that, in the recent past, various stakeholders have increased awareness campaign to enroll more elderly persons as supported by 49.2% respondents who strongly agreed while 35.7% agreed. Again, the role played by various stakeholders in the area have improved the wellbeing of the elderly persons and 47.6% strongly agreed whereas 37.7% of the respondents were in agreement.

Further, the results from the interview guide were also presented. The local administrators were required to indicate whether they were aware of some of the stakeholders involved in the care for the elderly in the area. Some indicated that NGOs (both local and international) were the common stakeholders providing support to the elderly persons. Others indicate that, local administrators such as government officials from the ministry of social services were closely involved in offering all manner of support to the elderly persons. Further, community based organizations (CBOs) were also involved in supporting the elderly persons in their attempt to access government related services within the community.

The relatives for the elderly persons were asked to indicate whether they were always involved in any decision making pertaining to their well-being. Most of them indicated that they were only consulted whenever the social workers intend to adjust enrolment information. However, they said that most of the decisions are made without involving their inputs. Other respondents indicated that, sometimes they take their elderly persons to collect monthly stipend only to be told that dates for collection has been postponed due to unavoidable circumstances.

On the issue of involvement in decision-making, some relatives reported that, some of the officers visit their homes to enquire about some information but they rarely give reasons for the

required details just to realize at later date that the social protection fund has been temporarily canceled. Again, the change in visitation hours are sometimes made without their attention. Thus, some end up using their only money left for transport just to be told that servicing hours ended and so, they have to reschedule their visitation.

Again, the relatives were asked to suggest measures that stakeholders should do to improve the welfare of the elderly persons. Most relatives proposed that, all stakeholders involved in the provision of care and support to the elderly persons should be trained and educated to improve their knowledge, ability and competence during the discharge of their mandates. Moreover, some indicated that, the stakeholders including government officials among others should be exposed to regular seminars and workshops to improve services delivery to the elderly persons.

Again, the relatives indicated that, community awareness campaigns should be increased and more importantly, regular done to improve the living relationship between the elderly persons and the community members. Further, the elderly should also be made to understand their rights so that correct actions are taken whenever they are subjected to discrimination or bias. Through such measures, the overall welfare of the elderly persons can be improved.

The study used FGD to solicit information from non-state actors. The stakeholders involved in the care for the elderly persons were asked if there was proper collaboration between various actors. The results were mixed because several agreed that there was good collaboration between among them whole some were objective. For example, one non-state actor (female) indicated the following,

> "The working relationship between my organization and other actors such as government has not been impressive due to the fact that the government view them as individuals who

have conglomerated to portray the government in bad light more particularly whenever they conduct awareness campaigns on the plight of the elderly persons".

A second non-state actor (male) argued that,

> "The relationship workers from similar organization was good, however, instead of other NGOs treating them as partners who have similar objective of improving the wellbeing of the elderly persons, they see them as competitors who have come into the action because of the funds provided by donors to support the wellbeing of the elderlies".

Additionally, another non-state actor (female) reported that,

> "The collaboration between them and other actors, especially the national government has not been conducive because the government view them as people whose role is to portray the government negatively to the outside world. Some of our activities have been curtailed because government hate our work".

In yet another response, the fourth non-state actor (female) said that,

> "Our working relationship is good amongst ourselves and the international organizations who have been supportive, especially through funds they provide to us. Due to good working relationship we have managed to reach out and register more elderly persons within the community".

Again, another non-state actor (male) stated the following,

> "We always find it difficult working with local administration working for the national government. Our equipment are sometimes confiscated thereby curtailing our programs hence the delivery of services to the elderlies are negatively impacted".

Another non-state actor (male) said that the collaboration between them and the government has not been good, she reported that,

"Some of our employees have sometimes been arrested in the field of duty after being accused of 'interfering' with government programs. These are mere allegations that have never been proved even before the courts of law. It is merely witch hunting us!" they do not want use to support the vulnerable in the society".

4.6 The Wellbeing of the Elderly

In this subsection, the elderly persons were required to provide their answers on various statements regarding the wellbeing of the elderly persons in Arusha rural district. The results are shown in Table 7.

Table 7: The Wellbeing of the Elderly

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Mean	Std. Dev
I have full access to pension schemes provided by the government	5.2	7.9	2.4	36.1	48.4	4.11	2.044
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	4.56	1.880
My health status has improved since enrolling into the social protection system	8.3	18.3	4.8	31.0	37.7	4.98	2.000
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	4.00	1.900

Based on the results presented in Table 7, 48.4% of the respondents strongly agreed that they have full access to pension schemes provided by the government while 36.1% were in agreement. The research revealed that, since being enrolled into the social protection scheme, they were able to meet their basic needs as supported by 55.2% respondents who had strong agreement while 30.2% agreed with the statement. It was also revealed that, the health status of the elderly persons have improved since enrolling into the social protection program as supported by 37.7% of the respondents who strongly agreed and 31.0% who agreed. It was also

found that, 45.6% strongly agreed while another 45.6% agreed that, various stakeholders have put in place measures to create awareness towards the wellbeing of the elderly persons.

The relatives to the elderly persons were asked to state some of the challenges they have encountered as one of the elderly persons' caregivers. Most relatives indicated that, falling sick regularly especially at night always offered serious challenges to them. Some said that some of the sudden illnesses occurs in the night with no means of transport to take them to the hospital. In most cases, they reported to have no money to seek for emergency medication. Such abrupt illness sometimes end to loss of lives. Again, some mentioned challenges such as, inadequacy of the monthly stipend while others talked of long queues whenever they visit social program centers. Further, others reported cases of delay in reimbursing funds have also offered immense challenges to the wellbeing of the elderly persons. Further, lack of time to accompany the elderly persons to the facilities and lack of transportation fee due to long distance have also impeded their care for the elderly and ultimately, this has negatively impacted their overall wellbeing.

The interview guide sought to find out from the local administrators what could be done differently to improve the wellbeing of the elderly. They suggested the need for regular training and education for all stakeholders. They also said that, the monthly cash transfer should be increased to allow the elderly persons access basic needs without having to beg for support from family members, relatives and even loved ones. Further, more institutions should be built to ensure that all potential elderly persons who have qualified for the social protection schemes are registered. Again, more staff should be allocated at the local level to ensure that there is seamless delivery of services.

4.7 The Moderating Role of Gender on Community Perception, Social Care Plans, and Stakeholder Involvement

In this subsection, the elderly persons were required to provide their answers on various statements regarding the moderating role of gender on community perception, social care plans, and stakeholder involvement. The results are shown in Table 8.

Table 8: The Moderating Role of Gender

	Strongly disagree (%)	Disagree (%)	Not sure (%)	Agree (%)	Strongly agree (%)	Mean	Std. Dev
The present institutional culture discriminates women when it comes to resource access	6.0	12.3	5.6	41.3	34.9	3.81	0.455
There is open discrimination against men by various stakeholders whenever they seek services from various institutions	12.3	21.4	10.7	43.3	12.3	3.11	0.787
Within my community, there is open bias against elderly women than men during the provision of care plans	9.9	13.1	3.2	36.1	37.7	3.97	0.544
The government has adequate institutional policies that prevent the discrimination against any gender	24.6	42.1	6.0	15.1	12.3	2.12	0.322

According to the results in Table 8, the present institutional culture discriminates women when it comes to resource access as supported by 41.3% and 34.9% of the respondents who agreed and strongly respectively. The study also found that, there is open discrimination against men by various stakeholders whenever they seek services from various institutions as supported by 43.3% respondents who were in agreement while another 12.3% had strong agreement. The study also found that, there is open bias against elderly women than men during the provision of care plans within the community as supported by 37.7% respondents who strongly agreed while 36.1% agreed with the statement. Finally, the study found that, 42.1% and 24.6% disagreed and

strongly agreed, respectively that, the government has adequate institutional policies that prevent the discrimination against any gender.

Through FGD, the non-state actors (NGOs) were asked to indicate whether there were gender discrimination cases they have encountered. All the respondents were in the affirmative and unanimously agreed that, indeed gender discrimination was ripe in the society.

In support, the first non-state actor said the following,

> "Indeed, discrimination exists. For example, during one of my daily activities, I witnessed a case whereby one of the male elderly persons insisted that he must be served first before women because in the society women are not allowed to be in the front line even when it comes to access to services. The male elderly person was so frustrated that he accused the organization of being blind about the status of men in the society".

Another non-state actor agreed that, indeed discrimination exists reported that,

> "In one incident, a senior local administrator assaulted an elderly and demanded her to know her 'right place' in the society. The man retorted, I do not argue with women! This is because the woman simply wanted to know why they have been kept long in the queue".

Further, another non-state actor indicated that,

> "I have witnessed an incident where some of my colleagues only want to attend to a particular sex during field work. They argue that approaching elderly persons of same sex is always difficult. They are forgetting that they were trained to serve all sexes without bias".

Again, a fifth non-state actor stated the following,

"As a man working in this field, I always find it difficult to serve women. They say that, the nature of the work (social work) dictates that women are better placed to carry it out. One woman ones told asked me….don't you have something important to do? Why decide to do women's work? He continued and said…..we also experience discrimination in this field and this is sad because many society members have completely failed to appreciate our roles in the society"

4.8 The Regression Results

In this section, the results for regression analysis are present. It begins with the results for the model summary, followed by the ANOVA results and finally, the regression coefficients. The results are shown in the following subsections.

Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.801[a]	.642	.636	2.20064

a. Predictors: (Constant), Gender, Stakeholders involvement, Institutional care plans, community traditional perception

In Table 9, the study found that the R square is 0.642; it is actually 64.2%. The high R square is an indication that the chosen variables predicts or accounts 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.

Table 10: ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2140.506	4	535.127	110.499	.000[b]
	Residual	1196.172	247	4.843		
	Total	3336.679	251			

a. Dependent Variable: The wellbeing of the elderly persons
b. Predictors: (Constant), Gender, Stakeholders involvement, Institutional care plans, community traditional perception

The ANOVA results in Table 10 shows that, the F statistics is significant at the 1% level; actually it is significant at 0.000. This could be interpreted to mean that the regression model is significantly reliable.

Table 11: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.708	1.016		1.681	.094
	Traditional community perception	.344	.079	.334	4.370	.000
	Institutional care plans	.227	.044	.364	5.170	.000
	Stakeholder involvement	.503	.049	.582	10.237	.000
	Gender	.093	.071	.061	1.320	.188

a. Dependent Variable: The welfare of elderly persons

As presented in Table 11, the beta coefficient for traditional community perception is 0.334 and also the variable is significant at the 1% significant level; actually the significant level is 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 also 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 also 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. Regarding the moderating variable, gender, the study found that it positively moderated the relationship between institutional culture and the welfare of the elderly persons with a beta coefficient of 0.061. However, the moderating variable had no significant influence on the relationship between the independent and dependent variables (sig. 0.188).

4.9 Discussion of Results

4.9.1 The Role of Traditional Perceptions on the Wellbeing of the Elderly

Through inferential statistics (regression analysis), the study found that, the beta coefficient for traditional community perception is 0.334 and also the variable is significant at the 1% significant level; actually the significant level is 0.000. This means that a positive increase in the community perception could improve the welfare of the elderly persons. In agreement, a study by Wagana and Mkamwa (2018) established a positive relationship between community perception and the support given to the elderly persons. Again, the results are supported by a study by Eeuwijk (2014) who found that, traditional beliefs had a positive association with the wellness of elderly women in Karachi. The results are also in line with the Social Exclusion Theory that calls for social protection inclusion for all the vulnerable in the society.

Regarding descriptive statistics, the study found that there are 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 person, have ever 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 is discriminative 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 affects 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 show that, increasing societal knowledge and information is 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 undergo 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.

4.9.2 Institutional Care Plans and the Wellbeing of the Elderly

Through regression analysis, the study found that, the institutional care plans had a beta coefficient of 0.364 and also 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. The results contradict a study by Ulriksen's (2016) that established that, institutional structure have no relationship with the wellbeing of the vulnerable such as elderly persons and people with disability in the society. The results are also in line with the Social Exclusion Theory that calls for social protection inclusion for all the vulnerable in the society. The results resonate with the argument of Culture Care Diversity and Universality that calls for universality in the provision of care to all persons, especially the elderly persons.

Through descriptive statistics, the study found that the governing policy for the elderly persons has 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, policies 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 have 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 is friendly as

supported by 40.5% respondents who strongly agreed while 33.3% agreed with the statement. In agreement, a study by Mittal (2018) found that, in North America, a significant proportion of elderly persons are covered by the social pension scheme as a result of friendly policies in place. The research reveal that, 42.1% disagreed and strongly disagreed (30.2%) that, the government offices in the area provide friendly and timely care services for the elderly persons. In yet another study, Kakwani and Subbarao (2015) found that, most respondents retorted that the services they receive whenever they visit government offices were good.

Further, it was established that, 39.3% disagreed while 32.5% strongly disagreed that, the policies governing the elderly persons can be said to be protective to the wellbeing of the elderly in the society. In agreement, 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 can be 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 is adequate.

4.9.3 The Role of Institutional Stakeholders on the Wellbeing of the Elderly

Through inferential statistics (regression analysis) also found that, stakeholder involvement had a beta standard coefficient of 0.582 and also 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. In agreement, a study by Chipangura et al (2016) found that, timely stakeholder support improves elderly persons' livelihood and vice versa hence an indication of a positive relationship. The results are in line with the social exclusion and Culture Care Diversity and

Universality theories that argues for an inclusive social protection by considering cultural diversity to ensure universality in the provision of care to the elderlies.

From the results, the research established that, 44.8% disagreed that, they have ever been involved in decision making on matters that directly or indirectly affect their life while 30.2% strongly disagreed. The results fails 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 have the knowledge about the stakeholders involved in the care for the elderly in my society while 20.2% strongly agreed. On the same statement, 20.6% strongly disagreed while 19.8% disagreed with it. 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 play 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 fully attended to.

Further, it was found that, in the recent past, various stakeholders have 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 through encouraging their regular participation in physical activities, regular counseling sessions and continuous health checkups Again, the role played by various stakeholders in the area have 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 increases their life expectancy.

4.9.4 The Wellbeing of the Elderly

Based on the results presented, 48.4% of the respondents strongly agreed that they have 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, since being enrolled into the social protection scheme, they were able to 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 protecting membership enhances 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 have 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 have 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 is lacking in most regions of Tanzania and this has marginally affected the provision of institutional services to the vulnerable in the society. The results on welfare for the elderlies resonate with the argument of the social

exclusion and Culture Care Diversity and Universality theories that call for social welfare inclusions and universal care provision for the most vulnerable in the society; in this case, the elderlies.

4.9.5 The Moderating Role of Gender on Community Perception, Social Care Plans, and Stakeholder Involvement

From the regression results (inferential statistics), the study found that gender positively moderated the relationship between institutional culture and the welfare of the elderly persons with a beta coefficient of 0.061. However, the moderating variable had no significant influence on the relationship between the independent and dependent variables (sig. 0.188). The results concurs with yet another study by Zhou, et al., 2019) that explicitly found that, stakeholder involvement have a positive relationship with the ability of the elderly persons to access medication for their wellbeing.

According to the results, the present institutional culture discriminates women when it comes to resource access as supported by 41.3% and 34.9% of the respondents who agreed and strongly respectively. In agreement, a study by Phillips and Ziminski (2012) found that, elderly women are usually mishandled by the community they live and sometimes name called as result of not being able to play house chores. The study also found that, there is open discrimination against men by various stakeholders whenever they seek services from various institutions as supported by 43.3% respondents who were in agreement while another 12.3% had strong agreement. In disagreement, a study by Zhou, et al. (2019) found that, the gender that is mostly discriminated against are the female elderly persons due to their downgraded status by the society members. The study also found that, there is open bias against elderly women than men during the provision of care plans within the community as supported by 37.7% respondents who strongly

agreed while 36.1% agreed with the statement. In agreement, Ulriksen (2016) observed that, women are mostly looked down upon in any society more than men and this spirals all the way to their elderly livelihood. Finally, the study found that, 42.1% and 24.6% disagreed and strongly agreed, respectively that, the government has adequate institutional policies that prevent the discrimination against any gender. The results disconnects with a study by Phillips and Ziminski (2012) found that the policies available were favorable to both male and female elderly persons.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

In chapter five, the study summarizes the findings from the previous chapter. The conclusions and recommendations are also presented. Finally, the areas for further research also highlighted.

5.2 Summary of the Findings

In this section, the summary of the findings are presented as per the specific research objectives. Both summarized results for moderating variable (gender) and dependent variable (welfare of the elderly persons) are also presented.

5.2.1 The Role of Traditional Perceptions on the Wellbeing of the Elderly

The study found that there are negative traditional beliefs about the elderly in the community as agreed by 87.3%. The study found out that, elderly persons have ever been directly affected by societal stereotypes as reported by 87.7% who had an agreement with the statement. It was also found that, 78.6% disagreed that, the overall treatment of the elderly persons in the community is discriminative. The study also found out that, the cultural beliefs in the society negatively affects the wellbeing of the elderly persons as agreed by 85.4%. The results also show that, increasing societal knowledge and information is an effective way for reducing traditional beliefs as reported by 85.3% who agreed. It also established that, 46.1% of the respondents disagreed that, the elderly persons in the society usually undergo education to improve their self-perceptions about aging while 42.0% agreed. 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 is 0.000. This means that a positive increase in the community perception could improve the welfare of the elderly persons.

5.2.2 Institutional Care Plans and the Wellbeing of the Elderly

The study found that the governing policy for the elderly persons has ensured registration of more persons as supported by 71.9% respondents who agreed. It also established that, most of the elderly persons have been enrolled in cash transfer program by the government within the community as supported by 79.3% respondents who agreed. Again, it found out that, the conditions for enrolling elderly persons in the cash transfer program is friendly as supported by 73.8% respondents who agreed with the statement. The research reveal that, 72.3% disagreed that, the government offices in the area provide friendly and timely care services for the elderly persons. Further, it was established that, 71.8% disagreed that, the policies governing the elderly persons can be said to be protective to the wellbeing of the elderly in the society. Again, the study established that, 68.6% strongly disagreed that, the equal amount allocated by the government can be deemed as adequate to sustain the needs of their respective households. Moreover, it found out that, 76.6% disagreed and strongly disagreed, respectively that, the payment rules have accommodated close family members to transact on behalf of the elderly persons. The study also found that, the institutional care plans had a beta coefficient of 0.364 and also 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.

5.2.3 The Role of Institutional Stakeholders on the Wellbeing of the Elderly

The research established that, 75.0% disagreed that, they have ever been involved in decision making on matters that directly or indirectly affect their life. The study found that 48.0% agreed that, they have the knowledge about the stakeholders involved in the care for the elderly in my society while 40.4% disagreed with it. It also found that, the NGO leaders play integral role in

enlightening the elderly persons about their rights as reported by 74.2% respondents who agreed. Further, it was found that, in the recent past, various stakeholders have increased awareness campaign to enroll more elderly persons as supported by 84.9% respondents who agreed. Again, the role played by various stakeholders in the area have improved the wellbeing of the elderly persons as supported by 85.3% of the respondents were in agreement. It also found that, stakeholder involvement had a beta standard coefficient of 0.582 and also 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

5.2.4 The Wellbeing of the Elderly

Based on the results presented, 85.5% of the respondents agreed that they have full access to pension schemes provided by the government. The research revealed that, since being enrolled into the social protection scheme, they were able to meet their basic needs as supported by 85.4% respondents who had an agreement with the statement. It was also revealed that, the health status of the elderly persons have improved since enrolling into the social protection program as supported by 68.7% of the respondents who agreed. It was also found that, 90.2% agreed that, various stakeholders have put in place measures to create awareness towards the wellbeing of the elderly persons.

5.2.5 The Moderating Role of Gender on Community Perception, Social Care Plans, and Stakeholder Involvement

According to the results, the present institutional culture discriminates women when it comes to resource access as supported by 76.2% of the respondents who agreed. The study also found that, there is open discrimination against men by various stakeholders whenever they seek services

from various institutions as supported by 55.6% respondents who were in agreement. The study also found that, there is open bias against elderly women than men during the provision of care plans within the community as supported by 73.8% who agreed with the statement. Finally, the study found that, 66.7% disagreed that, the government has adequate institutional policies that prevent the discrimination against any gender. From the regression results, the study found that gender positively moderated the relationship between institutional culture and the welfare of the elderly persons with a beta coefficient of 0.061. However, the moderating variable had no significant influence on the relationship between the independent and dependent variables (sig. 0.188).

5.3 Conclusions

The study conclude that, elderly persons are 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 established 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 the elderly persons. Further, the policies available were not protective to the wellbeing of the elderly and the equal amount allocated by the government was deemed as inadequate to sustain the needs of their respective households. The study also found that, the institutional care plans had positive significant relationship with the welfare of the elderly person.

The research revealed that, most elderly persons have never been involved in decision making on matters that directly or indirectly affect their life and still, many did not have the knowledge

about the stakeholders involved in the care for the elderly in my society. However, it was found that, stakeholder involvement had positive significant relationship with the welfare of the elderly persons.

The study concludes that, gender positively moderated the relationship between institutional culture and the welfare of the elderly persons; however, the moderating variable had no significant influence on the relationship between the independent and dependent variables. This means that, gender (male or female) had insignificant influence on the wellbeing of the elderly persons in Arusha rural district.

5.4 Recommendations

The study recommends 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 also various government officials as well as NGOs and other humanitarian bodies should be engaged and involved in all decision process. Such as steps can help in boosting every stakeholder confidence thereby improving the welfare of the elderly persons with Arusha rural

district. Further, bodies such as NGOs can also ensure that there is increased awareness campaigns to enroll more key stakeholders; elderly persons into the program.

Despite that gender had no significant influence on the welfare of the elderly persons in Arusha rural district, the study recommends that, the policies put in place by the government should not discriminate against male of female elderly person. Simply put, the available policy should be able to provide equal opportunity for all gender! This recommendation is driven by the fact that, some respondents felt that female were given upper hand when it comes access to services.

5.5 Limitation of the Study

Some respondents were hesitant to take part in this study. This led to a lack of 100% data results from all individuals who participated in the study. Further, the vastness of the area complicated data collection as such the researcher took longer time than projected to gather information.

5.6 Areas for Further Research

The study sought to investigate the institutional culture and the welfare of the aged population in Arusha district, Tanzania. However, this study only looked at the institutional culture as the independent variable. Therefore, the current study suggest that a future study can be conducted with aim of establishing factors affecting the access of social protection projects in Arusha rural district, Tanzania.

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APPENDICES

APPENDIX I: A QUESTIONNAIRE FOR THE ELDERLY

Greetings. I am Caroline Noah Mwaikuka, a finalist student at the Catholic University of Eastern Africa. As a requirement for the award of any Degree by the institution and the Commission for University Education, I am conducting a study "**Institutional Culture and the Welfare of the aged population in Arusha, Tanzania."** I therefore request you to take a few minutes of your time to respond to this questionnaire. I would like to bring to your attention that the information you give will be kept as confidential as possible, and shall purely be used for academic purposes.

Thank you in advance.

Add a section for them to sign and confirm that they have provided consent to participate in the research

Instructions

- *Kindly tick all that applies to you in the brackets provided after each question.*
- *For the open questions, write your responses provided after each question.*
- *Kindly give as accurate information as possible.*

Section A: Demographic characteristics

1. Gender

   Male [ ] Female [ ]

2. Age

   Below 60 years [ ] 60-70 years [ ] 71-81 years [ ] Above 81 years [ ]

3. Marital status

Single (never married) [ ] Married [ ] Divorced/separated [ ] Widowed [ ]

Other (please specify)……

4. Are you under institutional care or home-based care?

   Yes [ ] No [ ]

5. Source of income

   Own savings [ ] Pension [ ] Cash transfer [ ]

   Self-employment [ ] Formal employment [ ]

   Others (please specify)……

Section B: Welfare of the Elderly

6. The following statements regards the statements on the wellbeing of the elderly persons in Arusha rural district. Kindly, provide your answer on a Likert scale of 1-5, where 1 = Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree, and 5 = Strongly agree.

Statements	**1**	**2**	**3**	**4**	**5**
Currently, I need less or no help to carry out routine personal activities such as bathing					
As an elderly person I have satisfactory feeling of connection with people around me					
Frequent involvement in physical exercises has greatly enhanced my physical wellbeing					
There is improved feeling of self-esteem since I got registered into the social protection system					

I rarely access basic needs since I enrolled into the social protection programs					
I am nowadays more active than when I was at home and it makes me feel good					

Section C: Traditional community perceptions on the wellbeing of the elderly

7. The following statements regards the role of traditional perceptions on the wellbeing of the elderly persons in Arusha rural district. Kindly, provide your answer on a Likert scale of 1-5, where 1 = Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree, and 5 = Strongly agree.

Statements	**1**	**2**	**3**	**4**	**5**
There are negative traditional beliefs about the elderly in the community					
As an elderly person, I have ever been directly affected by societal stereotypes					
The overall treatment of the elderly persons in the community is discriminative					
Cultural beliefs in the society negatively affects the wellbeing of the elderly persons					
Increasing societal knowledge and information is an effective way for					

reducing traditional beliefs					
Elderly persons in the society usually undergo education to improve their self-perceptions about aging					

8. Suggest ways that can be embraced to address the cultural challenges that the elderly encounter?.....

……

Section D: Institutional care plan policies and the wellbeing of the elderly

9. The following statements regards the role of institutional policies on the wellbeing of the elderly persons in Arusha rural district. Kindly, provide your answer on a Likert scale of 1-5, where 1 = Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree, and 5 = Strongly agree.

Statements	**1**	**2**	**3**	**4**	**5**
The governing policy for the elderly persons has ensured registration of more persons					
In my community, most of the elderly persons have been enrolled in cash transfer program by the government					
The conditions for enrolling elderly persons in the cash transfer program is friendly					
The government offices in the area provide friendly and timely care					

services for the elderly persons					
The policies governing the elderly persons can be said to protective to the wellbeing of the elderly in the society					
The equal amount allocated by the government can be deemed as adequate to sustain the needs of my household					
The payment rules has accommodate close family members to transact on behalf of the elderly persons					

10. Recommend some institutional policy changes that could be adopted to improve your wellbeing.....

Section E: The role of institutional stakeholders on the wellbeing of the elderly

11. The following statements regards the role of stakeholders on the wellbeing of the elderly persons in Arusha rural district. Kindly, provide your answer on a Likert scale of 1-5, where 1 = Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree, and 5 = Strongly agree.

Statements	**1**	**2**	**3**	**4**	**5**
I have ever been involved in decision making on matters that directly or indirectly affect my life					
I have the knowledge about the stakeholders involved in the care for the elderly in my society					
The NGO leaders play integral role in enlightening the elderly persons about their rights					
In the recent past, various stakeholders have increased awareness campaign to enroll more elderly persons					
The role played by various stakeholders in the area have improved the wellbeing of the elderly persons					
There is regular visitation by various stakeholders to the elderly persons' houses/home-based care					

Section F: Gender Beliefs and Perceptions on community perception, social care plans, and stakeholder involvement

12. The following statements regards the role of stakeholders on the wellbeing of the elderly persons in Arusha rural district. Kindly, provide your answer on a Likert scale of 1-5, where 1 = Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree, and 5 = Strongly agree.

	1	**2**	**3**	**4**	**5**
The present institutional culture discriminate women when it comes to resource access					
There is open discrimination against men by various stakeholders whenever they seek services from various institutions					
Within my community, there is open bias against elderly women than men during the provision of care plans					
The government has adequate institutional policies that prevent the discrimination against any gender					

End

Thank you for your time!!

APPENDIX II: KEY INFORMANTS INTERVIEW FOR LOCAL GOVERNMENT ADMINISTRATORS (OFFICERS)

1. Are there any traditional beliefs or stereotypes about the elderly in this area? Please identify some of them…….

   ……

2. Would you say culture in any way affects the wellbeing of the elderly? If yes, how?

   …….

   ……

3. What do you suggest could be done to address the cultural challenges that the elderly encounter?.....

   ……

4. What are some of the policies put forth to cater for the wellbeing of the elderly in this area?.....

   …….

5. How common is institutional care for the elderly in this area? Would you say these institutions are effective?.....

   …….

6. What do you suggest could be done differently to improve the wellbeing of the elderly?

   ……

   ……

7. Who are some of the stakeholders involved in the care for the elderly in this area?.

   ……

   ……..

8. What do you suggest that stakeholders should do to improve your wellbeing?.....

   ……

9. Kindly add any other comments on the topic……

   ……..

Thank you for your time!!

APPENDIX III: FOCUS GROUP DISCUSSIONS FOR NON-STATE ACTORS

1. As a person who interacts with elderly persons regularly, what are some of traditional beliefs that affects the welfare of the elderly in your region?

2. In your opinion what can be done to curb these traditional beliefs?

3. What are some of the social institutional care plans that you think have negative effects on the welfare of the aged population?

4. What are some of the difficulties you encounter when interacting with the elderly persons within your jurisdiction?

5. As one of the stakeholders involved in the care for the elderly persons, do you think there is proper collaboration between you and other actors?

6. Kindly provide reason(s) for your answer in question 5

7. In your opinion as a non-state actor involved in the care for the elderly persons, are there gender discrimination cases you have encountered?

8. If yes in question 7, please provide some discrimination cases you have encountered

APPENDIX IV: INTERVIEW GUIDE FOR THE ELDERLY PERSONS' RELATIVES

1. Kindly name some societal norms that have affected the wellbeing of the elderly persons in the village……

2. What can be done to curb these traditional beliefs about the elderly persons?.....

……

3. Are you satisfied with the care plans provided to the elderly persons by the government?.....

…….

4. If not satisfied with the care plans for the elderly persons, please provide some reasons for the dissatisfaction…….

5. As one of the stakeholders involved in the elderly persons care, are you always involved in any decision making pertaining to their well-being?.....

…….

6. What are some of the challenges you encounter as one of the elderly persons' care givers?.....

7. In your opinion, what areas do you think can be improved to enhance the care plans for the elderly persons?.....

APPENDIX V: TIME FRAME

Duration (2022)	FEB	MAR	APRIL	MAY	JUN	JULY	AUGUST
	Proposal writing	Proposal writing					
			Proposal submission and corrections				
				Proposal defense and working on correction of proposal.	Submission of corrected document.		
					Data collection and writing of chapter four and five (data analysis)	Submission of chapter 1-5 for final defense	
							-Writing journal and publishing. -Submission of hard cover bound copies

APPENDIX VI: RESEARCH BUDGET

ACTIVITY	UNIT	UNIT COST (ksh)	TOTAL COST (ksh)
Stationery			
Ball pens	10	15	150
Files	5	60	300
Foolscaps	5 Reams	500	2500
Photocopying	1000	5	2000
Internet	5000 per month	5000	20,000
Sub Total			**24, 950**
Secretarial and other services			
Typing Final proposal	50 pagesx2	30	2200
Typing final project	50 pages x2	30	3100
Printing proposal	70 pages x2	20	2800
Printing final project	70 pages x2	20	5400 (2000 for binding)
Data processing	25,000		25,000
Sub Total			**38,500**
Grand Total			**63, 450**

APPENINDIX VII: MAP FOR ARUSHA RURAL DISTRICT

