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

Regina C. Malima
The Open University of Tanzanai (OUT)
Author's emails: regina.malima@out.ac.tz, regina.malima@yahoo.co.uk

Abstract: Coping strategies against social insecurity remain an important aspect of life among the elderly in Tanzania. This paper analysed coping strategies applied by the elderly and established the factors for coping strategies used among the elderly during social insecurity. The study adopted a cross-sectional research design whereby 202 respondents were involved. A Coping Strategy Index (CSI) with possible minimum and maximum scores of 0 and 100 respectively was developed to establish the levels of social security status of the elderly. It was found that the cumulative CSI level for the majority of the elderly (35.0%) scored 0 – 18 on the index while very few elderly (19.2%) scored 46 – 100 on the scale. Ordinal Logistic Regression (OLR) analysis revealed that place of residence; remittance and annual income were important predictors of the elderly CSI levels ($p < 0.05$). These findings portray prevalence of elderly's insecurity in food, health, shelter, clothing and income needs. It is recommended to the Government through the Ministry of Health, Community Development, Gender, Elderly and Children to collaborate with families, Non-Governmental Organizations, Community Based Organizations and Religious Institutions to design appropriate short and long term interventions that address the utmost needs of the elderly. These include provision of services such as remittances (pension) for all the elderly, improving their housing and living environments and awareness raising to families and community members on the important role of caring the elderly in order to stimulate and strengthen family ties, elderly respect and caring spirit that improve elderly's social protection.

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

1.0 Introduction

The elderly plays a vital role in developed and developing countries. Across the African continent, millions of families would not survive without the contribution of older people– from caring for orphaned grand children to providing much needed household support (Stella *et al*, 2020 and Kalomo *et al*, 2018). Despite this indispensable contribution, the majority of the elderly continue to experience social insecurity and are unable to access basic entitlements such as food, health services and shelter (Hrast, *et al.,* 2012). Moreover, inadequate social institutions such as the government and Non-Governmental Organisations to support the elderly and scarcity of assets in the elderly households influence the elderly way of life (Kago *et al*., 2016). In the absence of social protection interventions to the elderly and needed basic needs such as food, health services and income, the elderly are subjected to substantial stress while finding some ways of employing a range of coping strategies to survive (Ribeiro *et al.*, 2017; HAI, 2004).

Coping strategies among the elderly occurs when they do not have physical or economic assets and access to social protection services such as food, health services, income and shelter, from formal and informal institutions (Ribeiro *et al*, 2017; Norhasmah *et al.,* 2010). Meanwhile, the effect of social insecurities among the elderly carries an impact that goes beyond income and wealth insecurities if not addressed (URT and HAI, 2010). In order to cope during social insecurity, the elderly tend to apply various strategies (Machielse, *et al*., 2020) such as seeking support from their children and family members, selling household items, skipping meals and borrowing cash in order to survive (Bloom *et al*. (2011). In those circumstances, coping strategies are therefore undertaken as remedial actions for the elderly whose survival and livelihood are threatened by adverse events or shocks so as to keep up with a good life (Machielse, *et al*., 2020; Okhakhume, *et al*., 2017).

It is important to note that social security to the elderly is a fundamental human right and a basic service intended not only for setting a minimum social security floor to the elderly but also for playing an important role in alleviating poverty among them (Ncube, 2017 and Okhakhume *et al*., 2017). Of particular significance to the elderly right is Article 25 (1) of the Universal Declaration of Human Rights (UDHR) which states that "everyone has the right to security and a standard of living adequate for the health care, food, clothing, shelter and income and well-being of himself" (UN, 2015; Doron & Apter 2010). Thus, the focus on the basic needs of the elderly (food, health, shelter, clothing and income) in this study is based on this universal declaration benchmark with the purpose of safeguarding their social security with effective social protection arrangements (UN, 2015).

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

Similar circumstances of social protection policy adoption also prevail in developing countries. Hence, much policy interest and activity on social security for the elderly are initiated in sub-Saharan Africa (Fakoya *et al*, 2020; Machielse, *et al,* 2020; Ousmane, 2018; UN, 2015). In West and Central Africa, most countries are at an early stage in the formulation of social security strategies, and few programmes are even at implementation stage as yet (HAI, 2012 and ILO, 2012). In addition, many of the new programmes are short-term pilot projects, with limited reach and weak institutionalization where only a small portion of all such efforts address specific vulnerabilities and needs of the elderly (Bloom *et al*., 2011). Similarly, it is important to note

here that, due to the limited role played by social institutions, the elderly are forced to apply various coping strategies in order to survive (Sultana, 2011).

In Tanzania, the majority of the elderly live in rural areas where there are inadequate social protection institutions to address their needs (URT and HAI, 2010). For instance, about 96% of the elderly in Tanzania do not have a secured social security from social institutions (ILO, 2012 and URT, 2003). As a consequence, the elderly are placed to social insecurity while experiencing social and economic hardships, food insecurity and live in poor housing (HAI, 2012). A study by Spitzer *et al*. (2009) in Tanzania revealed that the establishment of social security programmes for the elderly in the country is highly diverse, its dynamics are complex and the challenges to financing and delivery of social services to the elderly remain significant.

Efforts to guide and regulate the provision of social protection services to the elderly in Tanzania are set both by the government (as a key stakeholder) and other social institutions as pointed out by URT, 2020, URT, 2016 and URT (2003). For instance, the Tanzania National Aging Policy (2003) and the second five year National Development Plan (2016-2021) and the third five year National Development Plan (2021-2026) which, among other things, are committed to improving the quality of the elderly life through social security programmes such as inclusion of the elderly issues in development strategies and provision of free health services, pension and respect (URT, 2021, URT, 2016 and URT, 2003). Several studies related to the elderly social protection have been conducted in Tanzania, for instance Ulriksen, (2016); Spitzer *et al.* (2009) and ILO (2012). These studies have focused more on social security for the elderly, income security and enhancing elderly livelihood. However, how the elderlies are coping with the social insecurity is not well established by these studies. This study, therefore, was set to fill in this knowledge gap by analyzing coping strategies used by the elderly and establishing the factors determining such strategies among the elderly during social insecurity. Such information will be useful to policy makers and elderly development practitioners in designing sustainable interventions that address social security of the elderly.

2.0 Methodology
2.1 Study Area
This study was conducted in Kilimanjaro Region, Tanzania where Moshi Municipality and Moshi District Council were purposefully selected. The two districts have high population of the elderly compared to other districts in the region as well as other regions in Tanzania. The region has the highest proportion of 9.7% of elderly population compared to 5.6% of the national average. Moshi District Council (MDC) has about 4.6% of elderly population and Moshi Municipal Council (MMC) has about 4.2% of elderly population (NBS, 2012).

This study adopted a cross-sectional research design where a semi-structured questionnaire, Focus Group Discussion (FGDs) and key informants' interviews were used in data collection. The sampling unit for the study was an elderly person aged 60 years and above. A sample of 202 elderly people was employed using purposive sampling technique to select the households with elderly for interviews from lists which were provided by Ward Executive Officers and District Community and Social Welfare Officers. Quantitative data were collected using a household questionnaire with structured items. The household questionnaire obtained information from the elderly on their social demographic characteristics (sex, age, marital status, occupation, level of education, family size, areas of residence and income) and coping strategies commonly used during social insecurity.

Two focus group discussions were conducted with a composition of between six and eleven people. The information obtained during the discussion was used to enrich the information collected from the elderly using the questionnaires. In these focus group discussions, issues of service delivery from the service provider and how the elderly are coping with insecurities and shocks were discussed. A key informant's interview guide was used to get data from key informants. In this study the key informants were four Ward Executive Officers and one coordinator of the Njoro elderly care centre. The information obtained during interviews included how the elderly are receiving the services from social institutions in their respective areas and what coping strategies were commonly used during time of insecurities and shocks in addressing their basic needs.

2.3. Statistical Treatment of Data

The study used basic needs (food, health, shelter, clothing and income) indicators adopted from UN, (2011) and Doron & Apter (2010) for the elderly social security status to construct a Coping Strategy Index (CSI). For each respective basic need, indicators for elderly coping strategies applied in this study were identified during FGDs. The FGDs-based indicators estimate gave important insights that were useful for choosing methods to establish the Coping Strategy Index. However, for each respective basic need, if coping strategies were applied by the elderly, the score was 1 and if the elderly did not apply the response was 0 or otherwise. The scores were used to compute elderly CSI levels for each basic need as categorized into three levels indicators namely level 1 (low), level 2 (moderate) and level 3 (high). The study used this classification to measure and establishes elderly CSI levels based on Meena *et al*. (2012) as specified below: Low (Mean-SD); Medium (Mean – SD to Mean + SD); and High (Mean + SD). The categories for the elderly status were summarised as: Low = 0-18; Medium = 19-46; and High = 47-100. Thereafter, a percentage was computed dividing actual scores by the maximum possible scores of respective coping strategies for each basic need before obtaining the overall score as detailed in the below formula:

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

$$FCSI = \frac{\sum_{n=1}^{n} f(fsc) + f(sap) + f(shi) + f(mr) + f(snrg) + f(scc)}{nv} *100 \dots\dots\dots\dots \quad (1)$$

Where: FCSI = Food Coping Strategy Index, scf = Seeking food support from children/family members, sap = Selling agricultural produces, *shi* = Selling household item(s), *mr* = Reducing number of meals, snrg = Seeking food from neighbours/religious groups/govt, *scc* = support from the elderly care centre, f = frequency, and *nv* = number of variables.

The Health Coping Strategy Index was expressed as:

$$HCSI = \frac{\sum_{n=1}^{n} f(hsc) + f(shi) + f(bc) + f(scc) + f(nrg)}{nv} *100 \dots\dots\dots\dots\dots \quad (2)$$

Where: *HCSI* = Health Coping Strategy Index, *hsc* = Seeking health support from children/family members, *shi* = Selling of household item, *bc* = Borrowing cash, *scc* = support from elderly care centre, *snrg* = Seeking food from neighbours/religious groups/govt, *f* = frequency, *nv* = number of *nv* = number of variables, *n*=sampled population, and *i* =1, 2, 3…….202.

Shelter coping strategy was expressed as:

$$SCSI = \frac{\sum_{n=1}^{n} f(ssc) + f(srcc)}{nv} *100 \dots\dots\dots\dots\dots\dots..\dots\dots\dots\dots\dots\dots \quad (3)$$

Where: SCSI = Shelter Coping Strategy Index, *ssc* = Seeking shelter from children/family members, *srcc* = Seeking refuge to elderly care centre, *f* = frequency, *nv* = number of variables, *n* = sampled population, and *i*=1, 2, 3…….202.

Clothing Coping Strategy Index's function was

$$CCSI = \frac{\sum_{n=1}^{n} f(ssc) + f(snr) + f(shi) + f(scc)}{nv} *100 \dots\dots\dots\dots..\dots\dots\dots\dots\dots.(4)$$

Where: *CCSI* = Clothing Coping Strategy Index, *ssc* = Seeking support from children/family members*, snr* = Seeking support from neighbour/religious groups, *shi* =

selling household items, seek support from elderly care centre, f = frequency, nv = number of variables, n = sampled population, i = 1, 2, 3…….202.

Income Coping Strategy Index was expressed as:

$$ICSI = \frac{\sum_{n=1}^{n} f(shi) + f(ssc) + f(sT)}{nv} *100 \dots\dots\dots\dots\dots\dots\dots\dots\dots\dots\dots\dots (5)$$

Where: $ICSI$ = Income Coping Strategy Index, shi = Selling of household items, ssc = Seeking support from children/family members, sT = Support from TASAF, f = frequency, nv= number of variables, n=sampled population, i=1, 2, 3…….202

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

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

Where: CSI_s= coping strategy index score, n = sampled population, i=1, 2, 3……202, n = elderly respondents, $FCSI$ = Food Coping Strategy Index, $HCSI$ = Health Coping Strategy Index, $SCSI$ = Shelter Coping Strategy Index, $CCSI$ = x, Clothing Coping Strategy Index and $ICSI$ = Income Coping Strategy Index, nv = number of variables. The CSI value ranged from 0 to 100%, denoting that as the value approached 100%, it signified that the elderly was more socially secure while as it approached 0, the status of the elderly was less secure.

The ordinal logistic regression model was used to determine the factors that influence the elderly coping strategies. The dependent variable used in this paper was a combination of income, clothing, shelter, health and food coping strategy indices (CSIs) which were combined to form the dependent variables of the model. The independent variables included socio-demographic and elderly social security variables as indicated in the model.

The Ordinal logistic regression model was specified as follows:
Log(y/1-y) =α+β₁X+..........+βₙXₙ+ε

Where: y = CSI levels (1=Low, 2= Moderate, 3=High); $\beta_1..........\beta_n$ = ordinal logistic regression coefficients of the predictor variables; α = constant; ε = Error term.; X_1 = Sex of the respondents (1 = Male, 0 = Female); X_2 = Age of respondents (measured in years); X_3 = Place of residence (1=household, 0=otherwise).X_4 = Education level of respondent measured in years of schooling; X_5 = Marital status (1 = Yes, 0 = otherwise); X_6 = Household size (number of family members in a household); X_7 = Current occupation (1=farming, 0=otherwise); X_8 = Occupation before retiring (1 = farming, 0 = otherwise); X_9 = Domestic remittance (1 =Yes, 0 = No); X_{10}= Total annual income in Tshs (continuous).

3.0 Results and Discussions
3.1 Coping Strategies Used by the Elderly during Social Insecurity

It was found that there was a combination of coping strategies applied by the elderly in responding to the risks and shocks they faced. Seeking support from children who resided in households was commonly used by the elderly as one of the key coping strategies in addressing food, health, shelter, and clothing insecurities with 57.5% while 25.9% of the elderly relied on other coping strategies (Table 1). These findings imply that, seeking support from their children and other members of their families is a more viable mechanism among the majority of elderly that positively enhance their social security than other coping strategies used in the study area. In addition, the trend of family support as a coping strategy to the elderly varied from one basic need to another in response to the devastating effects of their social insecurity. Similar findings were reported by Ncube (2017), Mohadese *et al.* (2013), URT and HAI (2010), Oduro (2010) and Norhasmah *et al.* (2010) who also found that in the absence of widespread social security systems among the elderly, family-based coping strategies are vital in maintaining their welfare.

In coping with income insecurity, the findings in Table 1 reveal that the majority of the elderly were selling their household items and very few managed to get support from their children and family members. This finding is supported by an argument of one of the elderly persons who revealed that:

> "...*my family members are responsible for taking care of me especially on the most basic needs such as food, health...I think money is not a priority to them so long as all the basic needs are available*" (A 75 years old woman at Kishumundu Village, April 2016).

This finding indicates that social institutions such as the family had very little contribution with regard to financial provision to the elderly. The children paid more attention to basic needs such as food, health, clothing, and shelter provision as they thought that they were more basic than financial support. While financial support seems to be of insignificant value to the elderly from the family, the findings obtained are contrary to findings of some previous studies such as those by Olayiwola (2013), HAI (2009), Kessy (2008) who have established that income given to the elderly in terms of cash transfer and remittance are significantly related to elderly coping strategies and hence determines their social security.

The findings in Table 1 also was supported by the elderly who resided at Njoro Elderly Care Centre that services pertaining to food, health, shelter and clothing were provided uniformly by the centre as their responsible service provider. During FGDs with the elderly at the centre and key informant interviews, it was established that all the elderly depended on the support from the centre for all the required basic needs. The Njoro centre coordinator reported that the elderly at the centre were carefully taken care of by the central government through Social Welfare Department (DSW). Thus, during interview the coordinator had this to say:

> *The government is playing its role to make sure that all the elderly at this centre live decent life. As you can see ... all services including food, shelter, clothing and health*

services are free of charge. We also accept humanitarian support from elderly stakeholders (Key Informant, Coordinator, Njoro elderly centre, April 2016).

Table 1: Coping Strategies used by the Elderly (n=202)

Basic need insecurity indicators/shocks	Coping strategy	Frequency	Percent
Food	Seeking food support from children/family members	108	56.0
	Selling of agricultural produce	54	28.0
	Selling of household items	46	23.8
	Reducing number of meals	23	11.9
	Seeking food from neighbours/religious groups	46	23.8
	Seek support from the elderly care centre (Njoro Elderly Centre)	19	9.8
Health	Seeking health support from children/family members	105	54.4
	Selling of household items	50	25.9
	Seeking food from neighbours/religious groups/govt	37	19.2
	Borrowing cash	19	9.8
	Seek support from the elderly care centre (Njoro Elderly Centre)	19	9.8
Clothing	Support from neighbours/religious groups	22	10.8
	Selling of household items	20	9.9
	Seeking shelter from children/family members	50	25.9
	Seek support from the elderly care centre (Njoro Elderly Centre)	19	9.8
Shelter	Support from neighbours	104	51.0
	Seek refuge to the elderly care centre (Njoro Elderly Centre)	19	9.8
Income	Seek support from TASAF	21	10.9
	Seek support from children/family members	14	7.3
	Selling of the household items	50	25.9

On the other hand, this was emphasized during a FGD with the elderly at the centre where it was reported that:

> *"… We thank God for this centre because we are receiving a high level of hospitality and care … we do not have any problem … we eat, we wear neat clothes, our shelters are very conducive and when sick we are taken to the nearest public dispensary free of charge …"* (An 80 years old man, Njoro elderly care centre, April 2016).

This finding shows that the elderly, as a dependent group, need support from different social institutions in order to survive. The finding is supported by previous findings by Ncube, (2017); Wright *et al* (2015) and HAI (2012) who assert that effective services delivery by social

institutions to the elderly and all the neediest support they provide to the elderly has a significant influence on the elderly physical and psychosocial well-being.

3.2 Coping Strategy Index levels for the Elderly

The CSI levels of the respondents as per each basic need in the study area are shown in Table 2. The cumulative elderly Coping Strategy Index (CSI) level for the majority of the elderly was found to be moderate with 45.0% which was in the category of 19 – 45 scores. Moreover, cumulative CSI indicate that very few elderly (19. 2%) were in the category of 47-100 scores (Table 2). However, the elderly CSI level for the majority of the elderly on food and clothing was in the category of high and moderate scores respectively, indicating food and clothing security among the elderly in the study area to be fair.

Table 2: Coping Strategy Index levels for the elderly social security (n=202)

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

During FGDs in Kiruweni Village it was noted that the elderly in the study area perceived caring for the elderly as an obligation of their respective family members with immediate support on basic needs such as food and clothing:

> *"The majority of us are mainly supported by children and family members with very basic needs such as food and clothing. It is a strange thing to see a human being walking naked unless he/she has a mental problem. The same applies to food, we eat ... our families are our survival"* (Elderly FGDs participant, Kiusa Ward, April 2016).

This finding reveals that elderly support from family members is regarded as an urgent coping mechanism and a symbol of their social security. The findings support previous findings for example by Dhemba *et al.* (2015) and Mardiharini (2005) who thought that the care for the elderly is a shared responsibility of the nuclear family, government and voluntary organisations, the dominant view is that the extended family support system should shoulder most of the responsibilities to provide for the elderly as their immediate coping strategy.

Generally, the results in Table 2 imply that there are variations of CSI levels among the elderly in relation to their basic needs. Meanwhile, changes in the elderly CSI levels show variability of coping strategies applied which is due to the prevalence of their social insecurity. Thus, the results of the cumulative CSI in the study area portray social insecurity among the elderly that

need attention in improving their social security as far as their basic needs are concerned (Table 2).

3.4 Factors determining Coping Strategy Index among the Elderly

The Ordinal logistic regression model was used to estimate the factors for elderly CSI against social insecurity. The result of Ordinal logistic regression model as presented in (Table 3) reveal that, out of 10 variables entered in the model, place of residence, household size, domestic remittance and total annual income of the respondents were the most important predictors related to elderly CSI levels ($p \leq 0.05$). The strongest predictors were place of residence and domestic remittances at ($p \leq 0.001$).

Table 3: Results of the Estimated Ordinal Regression Model (n = 202)

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

The relationship of the place of residence of the elderly in Table 3 was found to be statistically significant ($p \leq 0.001$) which implies that place of residence was a big predictor of elderly to be in a high CSI. This implies that residing both in household and at the elderly care centre as social institutions that support the elderly increases the likelihood of the elderly to be at a high level of CSI and hence increases their social security. Similar results were also reported by Cox *et al.* (2017); Dhemba *et al.* (2015) and Gatenio (2016).

Household size was also a significant predictor of elderly CSI ($p \leq 0.1$) that increases the likelihood of the elderly to be at a high CSI. This is due to the fact, when household size increases, better attention including care for the elderly by presence of the family members in that particular household also increases. Similar findings have also been reported in literature such as those by Olaywola (2013) and Kimuna (2013) who established that household size is a coping strategy to the elderly which positively increases their social security.

Results further revealed that access to domestic remittance from the family members and relatives and total annual income of the elderly were significant factors increasing the probability

of the elderly to be in high level of CSI ($p \leq 0.001$ and $p < 0.01$ respectively). This implies that income given to the elderly in terms of cash transfer and remittance are significantly related to elderly coping strategies and hence determine their social security. The finding corresponds with those by Garcia *et al*. (2012), Hanlon *et al.* (2010) and Kessy (2008).

Moreover, the elderly occupation before retirement (farming) exerts a negative but statistically significant effect on their CSI. This implies that, before retirement, the elderly were able to cope by themselves with social insecurities but currently along with the ageing process the demand for help to cope with insecurities increases because they have less energy to participate in productive farming and other economic activities after retirement. Thus, occupation before retirement of the elderly was not a significant factor in influencing the elderly social security. This result is similar to the findings by Nyikahadzoi (2013) and Ziliak and Gundersen (2011).

4.0 Conclusions and Recommendations

The study concludes that though the cumulative CSI level in the study area is moderate, the general CSI for food, health, shelter, clothing and income basic needs portrays social insecurities among the elderly. Meanwhile, the coping strategies applied can have a positive impact to elderly protection but at the same time indicate social insecurities that need attention by social institutions to improve social security arrangements in favour of the elderly. In this study, it is clear that changes in the CSI levels as per each elderly basic need show variability of coping strategies applied in relation to the prevalence of elderly social insecurity.

Place of residence where elderly reside both in household and at the elderly care centre with support from the increased household members, domestic remittances and total annual income of the elderly showed a significant impact in increasing the probability of the elderly to be in high level of CSI and hence increases their social security. This is due to the fact that, along with the ageing process the demand for help to cope with insecurities increases because the elderly have less energy to participate in productive social and economic activities after retirement.

Based on conclusions, it is recommended to the government through the Ministry of Health, Community Development, Gender, Elderly and Children to collaborate with family, Non-Governmental Organizations, Community Based Organizations and Religious institutions to design appropriate and sustainable short and long term interventions in order to address the basic and utmost needs of the elderly. These include identification of all elderly and their social security status in the country, provision of services such as remittances (pension) for all the elderly, improve housing and living environments for the elderly and awareness raising to families and community members on the important role on the caring of the elderly in order to stimulate and strengthen family ties, elderly respect and caring spirit to continue providing social security to the elderly.

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