



Effects of Cash Assistance among the Elderly in Kajiado North Sub-County, Kajiado County, Kenya

Sadiq Abubakar Bashir, Prof. Samuel Nyachonga & Dr. Wilkins Ndege Muhingi

Catholic University of Eastern Africa, Kenya

Corresponding Author: sdqbashir@gmail.com

Abstract: *This study set to establish effects of cash assistance among the Elderly in Kajiado North Sub-County in Kenya. Descriptive survey research design was adopted in the study. The sample size of the elderly was 249. Purposive sampling was used to select key informants from the organization providing the social service programs in the sub-county. Questionnaires were used to collect data from the respondents. The collected data was analyzed with the help of Statistical Package for Social Science (SPSS). Descriptive and inferential statistics were used in presenting the quantitative data. Inferential statistics was used in establishing the relationship between the variables under study. There was a significant relationship between social service programs and the wellbeing of the elderly in Kajiado North Sub County ($p < 0.015$). There was a positive association between cash transfers and health care services and the wellbeing of the elderly. The study recommends that there is need for empowering the social service programs in the county so as to support the needs of the elderly. This empowering may be in terms of resources such as finance, human resource and food. Additionally, the study also recommends that the government should set more funds and encourage private investors to contribute towards the social service programs. The social service programs should also come up with the right recreational activities that can be friendly to the elderly people.*

Keywords: *Cash assistance, Recreation, Programs, Elderly, Kajiado, Kenya*

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1. Introduction

The World Population Ageing 1950-2050 Report, defines population ageing as a process by which older individuals become a proportionally larger share of the total population in a country. Gavrilov & Heuveline (2003) refer to population ageing as a summary term for shifts in the age structure of a population toward older ages. The effect of the population ageing can be attributed to the fall in the fertility rates and of mortality decline at older ages. In many countries the aging of population is measured by an increase in percentage of either people reaching 60 years of age or elderly people of retirement age, which may be aged 60 or aged 65 depending on societies. According to Gavrilov & Heuveline (2003), a society is

considered relatively old when its population aged 65 and above is more than 8-10%.

As of 2019, the percentages on the age rate have increased compared to 2017. This is whereby it has been noted that the population of aged people above 65 years is growing at fast rate compared to all other age groups. Data presented by the World Population Prospects (2019) indicated that by 2050, one in six people in the world will be over 65 years of age (16%), up from one in 11 in 2019 (9%).

Moreover, within the developed countries like Europe and Northern America, it has been estimated that by 2050, one in four persons living in Europe and Northern America could be aged 65 or over. In 2018, for the first time in history, persons aged 65 or above outnumbered children

under five years of age globally. The number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050 (World Population Prospects, 2019). With such fluctuations, it is important for research studies to be conducted to examine the welfare of the aging population as well as the service delivery systems that have been put in place for such populations.

Social service definition varies among countries depending on the level of institutional development. For instance, in the UK, social service is conceptualized as personal and this narrows its scope. This is whereby a personal social service is a support and care initiatives which are set to meet the social protection needs of individuals. In the US, the scope of social service is narrowed to services which support groups or individuals who are considered to be socially disadvantaged. This includes people with disability, those who lack social protection and those affected by diseases. However, this scope of definition excludes various aspects such income, education, healthcare and culture (Kendall et al., 2006). However, in Korea, the term has been defined as services that are provided for the purpose of improving the welfare and quality of life among individuals or society in general (Lee, 2010).

The increased calls for social service programmes around the world are an emerging concern among various governments. This is largely attributed to various factors such as the increasing rapid population aging, rising divorce rates, falling birth rates, labor and job insecurity, and a widening gap between the rich and the poor. As a result, the social service programs are required for the purpose of responding to the increased demand of welfare services that have been influenced by the socio-environmental changes (Lee, Majer, & Kim, 2019).

In terms of studies, developed nations that grew into aging countries have made greater efforts in conducting studies and coming up with social policies to supporting the aging communities above 50 years of age (Byun, 2011). In the US, for instance, extensive studies have been conducted since the end of World War II about changes along the life cycle and life after retirement. UK has not been left behind and the aging policies have been in place since 2000. Moreover, the aging population continues to increase and the elderly (aged 65 or older) accounted for 17% of the population in 2010. According to ONS (2018e), there are nearly 12 million (11,989,322) people aged 65 and above. Out of this population, 5.4 million people are aged 75+, 1.6 million are aged 85+, over 500,000 people are 90+ (579,776), and 14,430 are centenarians (ONS, 2018f). Around the world, aging advanced countries have mainly pursued policies that supported the social participation of the 50 plus generation focusing on employment, extending the retirement age, and returning those in their 50s or older who are unemployed for a long time to the labor market (Fragoso & Valadas, 2018).

In Japan, a wider range of studies has been conducted since the 1980s about the ripple effect of retirement in terms of socioeconomics. Germany became an aging country in 1932 and was an aged country in 1972. Around the world, aging advanced countries have mainly pursued policies that supported the social participation of the 50 plus generation focusing on employment, extending the retirement age, and returning those in their 50s or older who are unemployed for a long time to the labor market (Fragoso & Valadas, 2018).

The same issue of aging has also been evident in countries like Korea. Since the year 2000, Korea has been transforming into an aging country. This was evident when the percentage of the elderly above 65 years of age or older exceeded 7% of the total population. The country has become an aged country in the shortest period of time globally, as the percentage surpassed 14.2% in 2017. According to a forecast presented by the Statistics Korea (2017), the percentage of those aged 65 or older will sharply increase from 12.8% in 2015 to 30% in 2045, and the average life expectancy will reach 82.9 years. While policy actions have been put in place to address population aging, baby boomers, who account for the largest proportion of the population in Korea, are beginning to retire early (Korea Institute for Health and Social Affairs, 2015; Economic Survey of Korea, 2018).

In Africa countries, the number of elderly people has been increasing over the couple of decades. Of all the continents Sub-Saharan Africa, having the tiniest proportion of elderly and which is ageing slower than the developed regions, is envisaged to witness the absolute size of its older population grows by 2.3 times between 2000 and 2030 (UNDESA, 2015). This is because the continent has been considered as among the youngest continent on earth due to high number of young people compared to the elderly. However, this has been changing due to improve health systems and access to education among other measures. According to a study by the UN (2017) on population ageing, the population of the elderly people in Africa was considered to grow at a fast rate compared to any other region in the world. The projections noted that the population of the elderly aged 60 and over to increase more than threefold between 2017 and 2050, from 69 to 225 million. This is slightly higher than the projections by WHO which indicated that the population would increase to 163 million by 2050 (World Health Organization, n.d). However, in some African countries like Tunisia and Mauritius, that future has already reached, with percentages of elderly people much higher than the continental average. The proportion of over-65s in Tunisia is 7.3 percent, and in Mauritius it is 6.9 percent. (Report from the African Development Bank (AfDB).

Many countries in Africa such as Nigeria, Ethiopia, Cameroon, among others have not yet fully adopted policies to support the social service programs for the

elderly. Researchers found that a majority of adults aged 60 to 64 and around half of those aged 65 and older in Africa remain in the labor force. Many older Africans, particularly women, contribute substantial levels of unpaid home and care work. Health programmes for African older adults, especially those in rural areas, suffer from understaffing of health workers, insufficient financial resources, inadequate health coverage, and high out-of-pocket costs. Systems of organized long-term care have not yet been developed in most of Africa and long-term care remains primarily within in the family, predominantly by women (National Institute of Aging, 2020).

South Africa, having the highest percentage of older persons in Africa, still finds it overly hard and difficult to fully support the elderly and provide them with necessary support system they require for the well-being devoid of racial discrimination. Older age is estimated at being 5% (RSA, Minister of Social Development 2009; Van Staden and Weich 2007). Approximately 5% (3.7 million) of the South African population is aged 60 years or older (Statistics South Africa, mid-year estimates 2009). It is projected that by 2015 the proportion of older persons in South Africa will have increased to 9.5% of the population, that is, 4.24 million (South Africa Progress Report on 120 Ageing Int (2009) 34:119–135 implementation of Madrid Plan... 2002). As they do worldwide, women (with an estimated 61, 6%) represent the largest number and proportion of older people in South Africa (RSA, Minister. An analysis of South Africa's elderly can therefore not ignore "the historical inequalities such as land deprivation and limited access to education which manifest through high levels of unemployment and underdevelopment in the country" (Makiwane and Kwizera 2006:298). Prior to 1994, White South Africans enjoyed a standard of living comparable to that of the developed nations of the world, while the majority of black South Africans were mired in poverty and had inadequate levels of education, while women were subjected to lowly positions in their rural and cultural settings and environments (Makiwane and Kwizera 2006). While there has been progress, the degree of social inequality in the country still reflects "... islands of wealth in an ocean of poverty" (Moller and Devey 2003:458)

In Nigeria, the elderly, aged 65 years and above make up to 3.1% or 5.9 million of the total population of 191 million, which in raw numbers represents an increase of 600,000 during the 5-year period 2012–2017 (Population Reference Bureau, 2012) (National Council on Ageing 2016). The rising numbers of the elderly in Nigeria are as a result of the crude mortality rate that is gradually decreasing (Adebowale, Atte, & Ayeni, 2012). Ageing in Nigeria is being witnessed against the background of socio-economic hardship, widespread poverty, the HIV/AIDS epidemic, and the rapid transformation of the traditional extended family structure (Adebanjoko & Ugwuoke, 2014). Another cause for the increase in the

older segment of the Nigerian population can be found in the declining fertility rate (although still one of the highest in Africa) that has continued to drop since the 1980s. In 2017, the total fertility rate registered at 5.5 compared with 6.8 in 1980 (Population Reference Bureau, 2017; United Nations Population Division & United Nations Statistical Division, 2015). Besides the reduction in fertility, improved health and sanitary conditions have also contributed to the rise in life expectancy. The effects of ageing among other factors results to dormancy, weakness, and vulnerability to contracting a disease, leading to discrimination against the elderly, social pariahism, and, sometimes, abandonment. It is with this profound causes that long lasting mitigation mechanism and policies need to be adopted to curb these social problems associated with the elderly.

In Kenya, as of 2020, population aged 65 years and above was 2.5 %. Population aged 65 years and above of Kenya fell gradually from 3.4 % in 1971 to 2.5 % in 2020 (Knoema, 2020). One of the biggest increases in population ageing in Africa is expected to occur in Kenya where it is projected that by 2050, there will be a 470% increase in the number of older members of the society who will represent approximately 10% of the Kenyan population. According to Help Age (Kenya) (2014), more than half of the older members of the society live in absolute poverty. People ages 56 and above are the poorest age group in the country. Majority of older members of the society have no formal sources of income in their earlier years and therefore have no pension to fall back on for their care and protection during their old age.

2. Literature Review

2.1 The population of the elderly in Kenya

The global population of elderly people is rapidly growing. It was around 200 million in 1950, increased to 606 million in 2000, and is on track to reach two billion by 2050. The developing world is experiencing the fastest growth, with Africa alone expected to have between 205 and 212 million older people by 2050. (MOGCSO, 2009). Kenya has a total population of 38,610,097 people, with 1,332,000 people over the age of 65. (KNBS, 2010). According to the 2005/2007 Kenya Integrated Household Budget Survey (KIHBS), around 46% of Kenya's population is impoverished (KNBS, 2007). The poverty rate among people aged 60 and up is 56.4 percent (MOGCSO, 2011). Because their bodies get frail as they age, they are less able to work and fulfill their own needs, older people are particularly vulnerable to poverty. Given a population increase of around 1 million people per year and a decline in the crude mortality rate from 11 per 1,000 in 2007 to 8.93 per 1,000 in 2011, the number of people over the age of 65 is expected to rise dramatically by 2030.

This demographic shift necessitates planning and central policymaking for a social group that is confronted with several social dangers at a point in their lives when their inclination to consume is at its peak. The Kenyan government primarily protects the elderly through social security, which is limited to regular employment. However, the majority of Kenya's workforce is employed in informal jobs, putting a substantial chunk of the country's elderly population at risk. According to Harris and Maloney (1999), the elderly are more dissimilar than similar. They age at various rates, and what is true for one 70-year-old may not be true for another. Some people are 55 years old, while others are 80 years old. How old or youthful a person feels is greatly influenced by their health attitude on life and agility. Most government laws designate specific ages as the start of old age. It is set at 60 years under Kenya's National Policy on Older Persons and Aging (MOGCSA, 2009). The UN and the AU have also designated this age as the beginning point for the elderly. This is also the age at which a person's formal work in Kenya comes to an end. 'Old people in colonial America were expected to work until they were physically unable to do so' (Foner, 1986).

There are numerous problems that come with growing older. Loss of independence, as well as impaired physical capacity and age discrimination, are all possible outcomes. The biological, emotional, intellectual, social, and spiritual aspects of the aging process are all affected. Many elderly people are still quite self-sufficient. Others, on the other hand, require more attention. Because the elderly often do not have work, finances can be difficult, and older individuals can be objects of scorn and stereotypes owing to cultural misunderstandings. The elderly confront many obstacles as they age, but they do not have to endure them in silence. Elder mistreatment and abuse is a big social issue, and as is to be expected with the biology of aging, the elderly might become physically fragile. Because of their weakness, they are reliant on others for care, even for simple duties like housework and fundamental functions like feeding and toileting. The growing number of old people in Kenya, particularly in metropolitan areas, has put social, economic, and political pressure on the country, prompting the implementation of numerous social protection programs. This is because older individuals who have lived a life of poverty have few or no resources and are often in bad health when they reach old age. Furthermore, most humanitarian organizations consider older people to be a low priority, and only a handful establish programs that address their special needs. The statistics from Kenya's 2005/06 Integrated Household and Budget Survey indicated the country's most vulnerable populations, including the elderly, who are more prone to poverty than other age groups.

2.2 Social Protection of Older People

Social protection is a major government initiative aimed at ensuring that vulnerable populations receive adequate and effective public assistance in order to protect their

financial stability and health. Despite the expansion and scope of social protection programs in both rich and developing countries, most emerging economies have fledgling systems, with only a small part of such efforts addressing the special vulnerabilities and needs of the elderly (Barrientos, & Hulme, 2009). Older people in all countries, developed and developing, face a variety of threats. Lack of income, health insecurity, and the need for physical care are among them.

It is impossible to assert with certainty that elderly individuals are always poorer than younger people. They were undoubtedly in the United States in 1960, with an official poverty rate of 35%; nevertheless, less than 40 years later, this rate had reduced to 10%, lower than that of the non-elderly (Bloom, Jimenez, & Rosenberg, 2012).

Older people in Eastern Europe and Central Asia were typically better off than other groups in the years following the transition from socialist economies, relying on built-up assets and generous pensions. Data from the 1990s from a broad collection of nations with fairly comparable household data sets – Ghana, Pakistan, South Africa, and Ukraine – showed that consumption poverty was higher among the elderly than among the non-elderly, but lower among children. Pensions can be incredibly essential, but they are often tiny in developing nations, and coverage is patchy. Even in industrialized countries like the United States, public pension programs such as Social Security may not offer enough income for most people when they retire. Traditionally, family members have been the primary source of financial support for the elderly. This is still true in many civilizations, however older people in Japan and many other countries transmit resources to younger generations until they reach their 80s. However, in many regions, the family ties that underpin elderly people's continuous assistance are fraying. Young people migrating away from family homes in rural areas, the greater tendency for women to work outside the home, the tendency for families to be smaller, and generations to be more spread apart are all factors contributing to this. In certain cases, cultural shifts are lowering expectations that children will take leadership of their parents' care.

People over the age of 65 are especially vulnerable since they are more likely to have health problems. In a poll of people aged 60 and over in seven Latin American and Caribbean cities, more than 77 percent of individuals aged 60 and up said they had a sickness, and 19 percent said they were disabled.

When older persons become unwell, they frequently have insufficient access to medical treatment. Even if they have access, they may not be able to afford the care they need, or the service may be of poor quality. Some people have health insurance, but in poor countries, the majority of older people do not (Schulz, Israel, Zenk, Parker, Lichtenstein, Shellman-Weir, 2006).

As a result, elderly people in many nations lack preventative treatment, suffer from untreated illnesses, are unsure about new health issues they may encounter in the future, and are unable to pay for the amount and quality of healthcare they require. Furthermore, the effects of chronic disease may impair their ability to remain self-sufficient, and when they have a catastrophic condition that need care, they frequently deplete family savings. As a result, healthcare costs are a major factor in the poverty of households with or without elderly members.

2.3 Cash Transfers for the Elderly and their wellbeing

The vulnerability of older persons is worsened, according to Help-Age International (2004), as the community's total capability to care for its vulnerable members is disrupted. As a result, many older adults find themselves caring for young dependents, with few options for supplementing their wages to fulfill their own and their dependants' requirements. Older adults are at an increased risk of illness and impairment; as a result, for the poor, a lifetime of exposure to health risks means that they will enter old age in poor health. After a lifetime of physical labor, inadequate nutrition, and several pregnancies, women are especially susceptible, with limited access to healthcare. According to Global Action on Ageing (2006), developing countries are increasingly struggling to care for their aging populations. The elderly are at the bottom of the socioeconomic ladder in most developing countries. Women in their eighties and nineties, in particular, face difficult circumstances. Women are typically responsible for their children and families, which puts them in a disadvantage as they age. Many people in the developing world, particularly in rural areas, engage in unpaid informal economic activity. These seniors do not have access to a proper pension system and have limited, if any, retirement savings. These seniors do not have access to a proper pension system and have limited, if any, retirement savings. Governments can fulfill their commitment to safeguard society's most vulnerable population by providing financial payments to the elderly. Cash transfer schemes are implemented in accordance with country systems. To avoid and manage political risks, as well as to assure successful implementation and sustainability of these initiatives, adequate control and accountability systems, which are frequently lacking, are essential. Coverage, fragmentation, coordination, predictability, reliability, transparency, and coordination are all issues that the programs face.

The elderly make up the largest proportion of the poor, with older women suffering more than older men. Poverty among the elderly is exacerbated by the fact that help from the younger generation ceases once they start their own families and become breadwinners (Haushofer et al.,

2019). Their financial obligations grow as they go without a source of income, especially if they have dependents. The African Union has approved and sponsored a social protection program in Sub-Saharan African developing countries to give social security to the elderly in order to solve these concerns. The main goal of the program is to provide regular cash transfers to vulnerable older adults in the community while also strengthening recipients' ability to improve their livelihoods. The programs aim to alleviate some of the issues that older people who head households face, such as housing, food, and health. The recipients of monetary transfers regard the money as their property (Haushofer et al., 2019). Although the funds are insufficient to meet all of their demands, they do help to reduce their troubles. When compared to other state-supported programs such as pensions and retirement benefits, cash transfer programs have touched a larger number of people, particularly marginalized and vulnerable populations, and are better funded.

3. Methodology

This study aimed at collecting data with regard to individuals' opinion, attitudes, behaviours and habits, hence the research considered descriptive survey research design as appropriate. When asking participants about their views, opinions and behaviours, the participants give a self-report which in turn would require collection of quantifiable information (Mugenda, 2003). This design was deemed fit for this study because the study's main aim was to gather information on the social service programmes and the well-being among the elderly in Kajiado North Sub-County, Kajiado County, Kenya. The assessment focused on the service integration, accessibility, service delivery and participation. The goal of descriptive research according to Nassaji, (2015) is to describe a phenomenon and its characteristics. This study sought to assess the social service programmes and the well-being among the elderly in Kajiado North Sub-County, Kajiado County, Kenya. In order to obtain this information, survey tools, precisely questionnaires were used to gather data.

The target population for the study comprised of the elderly in Kajiado North Sub-County, Kajiado County who are above 50 years of age and the organizations providing social service programs. According to the 2019 census, the total population of the elderly people above 50 in the sub-county is 2,493. Therefore, the elderly in the community formed the unit of observation in the study.

The study used simple random sampling technique to select the elderly respondents to participate in the study. The process was handled carefully so as to draw a sample that would give relevant, accurate and valid information that aided the study. Simple random sampling technique allowed all the participants to have an opportunity of being selected to participate in the study hence no biasness in the selection of respondents. Purposive sampling technique was used to select the key informants from the

organizations providing social service programs. These were purposively selected because they are directly involved in the provision of social service programs to the elderly and they may articulate some of the issues within the programs that may have an effect on accessibility, availability and contributions to well-being.

Primary data was collected by using questionnaires where necessary. Questionnaires were appropriate for this study as information collected is not directly observable. The method is popular especially in cases of large enquiries. The questionnaire which is semi structured was administered through drop and pick to the sampled population. Information obtained from questionnaires was free from bias and free from the researchers influence.

Secondary data was obtained through desk research and internet from past studies and scholarly articles on social welfare programs and well-being of the elderly. The questionnaire was administered to a total of 249 respondents and was later picked for data analysis and tabulated through the use of frequency tables and reports. The questionnaires comprised of close ended questions and they included the five point likert scale.

In this study, reliability was ensured by pre testing the questionnaires with a selected sample of 25 respondents. The pretest took place in Ongata Rongai. The researcher used the commonly used internal consistency measure alpha coefficient which is commonly used when there are multiple rating scale questions in a survey/questionnaire that form a scale.

The internal consistency Cronbach's Alpha (α) ranges from zero to 1 and it is a reliability coefficient that reflects how well the measured items positively correlate to one another. Only constructs with cut off 0.7 and greater was considered for further analysis in the study. The reliability test of 0.7 is recommended for any researchable study (Kothari, 2014). From the reliability testing the value obtained was .787. Hence, the questionnaire was considered reliable.

The study used both primary and secondary data collection techniques. Primary data was obtained by use of structured questionnaires. Kothari (2014) define a questionnaire as a manuscript that constitutes of a number of questions printed or typed in an explicit order on a form or set of forms. The questionnaire comprised of open ended and close ended questions. Drop and Pick later method of data collection was employed by the researcher to give respondents sufficient time to respond to the questions of the study. Secondary data was obtained from the review of literature on the social service programs and well-being of the elderly. This secondary data collected, was used to support the findings on the primary data and provide more information that may not have been captured by the respondents.

Descriptive statistics (frequencies and percentages) and inferential statistics (regression) analysis were used to analyze the data. Data was then coded and checked for any errors and omissions (Kothari, 2014). Frequency tables, percentages and means were used to present the findings. Responses in the questionnaires was tabulated, coded and processed by the use of a computer Statistical Package for Social Science (SPSS) program to analyze data.

The multivariate analysis namely multiple regression of analysis was adopted in this study. This analysis was used for the purpose of making predictions about the dependent variable based on its covariance with all the concerned independent variables.

The following multiple linear regression model was used to predict the relationship between social service programs and well-being of the elderly.

$$Y = \alpha + \beta_1x_1 + \beta_2x_2 + \beta_3x_3 + \beta_4x_4 + \epsilon$$

Where:

Y = Well-being of the elderly

X1 = Cash Transfers

X2 = Health Care Services

X3 = Meal Programmes

X4 = Recreation Programs

α = Constant

ϵ = Error term

The researcher treated privately any information given by respondents that touches on their lives. The researcher assured the respondents that no private information was shared to the third party either in written or in any other form of communication. The respondents were rest assured that information provided was used solely for research purposes and that individual identity was not revealed. Natural culture of the respondents was highly respected by the researcher. The researcher explained the procedure to follow during data collection so that they could participate more willingly. The researcher obtained all necessary authorization including a letter from the university Department and research license from NACOSTI.

4. Results and Discussion

This section presents the results and findings on the social service programmes and the well-being among the elderly in Kajiado North Sub-County, Kajiado County, Kenya. The data was obtained from the questionnaires that were presented to the respondents. It covers two variables; cash assistance programmes and the well-being among the elderly, effect of the elder health care service programmes on their well-being.

4. 1 Cash Assistance Programmes and the Well-Being among the Elderly

This study sought to find out how the cash assistance programmes affect the well-being among the elderly in

Kajiado North Sub-County, Kajiado County, Kenya. To answer this objective, there are several questions that the respondents were asked. First, they were asked to indicate

how often they received cash transfers from the social programs for the elderly. The results are shown in figure 1 below.

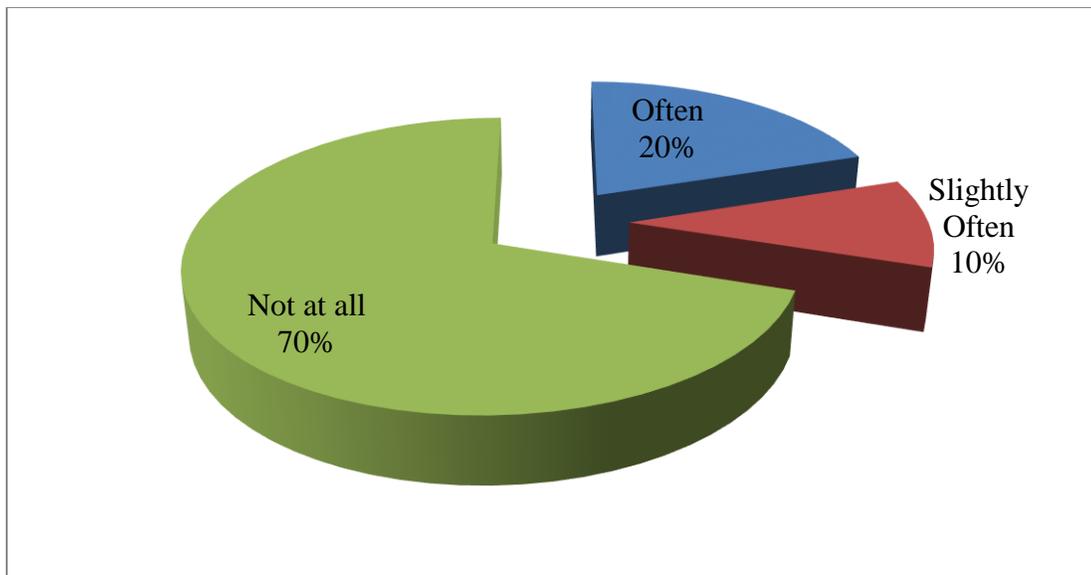


Figure 1: How often the Elderly Received Cash Transfers From the Social Programs for The Elderly

Since 2004, there has been a number of cash transfers social protection in Kenya. Abdi, 2019 noted that the first cash transfer program in Kenya was designed to address the problem of vulnerable and orphan children. In 2006, things changed slightly and there was the enrolment of the older persons cash transfer (OPTC).

Results from this research indicate that majority (70%) of the respondents gave the feedback that they did not receive cash transfers from the social programs for the elderly. A few (20%) indicated that they often received cash transfers whereas the remaining 10% slightly often received cash transfers. This shows that only a small percentage of the elderly receive cash transfers from the social programs.

Due to the limited number of elderly who received cash transfers, it was evident that poverty was still encroaching in the people's livelihoods. According to Abdi (2019), Cash transfer as a way of social protection seeks to give funds directly to the beneficiaries in question so as to cushion those beneficiaries against extreme poverty. These aged people have many problems ranging from poverty, poor health, and lack of suitable housing. Cash transfer which is considered a social security program purposes to cater to this vulnerable group's needs by

ensuring that they receive proper financial security and adequate healthcare (Haushofer et al., 2019).

The question of whether the respondents received cash was seemed as a technical issue since (Mohamud & Minja, 2020) points out that there are many challenges facing the elderly in developing countries despite strong economic growth in the 21st century this therefore is an implication that poverty is still a significant issue

Although 70% of the respondents clearly said that they did not receive any cash from the government, records surrounding the issuance of this funds indicate that It was first piloted in selected counties with known high levels of poverty, including Nairobi, prior to being rolled out to the entire country. By 2017, the scheme covered 343,751 beneficiaries (National Social Protection Secretariat, 2017b). reports further note that a stipend of 4000 Kenya shillings (US \$38) is paid to beneficiaries at bi-monthly intervals which is delivered through the Equity Bank and Kenya Commercial Bank (National Social Protection Secretariat, 2017a).

The respondents were further given a number of statements and asked to indicate their extent of agreement. The responses given are as presented in Table 1.

Table 1: Cash Assistance Programmes and the Well-Being among the Elderly

Statements	SD	D	UD	A	SA
a. I have been receiving the elderly funds from the government over the last two years.	60%	10%	-	30%	-
b. The cash transfers are adequate to cater for my basic needs as an elderly.	20%	50%	-	20%	10%
c. I also acquire some financial support from social service organizations in the area.	60%	20%	-	10%	10%
d. The cash transfers are timely and convenient.	30%	50%	-	10%	10%

Key: SA- Strongly Agree, A-Agree, UD-Uncertain, D-Disagree, SD- Strongly Disagree

When asked to indicate whether they have been receiving the elderly funds from the government over the last two years, 60% strongly disagreed and 10% disagreed with the statement. The remaining 30% agreed with the statement. This shows that a good percentage of the elderly have not received elderly funds from the government over the last two years. It is expected that Non-governmental organizations and government organizations find themselves at the forefront of providing for people with economic needs. Although (Adem, 2019) explains social cash transfer, as a basic means of providing social protection for people in need that have no accessibility to the formal social systems, results from this research indicate a very little percentage of elderly people received this cash. The cash transfer provision can be done to specific vulnerable people or universal (Ressler & Gillespie, 2008). This research focused on the elderly people in the society.

Whereas 70% of the respondents were negative by strongly disagreeing and disagreeing with the statement that the cash transfers are adequate to cater for their basic needs as an elderly, 30% were positive by agreeing and strongly agreeing. This implies that cash transfers are considered inadequate to meet the needs of the elderly.

Whereas 60% of the respondents strongly disagreed that they also acquired some financial support from social service organizations in the area, 20% were positive by agreeing and strongly agreeing. The remaining 20% disagreed with the statement. This shows that most of the elderly do not receive financial support from the social service organizations.

Majority (80%) disagreed and strongly disagreed with the statement that the cash transfers are timely and

convenient. The remaining 20% however agreed and strongly agreed with the statement. This shows that the cash transfers are considered untimely and inconvenient by most of the respondents.

The intention of cash transfer was to have the process both timely and convenient to help the target recipients. The Kenya CT-OVC Evaluation Team, 2012 describes the growing readiness to invest in social protection programs in sub-Saharan Africa. Both internationally and locally Research has given indications that social pension payments can improve older people's economic independence and increase their economic resources (Chen, Eggleston, & Sun, 2017). Moreover, although there is evidence that social pension recipients see those funds as their own income (Møller & Sotshongaye, 1996; Sagner & Mtati, 1999b; Schatz & Ogunmefun, 2007), such transfers can have an impact beyond the primary beneficiary through the sharing of pension benefits with other household members (Lloyd-Sherlock, Barrientos, Moller, & Saboia, 2012; Møller & Sotshongaye, 1996; Stewart & Yermo, 2009). Reliable income from cash transfers allow beneficiaries to not only sustain spending on food for the household, but also to use money for other purposes, including paying for healthcare and school fees for grandchildren (Case & Menendez, 2007; DFID, 2011; Heslop, Agyarko, Adjetey-Sorse, & Mapetla, 2000; Tangwe & Gutura, 2013).

Lastly, the respondents were asked to indicate the extent to which the cash transfers have been able to support their well-being as an elderly. The responses are summarized by Figure 2.

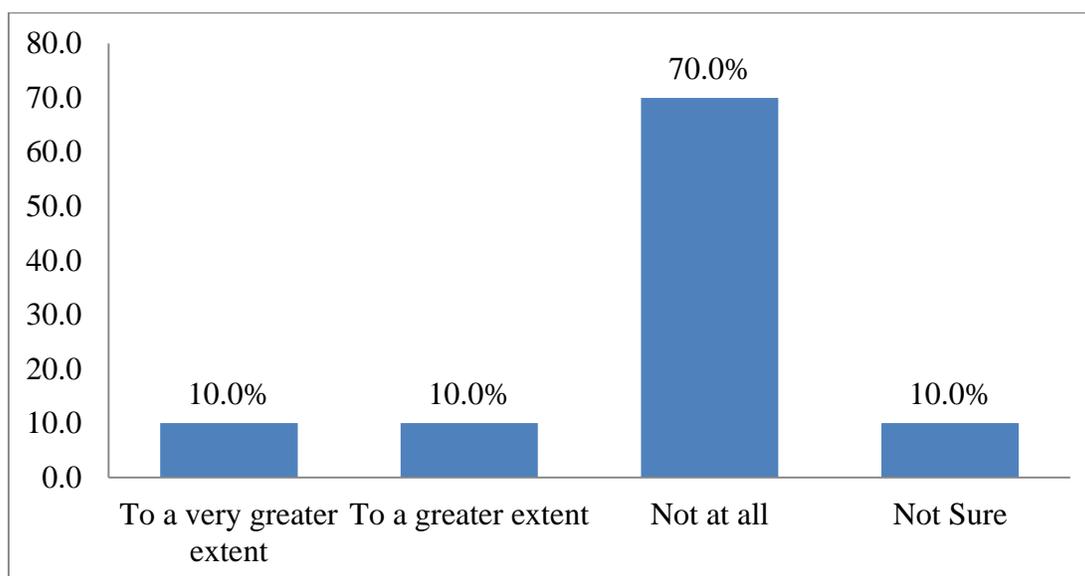


Figure 2: Extent to Which Cash Transfers Have Been Able to Support the Well-Being of the Elderly

The main purpose of OPCT is providing direct financial support to the households with the vulnerable living in poverty to relieve them from poverty. Barrientos et al., (2008) noted that OPCT has successfully alleviated poverty and reduced inequality across the country. The cash transfer programme is essential in developing nations as it helps the African States achieve development. The governments in developing countries, especially in Africa are bound by law to offer social security to people who cannot provide for themselves and their dependents.

Majority (70%) of the respondents indicated that cash transfers had not been able to support the well-being of the elderly in the community. A few (20%) were positive by indicating to a very greater extent and a greater extent respectively. The remaining 10% were not sure. In overall, the findings of this study concur with those of previous studies such as that by Mbabu (2017) which showed that cash transfer programs had some limitations such as inadequacy of funds which affected its effectiveness in addressing the needs of the elderly. The study also noted that omission on the payroll and amount inconsistencies made the cash programs to be ineffective in meeting the needs of the elderly. Another study by Mwanzia (2015) revealed that older persons' cash transfer programme has little impact on the livelihood of the older persons because the money is little and not given on time. Similarly, the findings that were obtained from the study by Hassan and Sakwa (2018) in Garissa support the findings of this study. The study was able to conclude that cash transfers had a significant effect on the wellbeing of the elderly and this was influenced by factors such as amount of cash transferred, frequency in which the cash was being paid and the accessibility of cash transfer.

Although this particular study reported less impact of the cash transfers to the elderly, elsewhere, the cash transfer

programs have been considered as core in alleviating poverty and improving the lives of the beneficiaries, especially in developing countries in sub-Saharan Africa such as Kenya. In an overall manner, immediate help to vulnerable cash transfer provides the vulnerable people that include orphans, aged people, and people with disability as well as ensuring that their fundamental rights are enforced (Mbega, 2016). The Older Persons Cash Transfer (OPCT) that has been considered by researchers as a way of reduction of poverty, deprivation, vulnerability while at the same time proper means of promoting social justice and equity.

Findings from this study on the issue of cash transfer greatly contradicts other studies that note that when one compares with other programmes such as pensions and retirement benefits, the cash transfer programme has reached many people, including the marginalized, vulnerable populations, and is better funded by the state. It has helped the elderly gain access to better services such as nutrition, education, and health. The programme is well administrated, ensuring that it reaches the poor in rural areas. Pensions and retirement benefits can only be accessed in significant towns and require frequent travelling. The current research where results indicate that little has been done to alleviate poverty in this manner of cash provision to the elderly.

5. Conclusion and Recommendations

In terms of the cash assistance programs, the study concludes that there are only a pocketful of elderly people that have access to the cash. Many of them however, find the cash as inadequate and ineffective in addressing their needs as the elderly in the community.

The following recommendations are given. There is need for empowering the social service programs in the county so as to support the needs of the elderly. This empowering may be in terms of resources such as finance, human resource and food. Additionally, the study also

recommends that the government should set more funds and encourage private investors to contribute towards the social service programs. This will help to increase the financial resources necessary for meeting the full needs of the elderly.

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