

Addressing Geriatric Malnutrition: Can Social Protection Work?

Eileen Abigael¹, Judith Waswa², Sheila Siambe³, Paul Awino⁴
^{1,2,3,4}Department of Nutrition and Dietetics, Technical University of Kenya

Abstract:- Social protection refers to policies and actions including legislative measures, whose primary goal is to boost the aptitude and chances for the underprivileged and the weak to recover and tolerate their lives, livelihood and well-being, that is, to guarantee interaction with inexpensive healthcare, social safety and social support. The ageing process is complex, multifactorial and multifaceted. Many terms have been used in describing ageing: healthy, successful, natural, pathological aging. This has led to confusion and lack of agreement on determinants and outcome measures have made study comparisons and interpretations difficult. Why the interest in Ageing? Population ageing is a global marvel. Nations in the world are experiencing progression in the figure and percentage of elderly people of 60 years and above in their population. Social protection in addition to malnutrition issues have both risen fast up among the development agenda over the past few years. The current and recurring global diet, fuel, and economic predicaments have pushed many national, regional and international bodies progressively to ponder the practice of social security to ensure improved nutrition status among the geriatrics.

Keywords:- Social protection, Ageing, Geriatrics, Policies, Nutrition.

I. INTRODUCTION

In 2015 there were 901 million females and males aged 60 and above globally (UN, 2015).

The evolution of the elderly population is similarly fast-tracking in the developing countries including Kenya and it is projected that these countries collectively will account for 6.3 per cent of the worldwide population age sixty years or over in 2030 (NCPD, 2016).

The growing population raises the question of their nutrition wellness in relation to their economic security in old age, social care, healthcare and living conditions. It is therefore significant that the government put in place policies that will aim at the needs of the older people. Population ageing remains unprecedented. By 2050, the sum of people aged 65 and above will surpass those of 15 years and below.

Population ageing is multigenerational: it affects foundations of society and all facet of human life which include: fiscal development, investments and feeding, industrial marketplaces, retirement income (pension), tax policy, and intergenerational transfers, societal scope, health care, family and living provisions, migration and housing, Governmental voting patterns and representation (NCPD, 2016).

“Knowing is not important; we must apply. Willing is not enough; we must do.” - Goethe

Pensions intended for the elder men and women remain the most extensive form of social protection in world and a crucial constituent of the Sustainable Development Goals. Globally, sixty eight per cent of the individuals above retirement age obtain a retirement income either contributory or non-contributory. Significant growth has been realized in outspreading the coverage of pension systems in unindustrialized countries. Development of universal pensions has been done in Belarus, Argentina, Ukraine, South Africa, Mauritius, Georgia, Botswana, Trinidad, Swaziland, Zanzibar and the Plurinational State of Bolivia. Developing countries for example as Azerbaijan, Armenia, Chile, Brazil, Kazakhstan and Thailand are near universality. Nevertheless, the right to social protection of the older individuals is not so far a reality for many. Most of the low-income countries have less than 20% of the elderly who are still depending heavily on support arrangements by the family. Trends fluctuate noticeably across regions and even between countries within the same region. The ageing population in countries with all-inclusive and mature systems of social protection, the main challenge, though, is to strike a balance between pension adequacy and financial sustainability. On the other hand, many countries world over are struggling to increase the coverage in addition to financing their pension systems. These countries encounter high level of informality, structural barriers linked to development, poverty, low contributory capacity and insufficient fiscal space among other issues (ILO, 2017).

An evident development in unindustrialized nations is the propagation of non-contributory pension, including universal social pensions, which are very optimistic, specifically in nations with great informality levels, facing problems in spreading contributory systems. Trends show

that several nations are succeeding in introducing a universal floor of income security for older persons hence improving their nutrition status. Public schemes based on collective financing and solidarity are by far the most prevalent form of old-age protection globally. Pension privatization policies, previously implemented in a number of countries, failed to deliver the expected outcome, as coverage and benefits failed to increase, systematic risks were transferred to individuals and fiscal positions became worse. Due to this, many countries are reversing privatization measures and are gradually returning to public-solidarity-based systems. Recent budgetary consolidation or austerity trends are affecting the adequacy of pension systems and generally conditions of retirement. In quite a number of countries, these reforms are wearing down the social contract while putting at risk the fulfilment of minimum standards in social security. Countries are supposed to be careful when designing reforms to guarantee that their specific pension systems fulfil their mission to provide economic security good nutrition status for the geriatrics (ILO, 2017).

➤ *Trends in Population of Older Persons in Kenya*

An examination of the demographic trends reveals that there is a growing size of the elderly population that is, the number of elderly Kenyans aged 60 and above. The vision 2030 defines the elderly as vulnerable group faced with several challenges including significantly high poverty levels, health insecurity and need for care, poor housing, weak family and community support. Like most African nations, Kenya is not equipped to deal with the rise in numbers for the older people. Alarming rates on the increase are those of poverty, healthcare and social protection schemes. The elderly staying in urban areas for example seek accommodation from informal settlements. Information on their living conditions is however lacking, making it even more difficult to develop initiatives that can improve their circumstances (NCPD, 2016).

➤ *Health Challenges*

A key concern on the elderly is to access healthcare. Kenya experiences the challenge of making healthcare affordable and accessible to all. Of great concern is affording healthcare for the vast majority especially with the government spending far less on healthcare. Persons of old age encounter many challenges which are highly connected to a long term physical and set of long term chronic conditions and will possibly increase individual care needs. As population ages, Non-Communicable Diseases (NCDs) account for an increasing share of the general disease burden and this confronts healthcare systems with prevention and treatment challenges. These comprise of heart conditions, respiratory diseases, diabetes and cancers, as well as other prominent causes of disability, such as Alzheimers disease, dementia, depression, hearing and vision loss and arthritis (NCPD, 2016).

Some of the lifestyles by the elderly expose them to risk factors for NCDs. The Kenya STEPs (2015) surveys shows that at least twenty five point nine per cent of Kenyans between the ages of 45 and 69 have a lifestyle in which there are one or several risk factors for NCDs. These include smooking, insufficient physical exercise, eating less than 5 servings of fruits and vegetables a day, being overweight or having high blood pressure. The survey further shows that older persons 60-69 have the highest prevalence of raised blood pressure (53%). Women have a higher prevalence (58%) compared with men in the same age group (49%). Raised blood pressure is a major risk factor of cardiovascular disease. According to World Health Organization (2016), the most significant behavioural risk factors of heart disease include unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. It is vital to invest in improved health among the older people by inspiring improvements in behavioural risk factors at all ages and the early detection as well as treatment of chronic diseases (NCPD, 2016).

As per the intergrated household budget survey (KIHBS 2005/06), 56.4% of the geriatrics were living in poverty. This was way higher than the national average (45.9%). The state was even worse in households where older people lived in families with young children (61.3%). The KDHS 2009/08 further indicates that households headed by women are more likely to be poor as opposed to those headed by men. A challenge identified was that of protecting the elderly from the risk of poverty. Old age is usually not given as much consideration in developing policies. Public pension programmes appear to be beyond the capacity of most poor developing countries like Kenya and such programmes seem increasingly difficult to finance. In the absence of policy intervention, older people and their households will continue to live in poverty (KSPS, 2018).

➤ *Social Protection Schemes.*

Social protection implies actions and policies including legislative measures, that enhance the capability and provide opportunities for the poor and the vulnerable to enhance and sustain their lives, welfare and livelihoods: enable income earners and their dependents to be able to sustain a substantially reasonable level of income through decent work; in addition to ensuring access to affordable healthcare, social assistance and social security (Ministry of Gender, 2011).

Older people face several vulnerabilities which include; income shortage, health security, and the need for physical care. Social protection is therefore necessary because individual and family resources are often the key impediment to putting in place social protection programmes for older people is financial. Pensions, health insurance, for example comprise direct expenditures from the treasury that can only take place at the expense of other possible uses of public funds. Lack of political will is also a

hindrance to meeting the needs of older people through social protection programmes (NCPD, 2012).

In Kenya among the older people, approximately 31 per cent of individuals aged 65 years and above receive an old pension. However, with the introduction of inua jamii senior citizens scheme in 2018, this percentage should increase to 77. Various schemes were put in place to ensure social protection of the old in Kenya which include: Older Persons Cash Transfer (OPCT), contributory schemes such as National Social Security Fund (NSSF), mbao pension scheme, private retirement scheme under the Retirements Benefits Authority. As per 2016, households with persons aged 65 and above were receiving 2000 KES per month. This translated to 320,636 households coverage. In terms of total spending on social protection including civil service pensions, Kenya's level of investment is, in general lower than among most countries in Africa (Social Protection Sector Review, 2017).

II. METHOD

A desk narrative review of literature was done. A number of countries have embraced social protection which in turn leads to improved nutrition status for elderly while other countries especially in the developing countries have not quite succeeded. Countries with the success stories include Plurinational State of Bolivia, Botswana, Lesotho, Namibia, Zanzibar, South Africa and Thailand.

III. RESULTS

Social Protection has been used in various countries and projects with success. This section presents results of success stories of social protection identified in different countries all over the world across different regions.

➤ *Plurinational state of Bolivia*

Apart from having the lowest Gross Domestic Produce per capita on the South African Continent, the Plurinational State of Bolivia boasts one of the highest coverage rates in old age pensions which achieved universal coverage reaches over 91% of the population over 60 years, providing benefit levels at around US \$ 36 per beneficiary without a contributory pension and around US \$29 for recipients of contributory schemes. This has led to 14% of poverty decrease at household level and has secured beneficiary income and consumption (ILO, 2017).

➤ *Botswana*

All citizens above 65 years receive the universal old-age pension. The pension amounts to US \$ 30 often granted on a monthly basis which is just over a third of the poverty line. This may be low but sustainable. The pension and other social protection programmes, complemented by drought response and recovery measures have contributed considerably to general poverty reduction, with extreme

poverty in Botswana falling from 23.4 percent in 2003 to 6.4 percent in 2009-2010 (ILO, 2017).

➤ *Lesotho*

Lesotho has over 4% of its population to be 70 years and above, which is a larger share of the older people than most of the countries in Sub-Saharan Africa. A monthly old-age pension (OAP) of LSL 550, equivalent to US \$40 is an entitlement for all seventy years and above persons. This is the largest regular cash transfer in Lesotho and it covers approximately 83,000 persons. It is estimated that many more benefit indirectly while the coverage of eligible persons is 100% approximately (ILO, 2017).

➤ *Namibia*

Namibia's basic social grant guarantees all residents over sixty years of age get a monthly allowance of NAD 1,100 (approximately US \$ 78) lifting the beneficiary well above the poverty line. This has gone to the extent where beneficiaries share the allowance with the extended family, especially by supporting the school going children and the well-being of grandchildren. Despite problems in reaching people in remote areas, the total coverage is estimated to be 90% (ILO, 2017).

➤ *Zanzibar*

Zanzibar (United Republic of Tanzania) was the first region in East Africa to put in place a social pension financed fully by the national government in April 2016. All inhabitants over 70 years of age are provided with a monthly pension of TZS 20,000 (US \$9). Being a place with high work informality and poverty, very few people are eligible for the contributory pension. The benefit is low and cannot boost the elderly but it is a sensible first step towards widening a universal pension. In May 2016, 21750 individuals or 86% of the qualified people received the universal pension (ILO, 2017).

➤ *South Africa*

South Africa goes on the record as the first African Country to introduce a social pension for older persons and to extend towards coverage for those who did not have social insurance. The older person's grant (is an income-tested monthly payment of ZAR 1500 (US \$ 112) for persons aged 60-75 years. This completely covers an entire jurisdiction (ILO, 2017).

➤ *Thailand*

Contributory schemes for the public-sector health officials, private-sector employees as well as informal economy workers are part of the pension system and support about a quarter of the population above 60 years old. Additionally, a non-contributory old age allowance gives some protection to individuals lacking access to regular pension payments. The monthly benefit varies between THB 600-1000 which is an equivalent to US \$18-30 and which is less than half the poverty line. For many people in in the

informal sector, the universal old age allowance serves as the only form of pension. The voluntary social insurance scheme has been provided by the government to encourage participation in the contributory system (ILO, 2017).

IV. CONCLUSION

The vulnerabilities associated with advancing age must be addressed. Thus far issues of ageing attract a little attention in public policy discourse as more attention is given to providing opportunities for the large population of young people. If policy makers and leaders do not plan effectively, the effects of ageing, such as strained pension systems, and overburdened healthcare systems will be overcoming.

RECOMMENDATIONS

Governments should target and protect the old through the provision of cash allowance to households headed by the old or those that have a burden of raising orphans and vulnerable children will be critical.

The Ministry of health should embrace elderly maintenance in the current health workers curricula and the elderly clinics in health centres.

There is a need to increase investment in the collection, analysis and utilization of data on ageing for planning. Elderly specific surveys are therefore, critical. Governments should embrace non-contributory pension schemes to ensure sustainability and improved nutrition status of older women and men.

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