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Influence of social protection on access to health care among elderly persons in informal settlements in Nakuru Town, Kenya

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ABSTRACT

The objective of the study is to analyse the influence of social protection on access to health care among elderly persons in informal settlements Nakuru Town, Kenya. The study was based on the Disengagement theory and utilized a descriptive research design to target individuals of 70 years and above, within the informal settlements in Nakuru Town, Kenya. Cluster and simple random sampling techniques were used to select 399 respondents from a target population of 248,785 elderly persons. Data was collected from the sample using a semi-structured questionnaire and analysed using descriptive statistics, cross-tabulation with chi-square, and the thematic content analysis method. Quantitative analysis was aided by Statistical Package for Social Sciences (SPSS) version 27 software. Results showed that the majority of the respondents (70.3%) had low access to health care services. Access to health care services is influenced by social protection programmes specifically cash transfers, government interventions in health care, and retirement benefits. Based on these findings, the study recommends that policy makers should create awareness regarding the existence of government interventions such as health insurance subsidy programme (HISP) and the importance of enrolling to retirement benefit schemes and saving for old age.

Introduction

Aging population is a worldwide phenomenon. Almost every nation across the world is experiencing development in terms of size as well as the number of old age peoples in their population. In 2019, the world had 703 million aged persons of 70 years, and above (Ogura & Jakovljevic, 2018). Global population age 70 years or over was estimated to double from 6% in 1990 to 11% in 2019 in Eastern and South-Eastern Asia, and from 5% in 1990 to 9% in 2019 in Latin America and the Caribbean. Between the year 2019 and 2050, the share of the ageing population in Northern Africa and Western Asia, Central and Southern Asia, Latin America and the Caribbean, as well as Eastern and South-Eastern Asia is expected to at least double (Appleby, 2013). The survival rate of elderly persons over 70 years is improving across the world. This is because an elderly person (70 year) in 2015 to 2020 could be likely to be alive, on average for another 17 years, and in 2045 to 2050, the figure will have risen to 19 years. Life expectancy of the elderly person is anticipated to increase in all the countries by the year 2050 (Tabish, 2012).

Access to health care is the capability of a person to have needed medical services from health providers when in need. Health services are essential to the old persons because their advanced age make them vulnerable to many illnesses (Wariuko et al., 2017). Zhou et al. (2020) observed that the rapid rise in the population of the elderly in China has led to increasing demands for health services with most of the elderly suffering from chronic diseases. In Africa, the health of the elderly population has been given limited attention due to pressing needs in other areas such as maternal health and infectious diseases (Elliott et al., 2016). In Kenya, it is estimated that that 30% of people aged 70 years and above require the care from geriatrician (Maina, 2017). Providing health care for all has been a priority issue for the government through various programmes such as the Universal Health Coverage (UHC)

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(Kenya Government, 2012). To achieve UHC goals, discussions have emerged to set the pace on how to care for the elderly populations which is under the risk. Some of the proposal that have been advanced entails provision of social protection programmes.

Social protection is a term that refers to broad range of programmes or schemes aimed at reducing the vulnerability of a specific group of people such as the poor, orphans, or the elderly (Vaziralli, 2020). These programmes focus on enhancing the capacity of the vulnerable populations to manage shocks and social risks such as exclusion, sickness, and old age. These include cash transfer programmes, retirement schemes or social security schemes, medical insurance such as National Hospital Insurance Fund (NHIF) (Information et al., 2010). Although a number of such programmes have been initiated in the Kenyan context, their impact on access to health care among elderly persons living in informal settlements is not clear. This study sought to address this research gap by analysing the influence of social protection on access to health care among elderly persons in informal settlements in Nakuru Town, Kenya.

Literature Review

Theoretical Background

The study was guided by disengagement theory that was founded by Elaine Cumming and William Earle Henry in the year 1961 (Crossman, 2019). Disengagement theory presents an interaction perspective for understanding the elderly population and the evolution in their social lives. It is inspired by key ideas of the functionalist theory such as interaction and withdrawal process for old age. It asserts that elderly persons tend to withdraw from social relationships and roles with their communities when they age. This withdrawal occurs due to the reduction in the elderlies' capacity to maintain contact with friends and other members of the community over time. The aging process tends to diminish the knowledge and skills of the elderlies reducing their capabilities to meet the demands of society (Zhou et al., 2018). As result, the older people lose their tie with other members of the society, become less active and lonely. The withdrawal process is both intrinsic and unavoidable and has an adverse effect on the health of the elderly (Iraki, 2019). Asiamah (2017) also observed that disengagement of the elderly from community also hampers their participations in community programmes such as cash transfers.

Disengagement theory further advances that to promote fulfilling aging and ensure that the elderlies maintain decent lives, there is a need to assist them to replace the lost social roles and maintain their social space (Zhou et al., 2018). The theory emphasizes the implementation of social interventions aimed at assisting elderly persons to make up for lost capabilities. Social protection programmes certainly fall within the categories of these social interventions. These programmes provide older persons with public support that guarantees their financial security and safeguard their health (Pak, 2020). The programmes target specific vulnerabilities with the target population and thus have the potential of address issues that may lead to disengagement of the elderly from social life. In their study, Kabamba (2021) observed that social protection helps to eliminate socio-economic inequalities experienced by the elderly leading to their exclusion in social activities.

Empirical Review

According to Byaruhanga and Debesay (2021), care for older persons in Sub-Sahara Africa (SSA) has for a long time been provided informally by families guided by altruism. However, traditional family support systems are now threatened by the advent of modernization, rapid urbanization, high poverty rates, and increased vulnerability of older people. These challenges have altered intergenerational obligations necessitating states to have some form of social protection to ensure people live dignified lives during their twilight years. A popular form of social protection that has been adopted around the group is cash transfer programmes targeting older people. Arifin et al. (2021) observed that the implementation of a national cash transfer programme for the elderly in Indonesia led to increased utilization of inpatient health care services. This implies that the additional income earned from the programmes helped the elderly to procure in patient services.

Kenya initiated the Older Persons Cash Transfer (OPCT) programme in 2007 with the aim of helping old persons over million maintain decent standards of living (Chepngeno-Langat et al., 2021). Beneficiaries of OPCT receive Kshs. 4000 after every two months. The cash transfers programme has had implications on various levels for the elderly. The implications on a personal level have enabled the elderly to realize their self-worth, confidence, dignity, and assertiveness. Beneficiaries are now able to meet their needs and also contribute to the household income that can have greater controls over their lives as well as freedom of expenditure and financial independence (Mwanzia, 2015). The impact on the household levels includes establishment of self-sustaining ventures such as investing in fields, buying seeds, getting the fields tiled, or buying animals for rearing. However, it is not clear how this programme has impacted access to health care by the elderly population in informal settlements.

Another common form of social protection targeting older person are pension or retirement benefit schemes. Globally, an estimated 68% of older people are on some form of pension scheme (Sabates-Wheeler et al., 2020). However, the SSA region has less than 30% of its older persons on pension schemes. The effect of pension scheme on the wellbeing of the elderly is documented in the study by Pak (2020), who observed that the expansion of the national pension scheme in South Korea was linked with approximately 5% increase in financial satisfaction among the elderly. However, there was little evidence on how the expansion of the pension scheme impacted the health status of the elderly. This study sought to address this gap.

In Kenya, retirement benefits schemes have grown significantly with the continued increase of its members from 0.7 million to 0.42 trillion in 2010 (Aboderin, 2004). Despite the above-mentioned progress and growth, there are still a significant section of Kenyans who have not yet joined any pension programmes. Onduko et al. (2015) observed that the penetration of retirement benefit schemes in Kenya stood at 15% of the elderly population. This is about half of the general prevalence in the SSA region suggesting that the country is doing worse than most SSA countries in terms promoting enrolment to retirement benefits schemes. Other forms of social protection that are available to the elderly in Kenya include the health insurance subsidy programme (HISP) and the Universal Health Coverage programme (Enos et al., 2018). This study examines how these programme impact access to healthcare by the elderly population in informal settlements.

Research and Methodology

The study adopted the descriptive research design. It was conducted in Kivumbini, Kaptembwa, Rhoda, Lake View, Flamingo, Kaloleni, and Bondeni informal settlements in Nakuru Town, Kenya. Target population comprised of every person who had attained the age of 70 years and living in the seven informal settlements. The number of elderly in these areas was estimated to be 248,785. A sample size of 399 respondents was obtained using the Taro Yamane sample size formulae. The clustered random sampling technique was used to select the 399 respondents from the target population. Each of the seven informal settlements were treated as a stratum and a number of respondents that is proportional to the total population of adult selected. Table 1 presents a summary of the sampling plan.

Table 1: Sampling Plan

Informal settlement areas	Total of population	Sample for elderly persons
Kivumbini	23,244	44
Kaptembwa	79,480	100
Rhoda	27,787	46
Lake view	21,130	42
Flamingo	36,554	55
Kaloleni	20,240	32
Bondeni	39,350	80
Total	**248,785**	**399**

Data was collected using a semi-structured questionnaire. A pilot study was conducted at the Kibera informal settlement in Nairobi in order to assess the validity as well as reliability of the questionnaire. The pilot involved 40 residents in the area, which is equivalent to 10% of the number of respondents that will be involved in the main study. Reliability was examined using the test-retest method, which entailed administering the questionnaire to the same respondents twice in span of one week. The data from the first wave was compared with the second wave data using the Person correlation methods. All items yielded a correlation coefficient that was greater than 0.7 suggesting that they had acceptable level of reliability. Only the closed-ended questions were subjected to this analysis. Validity was assessed by interrogated the relevance and comprehensiveness of the data that the questionnaires were able to generate. Validity was enhanced further by consulting university research supervisors, who have expertise on the research subject. Upon establishing the validity and reliability of the instrument, the researcher proceeded to the main data collection exercise. The questionnaires were administered by the researcher to overcome literacy and language barrier. Quantitative data was analysed using descriptive statistics and cross-tabulation with Chi-square methods. Qualitative data was analysed using the thematic content analysis technique.

Results

Introduction

After sorting and cleaning the data, 380 out of the 399 questionnaires were found to meet the threshold of analysis. This figure marks a 95.2% return rate. Over two-thirds of the respondents (68.4%) were female while the rest were (30.5%) were male. The findings are similar to that of Kenya National Bureau of Statistics (2019) with the survey that there is higher mortality rate in male than female leading to increase in number of women than men at old age. Most of the respondents who participated in the study were widowed or divorced or separated (58.7%), 15.8% were married, 12.6% were single, and 11.8% living with partner. The majority (45.3%) of the respondents had no education, 33.7% had been able to attained primary school level, 10% of the respondents had secondary education level, and an estimate 11.1% had tertiary education. Around 45% of the respondents were not employed, 29.2% were still involve in Agriculture in their rural areas, 16.6% were involve in unskilled manual labour, and 7.4% were in small trades.

Access to Health Care among Elderly Persons

The dependent variable of the study was access to health care among elderly persons in informal settlement. Several indicators were used to assess this variable which includes the affordability, acceptability and availability. This information is summarized in Table 4.4 below.

Inability to access Health Care in the Last 3 Months due to Transport

An analysis was done to establish inability of the respondents in accessing health care facility when they are in need of services in the last 3 months due to lack of transport.

Table 2: Distribution of Respondents based on Inability to Access Health Care

Number of Times	Frequency	Percent
On a Daily Basis	256	67.4%
On a weekly basis	77	20.3%
On a monthly basis	37	9.7%
None at all	10	2.6%
Total	**380**	**100.0%**

According to Table 2, most of the respondents (67.4%) on a daily basis often had the need to access to the health care but unable because of lack of transport, 20.3% indicated their number of times to health facility on a weekly basis, while 9.7% mentioned their number of times as on a monthly basis, and a few with 2.6% had none at all need of health care services. Number of times of the respondents has a bearing on their access to health care service facility especially in terms of elderly persons and transportation system used.

Access to Specialised Services

It was also necessary to establish accessibility to specialized services such as diabetes treatment, high blood pressure treatment, treatment for cancer, and treatment for depression among other chronic illnesses by the elderly population in the informal settlement. The responses are summarized below in Table 3.

Table 3: Distribution of Respondents based on Access to Specialized Services

Number of Specialized Services	Frequency	Percent
None	147	38.7%
Rarely	218	57.4%
Regularly	15	3.9%
Total	**380**	**100.0%**

The results in Table 3 indicate that the majority of the respondents rarely access specialized health care services while 38.7% said that they do not access any specialized services. These findings suggested limited access to specialized services by the elderly population in the informal settlement. Studies show that elderly persons are vulnerable to chronic illnesses and thus are more lilkely to require specialized treatment. This is supported by what Wariuko et al. (2017) found out in his research that most of elderly persons are unable to find specialized services offer to them in public health facilities.

Distribution of Respondents based on Access to Health Care

The participants' responses on the two questions on access to health care were combined in order to compute an overall access to health care score for each respondent. The overall score ranged between 0 (zero) for respondents with the lowest access to 5 for respondents with the highest score. This data was recorded into categorical data with respondents with a score of 2 or below being coded as having low health care access and those with scores of above 2 being coded as having high health care access. Table 4 presents respondents distribution based on this rating.

Table 4: Respondents distribution on access to health care

Access to Health Care	Frequency	Percent
Low Access	267	70.3%
High Access	113	29.7%
Total	**380**	**100.0%**

Table 4 shows that the majority of the sample elderly persons 70.3% had low access while 29.7% had high access to health care. This data implies that the majority of the elderly persons in the informal settlements in Kenya have low access to healthcare services. The influence of social protection on access to healthcare was examined.

Social Protection and Access to Health Care

The study paid attention to three forms of social protection namely cash transfer programmes, government intervention in the provision of health services, and retirement schemes.

Cash Transfer and Access to Health Care

The Kenyan government has cash transfer programme that target elderly persons known the Older Persons Cash Transfer (OPCT). The programme targets individuals who are above the age of 65 years, the poor and vulnerable, who do not have a household member receiving regular income from gainful employment (Republic of Kenya, 2020). Beneficiaries receive Kshs. 2000 per month that is disbursed every two months. Since the study targeted elderly persons from informal settlements, it was presumed that most of them are beneficiary of the programme. Consequently, the study assessed their satisfaction with the cash transferred to them rather than whether they receive the cash or not. This information is summarized in Table 5.

Table 5: Respondents' Satisfaction with the Cash Transfer Programmes

Satisfaction Level	Frequency	Percent
Satisfied	289	76.1%
Neither Satisfied nor Dissatisfied	45	11.8%
Dissatisfied	46	12.1%
Total	**380**	**100.0%**

Table 5 shows that the majority of the respondents (76.1%) were satisfied with the OPCT. This implies that most the elderly person appreciate the cash that they receive from the programme and that they feel that this money is making a difference in the lives. In response to a follow-up question, respondents gave several reasons for their satisfaction with the cash-transfer. Some of them said that the cash has helped them to buy foods and other necessities, other say that they use the money to purchase medication while others say that the money helps them to pay for their rent. Respondent12, a 79 year old was grateful that the money helps her to purchase diabetes medication;

I use this money to buy medicine from diabetes, which have become very expensive. I don't know how I would be getting this medicine if I was not getting the money." (Respondent12, Female, 2021)

About 11.8% of the respondents were indifferent meaning that they were not satisfied but neither were they dissatisfied with the cash from the OPCT. These respondents probably feel that the cash they receive is little but appreciate having it rather than having nothing at all. Another 12.1% of the respondents said that they were dissatisfied with the programme. In the follow-up question, the main reason that these respondents gave for their dissatisfaction was that they felt that the money they were given was not enough to cover their needs. They expressed their wish to have the amount increased in order to have an impact on their livelihood. Below are excerpts of what some of the respondents had to say:

"Life has become so expensive; the Kshs 2,000 that we get cannot even buy half of the things that I need in a given month. The government should increase this money." (Respondent47, Female, 2021).

The program is good but the money is very little. I just use it to buy food but even the food cannot last till the end of the month. The amount should be increased." (Respondent189, Male, 2021)

These finding is consistent with the results of a satisfaction survey conducted by the Republic of Kenya (2016), which found that most of the beneficiaries of the government cash transfers programmes were satisfied and over 90% reported that cash transfer had an impact on their lives. In the survey, 88% of OPCT beneficiaries reported that the cash transferred to them had a positive impact on the health of the household. To establish whether this is the case among elderly person living in informal settlements in Nakuru town, the data on respondents' satisfaction with cash transfer was cross-tabulated with the data on access to health care. Table 6 presents the findings.

Table 6: Cross-Tabulation of Cash Transfer and Access to Health Care

		Access to Health Care Category		
		Low Access	High Access	
		N (%)	N (%)	
Are satisfied with old person's cash transfer	Satisfied	191 (66.1)	98 (33.9)	289 (100)
	Neither	31 (68.9)	14 (31.1)	45 (100)
	Dissatisfied	45 (97.8)	1 (2.2)	46 (100)

Pearson Chi-square (X^2 = 19.175, df=2, p=.000)

Source: Field Data, (2021)

Table 6 shows that the category of respondents who reported being satisfied with the cash transfer programme had the highest proportion of the elderly with high access to health care (33.9%) followed by those in the "Neither" category (31.1%). This proportion drastically falls to 2.2% in the category of respondents who feel dissatisfied with the cash transfer programme. These findings imply that elements that shape satisfaction of the elderly with the cash transfer programme have an influence on their accessibility to health care. The chi-square test showed that this influence is statistically significant (X^2= 19.175, df= 2, p=.000). These findings are congruent with the survey conducted by the Republic of Kenya (2016), which showed that one of the impact of cash transfer programmes is that they have improved access to health care by vulnerable populations.

Government Intervention and Access to Health Care

The second component of social protection that the study assessed was government interventions in the provision of health care to the elderly. The government of Kenya has several health-related interventions that target older person. One such intervention is the health insurance subsidy programme (HISP) that provide medical cover for elderly persons and other vulnerable groups who meet eligibility criteria (Kabia et al., 2019). The government funds the programme meaning that the beneficiary gets a medical cover without paying premiums. Another intervention is the free tuberculosis treatment policy. Although this policy applies to Kenyan of all age, Enos et al. (2018) found that prevalence of TB in the elderly population was still high at 576 positive cases per 100,000 persons. Consequently, free treatment is bound to benefit the elderly population alongside other Kenyans. To assess this factor, respondents were asked to indicate the number of government interventions on health that they have accessed. Figure 1 presents the findings.

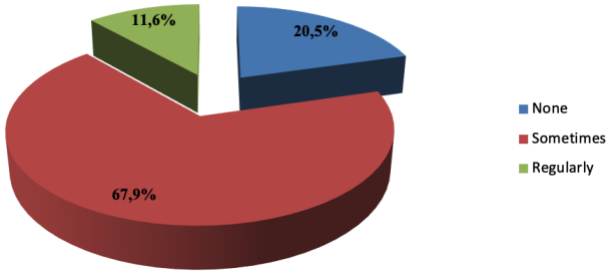

Figure 1: Times that the Respondent has benefited from Government Interventions

Figure 1 illustrates that the majority of the respondents (67.9%) benefits from government health interventions sometimes when they are in need of health care services. This probably means that most of the time, these respondents finance their health care needs but occasionally benefit from government interventions. On the other hand, 20.5% of the respondents said that they have not benefited from any government intervention. This possibly means that these respondents mostly rely on their own means whenever the need healthcare services. About 11.6% of the respondents reported that they benefit from the government interventions regularly. This probably means that these respondents access the government intervention most of the times that they seek medical care.

Several factors could explain the difference in access to government intervention. One of the factor is difference in awareness. Elders who are aware of the existence of government interventions such as the HISP and the process of enrolling are more likely to benefit from them. Another factor is the health condition of the elders. Some of the government intervention are specific to certain diseases and; therefore, they are bound to benefit elders who suffer from these diseases. For instance, the free TB treatment policy can only benefit elders who contract this diseases. Elders suffering from other ailments to which the government has not intervene may need to finance their care. The data on frequency of use of government interventions was cross-tabulated with data on access to health care to detemine whether there is an association between these two variables. Table 7 presents the results.

Table 7: Cross-Tabulation of Government Intervention and Access to Health Care

		Access to Health Care Category		
		Low Access	High Access	
		N (%)	N (%)	
Is the government able to intervene for the elderly	None	67 (85.9)	11 (14.1)	78 (100)
	Sometimes	182 (71.9)	71 (28.1)	253 (100)
	Regularly	13 (29.5)	31 (70.5)	44 (100)

Pearson Chi-square (X^2 = 38.627, df=2, p=.000)

Table 7 shows that the category of respondents that has benefited from government intervention regularly has the highest proportion of elders with high access to health care (70.5%). This proportions drastically declines to 28.1% in the category of respondents who reported that they benefit from government interventions sometimes. The proportion declines further to 14.1% in the category of elders who do not benefit from any government intervention. These findings suggest that there is a positive association between get into government health interventions and access to healthcare services by eldery persons. The chi-square test showed that this association is at the 0.01 level of significance (X^2= 38.627, df=2, p= <.001). These findings are consistent with the study by Kabia et al. (2019), who found that the HISP had improved access to health services for the poor.

Retirement Schemes and Access to Health Care

The final component of social protection that was analysed was retirement schemes. These are programmes that provide financial support to individual during retirement. In Kenya, there is one public retirement scheme known as National Hospital Insurance Fund (NHIF). There are also numerous private retirement schemes mainly run by Insurance Companies that people can join either through their employer or independently. The study sought to establish the penetration of retirement scheme with the elderly population living in informal settlement in Nakuru town. Respondents were asked to indicate whether they are members of any retirement scheme. Figure 2 summarizes the findings.

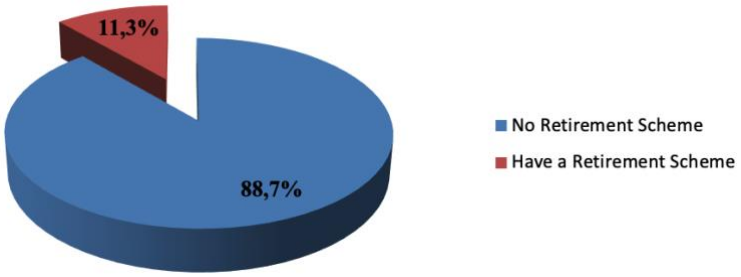

Figure 2: Distribution of Respondents by Membership of Retirement Scheme

Figure 2 shows that the majority of the respondents (88.7%) were not members of any retirement schemes and; therefore, were not receiving any retirement benefits, while 11.3% had retirement scheme benefits. These findings indicate that there is low penetration of retirement schemes among the elderly population living in informal settlement. The findings are consistent with the study by Onduko et al. (2015), who found the penetration of retirement benefit schemes was low with 15% of the elderly population enjoying retirement benefits. Current findings suggest that elderly persons living in informal settlement are less likely to have retirement benefit than elderly person in the general population. In a follow-up open-ended question, respondents who had no retirement benefits were requested to give some of the reasons that prevented them from enrolment into a retirement benefit scheme in their working years. The overarching theme was that most respondents believed that these benefit schemes are only available for those in formal employment. This finding highlights an awareness deficiency concerning the retirement benefits schemes among informal settlement dwellers most whom work in the informal sector. It is probable that most of the residents in the informal settlement are not aware that they can join and contribute towards retirement benefits scheme independently. To establish whether there is a connection between having retirement benefits and accessing health care, this data was cross-tabulated with data on access to health care. Table 8 presents the findings.

Table 8: Cross Tabulation of Retirement Scheme and Access to Health Care

		Access to Health Care Category		
		Low Access	High Access	
		N (%)	N (%)	
Are you a member of any retirement benefit scheme	No	266 (78.9)	71 (21.1)	337 (100)
	Yes	1 (2.3)	42 (97.7)	43 (100)

Pearson Chi-square (X^2 = 27.436, df=1, p=.000)

Table 8 shows that the category of respondents that have retirement benefits had a substantially higher proportion of individuals with high access to health (97.7%) than the category of respondents who did not have retirement benefits (21.1%). These findings suggest that having retirement benefits has a positive influence on access to health by elderly persons living in informal settlements. The chi-square tests confirms that this influence is at the 0.01 level of significance (X^2= 27.436, df= 1, p<.001). This finding is in agreement with Onduko et al. (2015), who found that the low penetration of retirement benefit schemes in Kenya has a detrimental impact on the well-being of senior citizens including their ability to access health care services. They further noted that the elderly's access to health care services is also curtailed by the low saving culture with most Kenyans retiring with less than 20% of their total income before retirement.

Conclusions

According to the findings, the study concludes that most elderly persons residing in informal settlement have low access to health care. Access to health care is influenced by social protection programs. Specific social protection programmes that have an impact of access to health care include cash transfer, government intervention in health care, and retirement benefits. Most respondents are satisfied with cash transfer but only access government interventions from time to time and have no retirement benefits.

Based on the findings, the study recommends that policy makers should roll-out awareness campaign that seek to sensitize the elderly population regarding existing government intervention such as the health insurance subsidy programme (HISP) programme in order to increase uptake. Findings show that some elderly persons are not aware of these programmes.

Policy-makers should also roll-out programmes aimed at educating Kenyans regarding the importance of enrolling to retirement benefit schemes and saving for old age. Current findings show that the majority of the elderly persons in informal settlement do not have retirement benefits. This leaves them exposed to financial shocks since they have limited ability to earn a living.

The study was confined to elderly persons living in informal settlement in Nakuru town. This may limit the generalization of the findings to other areas that do not share similar characteristics as Nakuru town. Future studies should replicate this research in other regions particularly the rural areas.

Reference

Aboderin, I. (2004). Decline in Material Family Support for Older People in Urban Ghana, Africa: Understanding Processes and Causes of Change. *The Journals of Gerontology: Series B*, *59*(3), S128–S137. https://doi.org/10.1093/geronb/59.3.S128

Arifin, B., Wicaksono, E., & Ngasuko, T. (2021). *The Impact of Indonesian Conditional Cash Transfer Program (PKH) Expansion on Elderly Beneficiaries and Medical Care Utilization*. IEA World Conference, Bali, Indonesia.

Asiamah, N. (2017). Social engagement and physical activity: Commentary on why the activity and disengagement theories of ageing may both be valid. *Cogent Medicine*, *4*(1), 1289664. https://doi.org/10.1080/2331205X.2017.1289664

Byaruhanga, I., & Debesay, J. (2021). The Impact of a Social Assistance Program on the Quality of Life of Older People in Uganda. *SAGE Open*, *11*(1), 2158244021989311. https://doi.org/10.1177/2158244021989311

Chepngeno-Langat, G., van der Wielen, N., Falkingham, J., & Evandrou, M. (2021). Targeting Cash Transfers on the "Poorest of the Poor" in the Slums: How Well Did the Kenya's Older Persons Cash Transfer Programme Perform? *Journal of Aging & Social Policy*, *0*(0), 1–18. https://doi.org/10.1080/08959420.2021.1926197

Elliott, J., McNeil, H., Ashbourne, J., Huson, K., Boscart, V., & Stolee, P. (2016). Engaging Older Adults in Health Care Decision-Making: A Realist Synthesis. *The Patient*, *9*(5), 383–393. https://doi.org/10.1007/s40271-016-0168-x

Enos, M., Sitienei, J., Ong'ang'o, J., Mungai, B., Kamene, M., Wambugu, J., Kipruto, H., Manduku, V., Mburu, J., Nyaboke, D., Ngari, F., Omesa, E., Omale, N., Mwirigi, N., Okallo, G., Njoroge, J., Githiomi, M., Mwangi, M., Kirathe, D., … Weyenga, H. (2018). Kenya tuberculosis prevalence survey 2016: Challenges and opportunities of ending TB in Kenya. *PLoS ONE*, *13*(12). https://doi.org/10.1371/journal.pone.0209098

K. Sun MS, Smith,PhD, J., Jacqui. (2017, August). *Self-Perceptions of Aging*. https://academic.oup.com/gerontologist/article/57/suppl_2/S216/3913318

Kabia, E., Mbau, R., Oyando, R., Oduor, C., Bigogo, G., Khagayi, S., & Barasa, E. (2019). "We are called the et cetera": Experiences of the poor with health financing reforms that target them in Kenya. *International Journal for Equity in Health*, *18*(1), 98. https://doi.org/10.1186/s12939-019-1006-2

Mwanzia, P. (2015). *The effect of older persons cash transfer programme on the elderly in Westlands Sub-County, Nairobi County*. University of Nairobi.

Onduko, E. M., Gweyi, M. O., & Nyawira, J. (2015). Analysis of the determinants on Retirement Planning in Kenya: A Survey of registered pension schemes in Nairobi. *Research Journal of Finance and Accounting*, 10.

Pak, T.-Y. (2020). Social protection for happiness? The impact of social pension reform on subjective well-being of the Korean elderly. *Journal of Policy Modeling*, *42*(2), 349–366. https://doi.org/10.1016/j.jpolmod.2019.12.001

Republic of Kenya. (2016). *Inua Jamii: Towards a more effective national safety net for Kenya. Progress report.* Government Printer. http://documents1.worldbank.org/curated/en/949781468198008332/pdf/105760-WP-P131305-PUBLIC.pdf

Republic of Kenya. (2020). *Older Persons Cash Transfer (OPCT)—National Social Protection Secretariat*. http://www.socialprotection.or.ke/national-safety-net-program/125-older-persons-cash-transfer-opct

Sabates-Wheeler, R., Wylde, E., Aboderin, I., & Ulrichs, M. (2020). The implications of demographic change and ageing for social protection in sub-Saharan Africa: Insights from Rwanda. *Journal of Development Effectiveness*, *12*(4), 341–360. https://doi.org/10.1080/19439342.2020.1853792

Vaziralli, S. (2020). *A social protection response to COVID-19 in developing countries* (p. 11). International Growth Centre.

Wariuko, J., Cheboi, S., Ochieng, G., & Oyore, J. (2017). Access to Healthcare Services in Informal Settlement: Perspective of the Elderly in Kibera Slum Nairobi-Kenya. *Ann Med Health Sci Res*, *7*(1), 5–9.

Zhou, B., Liu, X., & Yu, P. (2018). Toward successful aging: The Chinese Health Criteria for the Elderly. *AGING MEDICINE*, *1*(2), 154–157. https://doi.org/10.1002/agm2.12028

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