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Impact of the Pension on Access to Health and Selected Food Stuffs for Pensioners of the Manonyane Community in Roma, Lesotho as Measured between 2004 and 2006

A. Ranotsi¹ and S. Aiyuk²

¹Department of Nursing, ²Department of Environmental Health, National University of Lesotho, P.O. Roma 180, Lesotho. Corresponding author email: ranotsi@yahoo.com

Abstract: The purpose of the study was to determine the impact of pension money on access to health and selected foodstuffs on the elderly population residing at the Manonyane area in Roma, Lesotho. A descriptive design was used. A sample of 215 pensioners was drawn from 830 registered pensioners in Manonyane. Respondents were aged 70-years and above, as 70 is the age when they begin to receive pension. A survey questionnaire developed by the investigators for this study was piloted and administered in the field by trained field workers. The findings of this study showed that pensioners used a large percentage of pension money on seeking health for themselves and their families, in addition to the purchase of food and alcohol.

Keywords: impact, pension, access, health, foodstuffs

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Background of the Study

The Kingdom of Lesotho is an independent democratic nation situated in the Southern part of Africa. It is a landlocked enclave completely surrounded by the Republic of South Africa. It is a small country covering a land area of approximately 30,000 square Kilometers. The highlands form three quarters of the country and they rise up to 3,500 meters in the Drakensburg Maluti Mountain range. According to the United Nations Development Program¹ the country is regarded as one of the least developed in the world. In 2004 the Lesotho government decided to provide pensions for the elderly of the country from age 70 upwards. The pension was set at Z150.00 a month, which is slightly above the United Nations (UN) poverty line.¹ The money was paid through the local Post Offices. The registration of people eligible for pension started in September 2004.

In early 2005 the National University of Lesotho established a multidisciplinary research group to study the effects of the new pension on the lives of the recipients. All Faculties were involved in the study. The Faculty of Health Sciences was tasked with studying the impact of the pension on access to food and health.

Introduction

The world has recently experienced a rapid increase in its elderly population. The World Health Organization² categorizes the elderly as all persons above the age of 60. The demographic transition reflecting the decline in birth rates over the last few decades contributes to this trend. This is especially observable in developing countries. The United Nations predicts that the elderly population will increase by 20% by the year 2050. This group will then constitute more than two billion people. These changes are more dramatic in developing countries where population age distribution used to be dominated by the young, and relatively few people survived into old age.³

As the proportion of the very old and the very young increases, the proportion of those in their youth and middle age diminishes. The dependency ratio, defined as the number of economically active persons that are available to support the non-economically active, the very young and the elderly, declines rapidly. This decline is compounded by the increased attainment of higher educational levels by younger generations,

especially women, who, for career reasons and economic necessity, increasingly engage in paid employment away from home. No longer are they available to care for the elderly as they did in the past.^{4,5}

Other factors reducing the household's ability to provide care for the elderly include the migration of young people and the effects of the HIV/AIDS pandemic. The HIV/AIDS pandemic is characterized by the premature death of young and economically active people, leaving the elderly as caregivers instead of them being cared for. Many elderly people are therefore faced with the dilemma of either living alone or having to take care of very young, orphaned grandchildren.^{4,5}

This demographic transformation has profound implications on the continued social integration and the provision of health and social services for the elderly. The old people in most developing countries are vulnerable to malnutrition, and to infectious and other diseases.¹

Lesotho, like many developing countries, is being affected by an increase in the elderly population. According to UNDP,¹ the Lesotho's population above 60 years of age is projected to increase from 4.2% in 2003 to 5.8% in 2015.⁶ Lesotho has accepted and is signatory to the International Labor Organization's (ILO) conventions on social protection and has to adhere to its responsibility of providing social security to the vulnerable people, including the elderly. These commitments involved the introduction of a monthly non-contributory old age pension in November 2004. It is provided as a cash transfer to the amount of ZAR 150.00 per month to citizens aged 70 years and above.⁷

Methodology

The permission and consent to do the study was obtained from the local chiefs and the participants, after detailed explanations were made regarding its purpose. The latter participated willingly without any coercion and were assured that their names would not be recorded on the questionnaire documents. They were informed that they were free to pull out any time if they so desired. It is worth noting that at the time of the study, there was no established Ethics Committee in the country through which the questionnaire and its administration could be cleared.

**Table 1.** Characteristics of the study sample.

Men/Women	34%/66%	Living with spouse	Yes 30%/No 70%
Average age	77	Spouse a pensioner	Yes 20%/No 80%
Head of family	Yes 30%/No 70%	Literate	Yes 66%/No 34%
Living alone	Yes 30%/No 70%	Christian	Yes 98%/No 2%
Widowed	Yes 65%/No 35%	Lesotho national	Yes 100%/No 0%

The area for this pilot study was the Manonyane administrative district in Roma, where the National University of Lesotho (NUL) is situated. The sample was randomly drawn from 215 out of a total of 830 elderly pensioners. The Pensioners' names, sex, age and places of residence were obtained from the Pensions office of the Ministry of Finance in Maseru which is the capital town in the country. Ten sub-areas across the Manonyane electoral district were chosen. The sampling procedure involved selection of first 10–12 pensioners alphabetically on the list of each village of Manonyane.

Data were collected by trained field workers using a questionnaire that was developed by the investigators. The questionnaire was piloted in the village of Nazareth which is relatively close to the university but distant from the study area. It was administered to a group of 10 respondents selected to be representative of the pensioner population that would eventually be used in the main survey. The unclear questions were revised, while some were dropped. A few new questions were added.

The questionnaire was administered through face to face interviews. Participants were interviewed in their households. Interviews were conducted in the local language (Sesotho) but responses were recorded in English. It included questions about the common foods pensioners ate and whether they were able to satisfy their hunger, and their ability to access health care. Data were cleaned by checking and correcting entry errors and inconsistencies, then entered on to spreadsheets and analyzed. Tables were produced and cross tabulations were performed, to identify points of interest.

Findings

Characteristics of the pensioners surveyed

Basic demographic information was drawn from the pensioners (Table 1).

Pensioners' access to health care

The distance to the nearest health care services was established so as to determine how far Pensioners need to travel to reach them (Table 2).

The study also established whether the respondents were able to visit the health services. About 71% of the pensioners were able to go to the nearest health facility by themselves, while 26% needed help from other people. Only 3% were not able to visit a health facility at all.

The study established the views of the pensioners about the importance of visiting different health services. They were asked to rank in order of importance among visits to clinic, village health worker, traditional healer or buying medicines (Table 3).

VHW signifies village health worker

Pensioners were then requested to indicate which health services they spent more money on and whether their health has improved. The information was then cross tabulated with sex (Table 4).

Cross tabulations showed that men visited the hospital more often 18% than women 9%. Also 10% of men and 7% of females spent more money on medicines. Men also helped others to visit health facilities 17% of men and 10% of women. More men than women thought it was most important to consult traditional healers. More males reported an improved health than females, 21% males and 13% females.

Table 2. Distance to the nearest health services.

0–1 km	31%
2–5 km	22%
6–9 km	30%
More than 9 km	15%
Don't know/No answer	2%

**Table 3.** Pensioners views on importance of visiting various health services.

Health service	Most important	Important	Less important	Not important
Visits to clinic	73.5%	20.8%	0.9%	4.7%
Visits to VHW	17.9%	20.8%	2.6%	38.7%
Visits to traditional healer	16.0%	8.5%	10.4%	4.7%
Buying medicines	47.0%	36.7%	9.4%	4.7%

Impact of pension support on pensioners' food expenditure

As many as 61% of pensioners responded that they used their pension money to buy more food. An average of ZAR 93.00 was used to buy food monthly. Pensioners also stated that apart from having more food since they received the pension money, they also were able to buy a variety of food, such as milk, eggs, sugar, cakes and sweets.

The study also established whether the pensioners were able to satisfy their hunger with the food they bought with the pension money (Table 5).

After receiving the pension 10% were still not able to satisfy their hunger. It was just 1% of pensioners who had more than enough food after the introduction of the pension.

As many as 53% of pensioners reported they used pension money to buy alcohol for themselves while 42% bought it for themselves and other people. The mean extra money spent on alcohol was ZAR 21.00. About 5% of the respondents declared to have increased their alcohol spending by ZAR 50.00 or more since receiving the pension. Apart from drinking alcohol, 44% of the pensioners interviewed also smoked, and, as a result, they spent some of the pension money on tobacco for themselves and others. The mean extra money spent on tobacco was ZAR 13.00.

Table 4. Cross tabulations; pensioners spending on health services and reporting improved health, by sex.

	Males	Females	Difference
Frequent hospital visits	18%	9%	9%
Spending money on medicines	10%	7%	3%
Visiting a traditional healer	6%	3%	3%
Reporting improved health	21%	13%	8%

Discussion

Pensioners access to health

The pensioners travel various distances to reach the nearest health services. Since chronic diseases are a source of stress to the elderly, without a source of income they would not be able to pay for transport to reach the health facilities. With the initiation of monthly pension they were able to access health services and also had some money to spare. According to Cohen & Hoberman⁸ the monthly income makes the elderly to perceive illness as less stressful. It is therefore evident that the pension money had contributed to the ability of the elderly to pay for health services and to access health care.

The result of the survey indicated that, as with the elderly in other countries, the pensioners in Manonyane spent their pension income on their own health and for other family members. This is also common with pension beneficiaries in other developing countries such as South Africa and Namibia, where other people benefit from the pension allowance.⁹

Pensioner's habits (drinking and smoking)

Half of smoking pensioners sometimes bought tobacco and alcohol for other people with their pension income. This is an indication that pensioners were able to socialize and enjoy companionship of others, facilitated by their monthly income. According to Laniel¹⁰ social events in Lesotho are celebrated by drinking and smoking together with companions.

Table 5. Percentage of pensioners able to satisfy hunger.

Enough food to satisfy hunger	Before getting pension	After getting pension
Never	20%	10%
Sometimes	47%	47%
Always	36%	46%
Always had more than enough	0.50%	1%



Pensioner's access to food

The elderly reported an increased access to food for them and their households with the introduction of the pension money. Access to food included the quantity and variety, such as beans, milk, eggs and meat.

The positive outcomes of the pension have also been demonstrated by the findings that the percentage of pensioners unable to satisfy their hunger dropped by 10% since the introduction of the pension. Other pensioners however reported no difference in their ability to satisfy hunger. It can be concluded that these are people who have more needs than the pension money can satisfy.^{8,11}

Conclusion

The findings of this study indicate that pension money as appraised by the elderly of Manonyane has been interpreted as valuable in the sense that it has contributed to the improvement of household access to food and to the health services of its beneficiaries.

It is therefore apparent that the old age pension is a useful for the well-being of the Manonyane elderly.

Recommendations

- More studies need to be done to determine whether the pension money has contributed to better quality of life and nutritional status for the pensioners.
- There is need for further investigation on this important issue of access to food and health services for pensioners, in order to obtain a generalization for the country, and including other variables.

Limitations of the Study

- The study only focused on access to health care and selected foods, it cannot therefore be generalized to include broader issues of health and nutrition.
- The study cannot be generalized beyond the Manonyane area where it was conducted.

Author Contributions

Conceived and designed the experiments: AR. Analysed the data: AR and SA. Wrote the first draft of

the manuscript: AR. Contributed to the writing of the manuscript: SA. Agree with manuscript results and conclusions: SA. Jointly developed the structure and arguments for the paper: AR and SA. Made critical revisions and approved final version: AR and SA. All authors reviewed and approved of the final manuscript.

Disclosures and Ethics

As a requirement of publication author(s) have provided to the publisher signed confirmation of compliance with legal and ethical obligations including but not limited to the following: authorship and contributorship, conflicts of interest, privacy and confidentiality and (where applicable) protection of human and animal research subjects. The authors have read and confirmed their agreement with the ICMJE authorship and conflict of interest criteria. The authors have also confirmed that this article is unique and not under consideration or published in any other publication, and that they have permission from rights holders to reproduce any copyrighted material. Any disclosures are made in this section. The external blind peer reviewers report no conflicts of interest.

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