The Influence of Social Security Service Quality on the Socio-Economic Welfare of Retirees in Kinondoni District, Tanzania

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Abstract
This study assessed the quality of social security services in improving the socio-economic welfare of retirees in Kinondoni District, Dar es Salaam, Tanzania. Guided by the Continuity Theory of Ageing and Institutional Theory, the study examined the adequacy of lump-sum payments, monthly pensions, and health insurance coverage. Adopting a convergent mixed-methods research design, the study utilised a sample of 364 retirees selected through simple random sampling and 30 key informants selected purposively. Data were collected using structured questionnaires and open-ended interviews, followed by descriptive statistical and thematic analyses. Quantitative findings revealed mixed perceptions of financial benefits. While 54.67% of respondents considered lump-sum payments satisfactory, 45.33% perceived them as inadequate, mainly due to high urban inflation. Furthermore, 55.50% of retirees expressed dissatisfaction with health insurance coverage, citing limited coverage for chronic conditions associated with ageing and high out-of-pocket expenses. Qualitative evidence triangulated these findings, highlighting that stagnant monthly pensions often necessitated reliance on informal family support. The study concluded that, while social security services provided a foundational safety net, the existing service quality was insufficient to ensure long-term socio-economic well-being and dignity in an inflationary environment. It was recommended that the Ministry of Labour, Youth, Employment and Persons with Disabilities, under the Prime Minister's Office, in coordination with PSSSF and NSSF, implement automatic pension indexation and expand health insurance packages to include comprehensive geriatric care to align social security benefits with the rising cost of living in urban Tanzania.

Keywords: *Social Security Quality, Retiree Welfare, Pension Adequacy, Health Insurance, Kinondoni District, Tanzania.*

INTRODUCTION

The socio-economic welfare of retirees remains a central development concern, particularly in the context of ageing populations, urbanization, and evolving labor markets (ILO, 2022; ISSA, 2023). It encompasses the ability of retired individuals to maintain a decent standard of living, access essential services such as healthcare and housing, and sustain psychological well-being after exiting formal employment (ISSA, 2024; Temba, 2025). Globally, nearly 40% of older persons lack any form of pension income, and in low and middle-income countries, over 65% of retirees depend on informal support systems, highlighting systemic vulnerabilities in old-age security (ILO, 2024; World Bank, 2025a). In urban settings, rising living costs further strain retirees' welfare, with expenditures on healthcare alone accounting for 20–30% of household income among the retirees in many developing economies (ISSA, 2024; NSSF, 2026).

Social security is universally recognized as a critical pillar for achieving the United Nations Sustainable Development Goals (SDGs), specifically Target 1.3, which mandates the implementation of nationally appropriate social protection systems for all. Globally, only about 47% of the population had access to at least one social protection benefit as of 2024, leaving approximately 4.1 billion people (over 53%) without adequate coverage (ILO, 2024). Furthermore, effective coverage drops to roughly 30% of the global population, underscoring what the International Labour Organization describes as a "profound global injustice" (ILO, 1952; ILO, 2024). This gap is increasingly exacerbated by demographic shifts such as global ageing with persons aged 65+ projected to reach 1.6 billion by 2050 and the rise of non-standard platform work, which now accounts for an estimated 10–15% of the global labor force in some regions (ISSA, 2025a). Modern global trends emphasize a transition from "unit-based" to "society-based" models that integrate individual savings with collective social pooling, aiming to improve resilience against global inflation averaging 6.8% in 2023 and about 5.9% in 2024, alongside geopolitical uncertainty (World Bank, 2025b; ISSA, 2025b).

In Sub-Saharan Africa (SSA), the challenge of ensuring socio-economic welfare in retirement is particularly acute. Only about 17% of the population is covered by at least one social protection benefit, while over 80% of workers operate within the informal sector, limiting their access to contributory pension schemes (ILO, 2024; World Bank, 2025a). Social protection expenditure remains low at approximately 1.2–1.8% of GDP, constraining the scope and adequacy of benefits (ISSA, 2025b). Although

countries such as Botswana and Namibia have achieved old-age pension coverage rates above 85–90%, many SSA nations continue to experience fragmented systems and fiscal limitations. At the same time, urban inflation rates exceeding 8–10% and climate-related shocks reducing household incomes by up to 20–30% further erode retirees' purchasing power and economic security (World Bank, 2025a; ISSA, 2025b). These pressures make the delivery of reliable, inclusive, and "shock-proof" social protection systems essential for safeguarding retirees welfare. In Tanzania, significant reforms have been undertaken to strengthen the socio-economic welfare of retirees by consolidating social security schemes into the Public Service Social Security Fund (PSSSF) and the National Social Security Fund (NSSF) (Temba, 2025; URT, 2025). The 2025 NSSF Amendments (GN No. 695) introduced expanded lump-sum access and enhanced survivor benefits, reflecting a shift toward more inclusive and responsive systems (URT, 2025; NSSF, 2026).

However, coverage remains limited to approximately 8–12% of the labor force, largely due to the dominance of the informal sector, which accounts for 70–75% of total employment (SSRA, 2024). Additionally, pension replacement rates averaging 30–40% of pre-retirement income are often insufficient to meet the demands of urban living (Nyamwero & Kadigi, 2024; Mushi, 2025). In cities like Dar es Salaam, monthly expenditures for retirees can reach TZS 400,000–600,000, while pension payments frequently fall short, and benefit processing delays can extend from weeks to several months, undermining financial stability (NSSF, 2026). Kinondoni District exemplifies the intersection between policy intent and lived reality. As a major urban and economic hub, the district presents a high cost of living environment where retirees rely heavily on efficient and responsive social security services. Despite improvements in financial sustainability such as a reported reduction in pension arrears by over 60% between 2020 and 2025 many retirees continue to face administrative inefficiencies and service delivery challenges that compromise their welfare (PSSSF, 2025; NSSF, 2026). This highlights a critical gap between macro-level reforms and micro-level outcomes, particularly in terms of service quality, accessibility, and timeliness.

From a theoretical perspective, this study is grounded on two theories: Institutional Theory and Continuity Theory of Aging. Institutional Theory explains how rules, social expectations, and shared beliefs shape the way social security systems function (Scott, 2022; World Bank, 2025). It shows that the success of institutions like NSSF and PSSSF depends not only on the policies written down but also on how those policies are

carried out and understood (Mushi, 2025; ISSA, 2025a). Alongside this, Continuity Theory of Aging adds that retirees try to maintain stability in their daily lives, relationships, and routines even after retirement (URT, 2025). This means that social security systems are most effective when they are not only following regulations but also help retirees maintain familiar patterns of income security and access to services, thereby reducing disruption to their well-being.

The regulative pillar covers laws and reforms; the normative pillar reflects expectations of fairness and accountability; and the cognitive pillar relates to retirees' trust and understanding (Temba, 2025; NSSF, 2026). When these pillars do not align, for example, if policies promise timely payments but delays occur, service quality declines and retirees' welfare is directly affected (Nyamwero & Kadigi, 2024; ISSA, 2025a). Institutional Theory also shows how bureaucratic rigidity and similarity across institutions can limit innovation (DiMaggio & Powell, 1983; World Bank, 2025b). By adding Continuity Theory, the analysis highlights that such weaknesses not only reduce service quality but also disrupt retirees' ability to maintain stable routines, which worsens their welfare outcomes.

The main objective of this paper is to assess the quality of social security service delivery and examine its influence on the socio-economic welfare of retirees in Kinondoni District, Dar es Salaam. Specifically, the study looks at how service quality dimensions such as reliability, responsiveness, and administrative efficiency affect retirees' income security, access to essential services, and overall well-being, while also identifying institutional factors that support or limit effective service delivery in Tanzania's social security system (URT, 2025; NSSF, 2026). In this analytical relationship, Institutional Theory provides the basis for examining how institutional rules, expectations, and practices shape service quality, while Continuity Theory explains how the resulting quality of services contributes to the maintenance of retirees' income security, access to essential services, and overall well-being.

THEORETICAL FRAMEWORK

This study is anchored in a multi-dimensional theoretical framework that integrates Institutional Theory and the Continuity Theory of Aging to examine the quality of social security service delivery and its influence on retirees' socio-economic welfare in Kinondoni District, Dar es Salaam. Institutional Theory provides a robust lens for analyzing how formal structures, regulatory systems, and social norms shape organizational

behavior and service outcomes within public institutions (DiMaggio et al, 1991). It emphasizes three interrelated pillars regulative, normative, and cognitive that collectively determines how institutions function and how stakeholders perceive their effectiveness. In the context of Tanzania's social security system, this theory highlights the tension between well-designed statutory reforms and the persistent implementation gaps that undermine service quality. It also underscores the role of institutional isomorphism, where organizations adopt standardized practices to gain legitimacy rather than to enhance responsiveness, thereby constraining adaptability to retirees' needs.

This perspective establishes a direct link between institutional structures, service delivery quality, and welfare outcomes, showing that retirees' well-being depends not only on policy design but also on the operational realities of institutional environments (ILO, 2024a). Continuity Theory of Aging, on the other hand, emphasizes the importance of stability in older adults' social roles, routines, and relationships as they transition into retirement. Retirees rely heavily on predictable and consistent social security services to sustain their established lifestyles, preserve dignity, and remain socially active (ILO, 2024b). Disruptions such as delayed pensions or bureaucratic inefficiencies undermine this continuity, leading to stress, exclusion, and vulnerability (ILO, 2024c). By highlighting the necessity of reliable institutional support, continuity theory reinforces the argument that effective governance and predictable service delivery are essential for retirees to maintain socio-economic stability and quality of life. Together, these theories provide a complementary framework: Institutional Theory explains the structural and systemic determinants of service delivery, while Continuity Theory illuminates the lived experiences of retirees and the importance of consistent support for their welfare (ILO, 2022). This synthesis enables a holistic assessment of how institutional arrangements and service quality interact to shape retirees' socio-economic outcomes in Kinondoni District.

Institutional Theory

This study is guided by Institutional Theory to explain how the quality of social security service delivery influences the socio-economic welfare of retirees (DiMaggio et al, 1991). Institutional Theory provides a comprehensive framework for understanding how organizations such as social security institutions are shaped by formal rules, societal expectations, and shared beliefs, and how these factors affect service outcomes and individual well-being (Scott, 2022; World Bank, 2025b; NSSF, 2026). At its core, Institutional Theory argues that organizational

behavior is not driven solely by efficiency or technical goals, but also by the need to conform to institutional pressures within their environment (Mushi, 2025). These pressures are categorized into three key pillars: regulative, normative, and cognitive. The regulative pillar refers to formal laws, policies, and administrative procedures that govern social security systems. In this study, it explains how government regulations such as pension policies, benefit structures, and eligibility criteria shape the quality of services delivered to retirees (PSSSF, 2025). For example, improvements in lump-sum payments, monthly pensions, and health insurance coverage are outcomes of regulatory frameworks (NSSF, 2026).

However, when there are implementation gaps such as delays in payments or bureaucratic inefficiencies, the intended benefits are undermined, negatively affecting retirees' financial stability and welfare (Nyamwero & Kadigi, 2024). The normative pillar focuses on societal values and expectations regarding how institutions should operate. In the context of social security, there is a strong expectation that institutions should provide fair, timely, and adequate support to retirees. These expectations influence how service quality is perceived (World Bank, 2025a). If retirees experience poor responsiveness, lack of transparency, or inadequate benefits, it leads to dissatisfaction and erodes trust in the system (Mushi, 2025). Thus, the ability of social security institutions to meet these expectations is critical in determining their effectiveness in improving welfare. The cognitive pillar relates to individuals' perceptions, beliefs, and understanding of institutional processes. In this study, it explains how retirees interpret the quality of social security services based on their experiences, awareness of entitlements, and level of trust in the system (Scott, 2022; NSSF, 2026). Even when services are available, negative perceptions such as uncertainty about procedures or lack of confidence in institutions can reduce utilization and limit the positive influence on socio-economic welfare (PSSSF, 2025). Furthermore, Institutional Theory introduces the concept of institutional isomorphism, which suggests that organizations often adopt similar structures and practices to gain legitimacy rather than improve efficiency (DiMaggio & Powell, 1983; World Bank, 2025b).

In social security systems, this may result in rigid and standardized procedures that prioritize compliance over responsiveness to retirees' needs. Consequently, reforms aimed at improving financial sustainability may not necessarily lead to improved service quality or better welfare outcomes (NSSF, 2026). In guiding this study, Institutional Theory

establishes a clear relationship between service quality and socio-economic welfare. It posits that the effectiveness of social security services measured through reliability, responsiveness, and adequacy of benefits depends on how well institutions align their regulatory frameworks, societal expectations, and operational practices (Mushi, 2025; PSSSF, 2025). When these elements are well-coordinated, retirees are more likely to experience improved access to essential services such as healthcare, food, shelter, and overall financial security. Conversely, institutional weaknesses can lead to poor service delivery, thereby exacerbating vulnerability among retirees (NSSF, 2026). Therefore, Institutional Theory provides a strong foundation for analyzing how institutional structures and service delivery mechanisms influence the socio-economic welfare of retirees, making it highly relevant for examining social security systems in contexts such as Kinondoni District, Tanzania.

Continuity Theory of Aging

Continuity Theory of Aging, as advanced by Atchley (1970), emphasizes that older adults strive to maintain stability in their social roles, daily routines, and relationships even as they transition into retirement. The theory posits that successful aging is achieved when individuals are able to preserve patterns of behavior, identity, and lifestyle established earlier in life. In the context of Kinondoni District, Tanzania, this theoretical lens is particularly relevant because retirees depend heavily on social security services to sustain their socio-economic welfare. The quality and consistency of pension delivery directly influence their ability to maintain continuity across multiple dimensions of life. The first dimension is internal continuity, which refers to the preservation of personal identity, values, and psychological patterns. For retirees in Kinondoni District, reliable pension services reinforce their sense of dignity and self-worth, enabling them to sustain psychological stability. Conversely, delays or inefficiencies in service delivery disrupt this continuity, leading to stress and insecurity (Kijanga, Lyanga & Rangi, 2026). The second dimension is external continuity, which involves sustaining social roles, relationships, and community participation. When pensions are delivered consistently, retirees are able to remain active in their communities, maintain social ties, and continue contributing socially and economically. Inefficient service delivery, however, weakens social integration and fosters exclusion, undermining retirees' ability to participate meaningfully in society.

A related dimension is role continuity, which focuses on maintaining established roles such as family provider, community elder, or mentor. Timely pension disbursement ensures that retirees can fulfill obligations to dependents and uphold their social responsibilities. Service disruptions, however, erode their capacity to perform these roles, diminishing their influence and social standing. The dimension of lifestyle continuity highlights the importance of sustaining daily routines and living standards. In Kinondoni District, where the cost of living is relatively high, predictable pension payments allow retirees to maintain housing, healthcare access, and basic consumption patterns. When pensions are delayed, retirees are forced to compromise their lifestyles, which increases vulnerability and reduce quality of life. Finally, socioeconomic continuity relates to financial stability and economic participation. Social security services are central to retirees' ability to sustain income security and resilience. Efficient pension systems strengthen welfare outcomes by ensuring predictable financial support, while bureaucratic bottlenecks undermine retirees' economic stability and increase dependency.

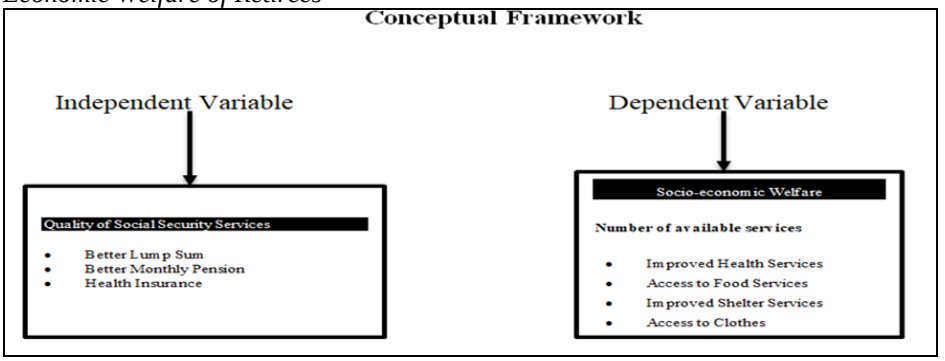
Conceptual Framework Description

Figure 1 illustrates the conceptual framework for this study, showing the relationship between the quality of social security services (independent variable) and the socio-economic welfare of retirees (dependent variable) in Kinondoni District, Tanzania. The quality of social security services encompasses key components such as better lump-sum payments, improved monthly pensions, and access to health insurance (URT, 2024). These elements reflect the effectiveness and responsiveness of social security institutions in delivering benefits that meet retirees' financial and health needs (NSSF, 2026; PSSSF, 2025). Service quality is influenced by institutional factors including policies, administrative efficiency, and communication with beneficiaries (Nyamwero & Kadigi, 2024; Mushi, 2025). The socio-economic welfare of retirees is measured by their ability to access essential services and maintain an adequate standard of living (URT, 2018b). This includes improved health services, reliable access to food, adequate shelter, and clothing basic needs that determine overall well-being and dignity in retirement (NSSF, 2026). The framework posits that improvements in the quality of social security services lead directly to enhance socio-economic welfare outcomes.

For example, timely and adequate pension payments enable retirees to afford food and healthcare, while health insurance coverage reduces out-of-pocket medical expenses (PSSSF, 2025). Conversely, poor service quality such as delays, insufficient benefits, or limited access negatively

influences retirees' ability to meet their basic needs, increasing vulnerability and poverty risk (Mushi, 2025). Based on Institutional Theory, this framework acknowledges that the quality of social security service delivery is shaped by formal regulations (regulative pillar), societal expectations (normative pillar), and retirees' perceptions and trust (cognitive pillar). These institutional dimensions' influence how effectively social security systems translate policy into practice, ultimately affecting retirees' welfare (Scott, 2025; NSSF, 2026).

Figure 1:
The Relationship between the Quality of Social Security Services and the Socio-Economic Welfare of Retirees



Source: Researcher, 2025.

EMPIRICAL LITERATURE AND INSTITUTIONAL FRAMEWORKS

Empirical Review

The discourse on social security and retiree welfare is increasingly shaped by contemporary empirical evidence regarding benefit adequacy and institutional efficacy. Dean (2025) investigated the nexus between terminal benefits and post-retirement transitions in Dar es Salaam, utilizing a mixed-methods approach. The study established a significant positive correlation between lump-sum payment adequacy and immediate housing stability. However, a critical vulnerability was identified: approximately 65% of retirees exhausted their capital within 24 months, driven by high urban inflation and a deficiency in diversified investment literacy. Consequently, the study advocated for the Public Service Social Security Fund (PSSSF) and the National Social Security Fund (NSSF) to institutionalize mandatory pre-retirement financial consultancy to safeguard long-term asset growth.

From a regional perspective, Masuku et al. (2025) conducted a comparative analysis of East African urban centers, employing Multiple

Regression Analysis to determine the predictors of food security. Their findings underscored that the "replacement rate", the ratio of monthly pensions to pre-retirement earnings is the primary determinant of psychological and nutritional health. Notably, the study revealed that the absence of a Consumer Price Index (CPI) indexation mechanism in Tanzania has led to a significant erosion of purchasing power. The authors recommended the adoption of automatic annual indexation to insulate benefits against macroeconomic fluctuations. Regarding health-related welfare, Perez (2025) explored geriatric care outcomes among social security beneficiaries. Through a longitudinal analysis (2020–2024), the research elucidated that while current health insurance effectively covers acute medical episodes, it remains largely insufficient for specialized geriatric care. Retirees in urban districts such as Kinondoni District often face prohibitive out-of-pocket expenses for chronic conditions, including cardiovascular and oncological treatments. Perez concluded that the prevailing "quality" of health coverage is service-limited, necessitating a policy expansion to include specialized long-term medication and diagnostics.

Finally, the International Social Security Association (ISSA, 2024) evaluated the influence of digital transformation on service delivery. While digital automation has significantly enhanced the timeliness and transparency of benefit processing, the findings highlighted a "digital divide." Elderly retirees, often lacking technological proficiency, perceived a decline in service quality due to diminished human interaction. The report concluded that administrative quality is a cornerstone of welfare, recommending a hybrid delivery model that integrates digital efficiency with person-centered localized support.

Policy Review

International and national policy frameworks emphasize a tripartite responsibility involving the State, employers, and employees (ILO, 2022). The ILO Social Security Convention No. 102 (1952) remains the global benchmark, advocating for a collaborative structure to ensure the sustainability of pension systems. This is complemented by the Madrid International Plan of Action on Ageing (2002), which mandates the integration of retirees into national development strategies to protect their income security and fundamental rights. Domestically, the National Aging Policy (2003) and the National Social Security Policy (2003) reflect Tanzania's commitment to these international standards. These instruments aim to optimize service delivery by addressing historical inefficiencies, such as payment delays and benefit inadequacy. However,

critical gaps persist in policy implementation. Current frameworks largely overlook tax-financed schemes, which are essential for income redistribution and covering vulnerable populations who were unable to contribute during their formal careers. The continued reliance of retirees on post-retirement labor suggests that existing policy outputs have yet to achieve the desired level of economic stability.

The legal and regulatory architecture in Tanzania provides the formal mandate for social security design and delivery (URT, 2018a). Underpinned by ILO Convention No. 102, the framework establishes minimum qualifying periods to ensure income security during old age. This mandate is operationalized locally through the PSSSF Act, No. 2 of 2018, which legalizes the mandatory collection of contributions and the investment of funds to guarantee the timely payment of pensions for public servants. Simultaneously, the NSSF Act, Cap 50 R.E. 2018 governs the private and informal sectors, mandating a 20% total contribution rate and facilitating voluntary registration for the self-employed. The Act empowers a Board of Trustees to manage assets with fiduciary diligence, prioritizing safety and profitability in diversified portfolios. Furthermore, the health welfare of retirees is governed by the NHIF Act, No. 8 of 1999, as recently enhanced by the Universal Health Insurance (UHI) Act of 2023 and the NHIF Amendment of 2025. These legislative updates signal a shift from restrictive post-retirement coverage toward a more inclusive, life-long health protection model, ensuring that the legal right to health aligns with the practical needs of an aging population.

MATERIALS AND METHODS

Study Area

The study was conducted in Kinondoni District, Dar es Salaam, Tanzania. This location was purposively selected due to its high density of retirees approximately 4,075 individuals and its role as a strategic hub for major social security institutions, including the PSSSF, NSSF, and HelpAge Tanzania. The district's heterogeneous population provides a representative urban environment to examine the delivery of social security services amidst the high cost of living characteristic of a market-driven economy.

Research Philosophy and Design

The study is grounded in the pragmatism research philosophy, which advocates for the integration of diverse methods to address complex social phenomena. Consequently, a convergent mixed-methods design

(QUAL + QUAN) was adopted. This design allowed for the simultaneous collection and triangulation of objective quantitative data (e.g., pension scales) and subjective qualitative insights (retiree lived experiences), providing a holistic understanding of the nexus between institutional support and socio-economic welfare.

Sampling Framework and Sample Size

A dual sampling strategy was employed to ensure statistical reliability and qualitative depth, thus; Quantitative Phase: Simple random sampling was applied to the retiree population. Using the Yamane (1967) formula for a population of 4,075 (field data, 2025) at a 95% confidence level, a sample size of 364 participants was determined. Qualitative Phase: Purposive sampling was used to select 30 key informants, including senior managers from PSSSF, NSSF, and Tanzania Union of Industrial and Commercial Workers (TUICO), to provide expert insights into policy execution and administrative frameworks. The sampling frame was clearly identified from the relevant retirees' records and used as the basis for selecting study participants. The response rate was determined by comparing the number of questionnaires distributed with the number returned and found usable for analysis. Questionnaire validity was established through expert review and pre-testing, while reliability was assessed using Cronbach's alpha. Interview data were transcribed, coded, categorised, and analysed thematically according to the study objectives. Ethical procedures included informed consent, voluntary participation, confidentiality, anonymity, and protection of participants' information. The quantitative and qualitative strands were integrated during interpretation, whereby qualitative findings were used to explain, complement, and triangulate the quantitative results. Convergence, complementarity, and divergence between the two strands were examined to provide a comprehensive interpretation of the study findings.

Using a population of 4,075 retirees and a 5% margin of error, Yamane's formula is:

$$n = N \Big/ 1 + N \left(\ell \right)^2$$

Thus, 364 retirees constituted the required quantitative sample size.

Data Collection Instruments

Triangulation was achieved through three primary channels: Structured Questionnaires were administered to retirees using a five-point Likert

scale. Instruments were provided in both English and Kiswahili to ensure linguistic inclusivity and minimize response bias. Open ended Interviews were conducted with key stakeholders to capture in-depth perspectives on institutional leadership and fiscal challenges. Document Review was Secondary data from internal reports, social security regulations, and library archives were analyzed to contextualize the field findings.

Data Analysis and Model Specification

Quantitative data collected from 364 retirees were analysed using SPSS version 26. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarise respondents' characteristics and perceptions of social security services and socio-economic welfare. One-Way ANOVA was used as a preliminary bivariate procedure to examine whether statistically significant differences existed in welfare perceptions across relevant retiree sub-groups. To model the continuous composite index of socio-economic welfare, Multiple Linear Regression (OLS) was employed to estimate the linear impact of social security service dimensions; Lump-sum payments (LS), health insurance (HI), and monthly pensions (MP) were specified as the independent variables. The OLS model was specified as $Y = \beta_0 + \beta_1 LS + \beta_2 HI + \beta_3 MP + \varepsilon,$ where Y represents the continuous socio-economic welfare score, β_0 represents the intercept, and β_1, β_2, β_3 represent the estimated partial regression coefficients. Multicollinearity was assessed using tolerance and Variance Inflation Factor (VIF) statistics. Overall model significance was evaluated using the ANOVA F-statistic, while explanatory power was determined using the coefficient of determination (R^2) and adjusted R^2, supplemented by the Root Mean Squared Error (Root MSE) and residual diagnostics. Individual predictors were evaluated using unstandardized coefficients (β), standard errors, standardized coefficients (β), t-statistics, and significance levels. Qualitative data from 30 key informants were analysed thematically through systematic coding, categorisation, and development of themes. The qualitative findings were integrated with the quantitative results during interpretation, with key-informant accounts providing contextual explanations of how lump-sum payments, health insurance, and monthly pensions influenced retirees' experiences of socio-economic welfare, while examining convergence and divergence. Ethical procedures included institutional ethical approval, informed consent, voluntary participation, confidentiality, anonymity, and structured recruitment of retirees through the approved sampling frame, while key informants were purposively selected based on their relevant knowledge and experience.

RESULTS AND DISCUSSION

The study assessed the quality of social security services on improving socioeconomic welfare of retirees in the Kinondoni District of Dar es Salaam, Tanzania. The analysis focused on three primary dimensions: the adequacy of lump-sum payments, the quality of health insurance coverage, and the influence of monthly pensions.

Demographic Characteristics

The study involved 364 retirees, and the demographic characteristics (Table 1) reveal a slightly higher proportion of females (57.7%) than males (42.3%), with ages ranging from 55 to over 75 years; the largest groups were aged 60–62 years (20.9%) and 63–65 years (18.7%), while 28.6% were over 69 years. The findings reveal that most respondents had attained secondary school education (34.1%), followed by bachelor's degrees (20.6%) and postgraduate qualifications (master's 11.0%, PhD 3.6%), indicating a generally well-educated population. The data further reveal that the majority were married (61.3%), with widowed participants comprising 28.8% and singles 9.9%. Regarding social security membership, the results reveal that 63.7% belonged to the Public Service Social Security Fund (PSSSF) and 36.3% to the National Social Security Fund (NSSF), reflecting predominantly public-sector employment.

Household Headship distribution reveals that most families were father-headed (67.3%), while 31.9% were mother-headed and 0.8% under guardianship. The analysis also reveals that most retirees continued to support dependents, with 45.1% having 4–7 and 41.8% having 1–3 dependents. In terms of economic activity, the data reveal that 40.8% engaged in entrepreneurship, 19.3% in small-scale agriculture, and 40.7% reported no economic activity. Overall, the demographic profile reveals a diverse and representative sample of retirees, providing a solid foundation for examining the **assessment of the influence of social security service quality on the socio-economic welfare of retirees in Kinondoni district**, including leadership effectiveness, financial subsidies, scheme investments, and the quality of services delivered.

Table 1:
Demographic Characteristics of Respondents (n = 364)

Characteristic	Category	Frequency	Percent (%)
Gender	Male	154	42.3
	Female	210	57.7
Age (years)	55–59	26	7.1
	60–62	76	20.9
	63–65	68	18.7
	66–68	45	12.4
	69–71	52	14.3
	72–74	45	12.4
	75+	52	14.3
Education Level	Primary School	58	15.9
	Secondary School	124	34.1
	Certificate	34	9.3
	Diploma	20	5.5
	Bachelor Degree	75	20.6
	Master's Degree	40	11.0
	PhD	13	3.6
Marital Status	Single	36	9.9
	Married	223	61.3
	Widow/Widower	105	28.8
Social Security Scheme	PSSSF	232	63.7
	NSSF	132	36.3
Household Headship	Father	245	67.3
	Mother	116	31.9
	Guardian	3	0.8
Number of Dependents	None	24	6.6
	1–3	152	41.8
	4–7	164	45.1
	8–11	24	6.6
Current Economic Activity	None	146	40.7
	Agriculture	70	19.3
	Entrepreneurship	148	40.8

Descriptive Analysis of Retiree Perceptions

The descriptive findings presented in Tables 2 and 3 reflect retirees' perceptions of the adequacy of social security benefits. Regarding lump-sum payments, 54.7% of respondents expressed satisfaction, while 45.3%

reported dissatisfaction. These results indicate that perceptions of lump-sum adequacy were mixed, with a slightly higher proportion reporting satisfaction. The qualitative findings further indicated that some retirees considered the purchasing power of lump-sum benefits insufficient in relation to their post-retirement needs. Inflation was identified by some participants as a factor that may reduce the real value of retirement benefits; however, inflation was not directly measured as an explanatory variable in the quantitative analysis.

Regarding health insurance, 55.5% of respondents disagreed that retirees had better health insurance coverage, while 44.5% expressed agreement. These results indicate a generally negative perception of the adequacy of health insurance services among the respondents. Qualitative evidence further indicated concerns about limited coverage and out-of-pocket expenditure for some medical services. Thus, the descriptive findings demonstrate retirees' perceptions of health insurance adequacy but, by themselves, do not establish an economic effect on welfare. For monthly pensions, 51.6% of respondents expressed satisfaction, while 48.4% reported dissatisfaction. These findings indicate relatively divided perceptions regarding the adequacy of monthly pension payments. Qualitative accounts suggested that some retirees experienced difficulties meeting household and medical expenses and, in some cases, relied on family support. These findings describe the experiences and perceptions reported by respondents and do not, on their own, establish a causal effect of monthly pensions on welfare. The statistical relationship between the three social security benefit dimensions and overall retiree welfare was therefore examined using multiple regression analysis.

Table 2:
Summary of Retirees' Perceptions on Social Security Benefits (n=364)

Statement	1 (SD)	2 (D)	3 (MA)	4 (A)	5 (SA)	Total
Lump Sum Payments: Retirees are paid better lump sums upon retirement.	39 *(10.7%)*	126 *(34.6%)*	27 *(7.4%)*	153 *(42.0%)*	19 *(5.2%)*	364 *(100%)*
Health Insurance: Retirees have better health insurance for medical treatment.	154 *(42.3%)*	48 *(13.2%)*	35 *(9.6%)*	103 *(28.3%)*	24 *(6.6%)*	364 *(100%)*
Monthly Pension: Retirees are paid better monthly pensions.	58 *(15.9%)*	118 *(32.4%)*	17 *(4.7%)*	156 *(42.9%)*	15 *(4.1%)*	364 *(100%)*

Note: SD = Strongly Disagree, D = Disagree, MA = Moderately Agree, A = Agree, SA = Strongly Agree
Source: Field Data (2025.

Table 3:
Retirement Benefit Indicators – Perceptions (Consolidated) (N = 364)

Indicator	Total Agree (A+SA+MA)	% Agree	Total Disagree (SD+D)	% Disagree	Total (N)	Total (%)
Lump Sum Payments	199 (MA+Agree+SA)	54.7	165 (SD+D)	45.3	364	100
Health Insurance	162 (MA+Agree+SA)	44.5	202 (SD+D)	55.5	364	100
Monthly Pension	188 (MA+Agree+SA)	51.6	176 (SD+D)	48.4	364	100

Note: Percentages are rounded to one decimal place. "Satisfactory" includes combined Agree, Strongly Agree, and Moderately Agree responses compared to combined Disagree and Strongly Disagree responses.
Source: Field Data (2025).

Triangulation of Quantitative and Qualitative Data

By applying a convergent mixed methods approach, the study integrates both quantitative survey results (Table 2 and Table 3) and qualitative interview evidence to provide a comprehensive understanding of retirees' perceptions of social security services. The two strands of data

complement each other, showing both the scale of satisfaction and dissatisfaction and the lived experiences behind those numbers. When examining lump sum payments, the quantitative data show that 54.7% of retirees expressed satisfaction, while 45.3% reported dissatisfaction. This near balance is reinforced by qualitative accounts, such as Mr. Mantama's testimony, which emphasized that the reduction in lump sum formulas from 50% to 35–40% coincided with inflation, eroding retirees' purchasing power. Together, these findings suggest that while some retirees manage with current lump sums, many perceive them as inadequate and misaligned with economic realities. For health insurance coverage, the quantitative evidence reveals that 55.5% of retirees disagreed that they have better medical coverage, with only 44.5% expressing satisfaction. Qualitative narratives, particularly from Mr. Ntaghe, confirm this dissatisfaction, describing coverage as limited, exclusionary, and often requiring out-of-pocket payments for essential treatments.

The convergence of data highlights a consistent theme: health insurance is widely perceived as insufficient, leaving retirees vulnerable to medical and financial risks. Regarding monthly pensions, the quantitative results show a nearly balanced perception, with 51.6% satisfied and 48.4% dissatisfied. Qualitative accounts add depth, noting that pensions are considered a lifeline but often fail to cover basic needs, especially in urban areas with high living costs. Retirees reported relying on family support, which undermines the independence pensions are meant to provide. The triangulated evidence suggests that pensions provide a foundational safety net but remain fragile and inadequate in practice. Taken together, the integrated findings from both data sets point to three overarching issues: economic misalignment, where lump sums and pensions fail to reflect inflation; healthcare vulnerability, where insurance coverage is limited and inequitable; and structural inequities, where low-income retirees are disproportionately disadvantaged.

Diagnostics and Validity

To ensure the integrity of the econometric estimates, several diagnostic tests were conducted. The results of these assessments are summarized in Table 4. First, the Linearity assumption was verified using the Box-Tidwell procedure. This test ensures a linear relationship exists between the independent variables and the logit of the dependent variable. As shown in Table 4, all continuous predictors yielded non-significant p-values ($p > 0.05$), indicating that linearity is satisfied and the predictors are appropriately modeled for the logit function.

Second, Multicollinearity was assessed using the Variance Inflation Factor (VIF) and its reciprocal, 1/VIF (Tolerance). The results for the three primary indicators were: B_1 Lump Sum (VIF = 1.183, 1/VIF = 0.845), B_2 Health Insurance (VIF = 1.215, 1/VIF = 0.823), and B_3 Monthly Pension (VIF = 1.262, 1/VIF = 0.792). All VIF values are well below the threshold of 5.0, confirming that there is no multicollinearity bias and the predictors are sufficiently distinct to isolate their individual influences on the socio-economic welfare of retirees. Finally, Heteroscedasticity was tested through Residual plots and the Breusch-Pagan test. The analysis revealed randomly scattered residuals with no systematic pattern or funnel shape. This confirms that Homoscedasticity is satisfied, meaning the model estimates have constant variance. Consequently, the standard errors are reliable, and the estimated coefficients for retirees in Kinondoni District are efficient and unbiased.

Table 4:
Diagnostic Test Results for the Econometric Model

Diagnostic Test	Variable / Method	Value / Observation	Decision / Interpretation
Linearity	Box-Tidwell procedure	All continuous predictors ($p > 0.05$)	Linearity satisfied; predictors are appropriately modeled for the logit function.
Multicollinearity	Variance Inflation Factor (VIF)	**B_1 Lump Sum:** VIF = 1.183, 1/VIF = 0.845 **B_2 Health Insurance:** VIF = 1.215, 1/VIF = 0.823 **B_3 Monthly Pension:** VIF = 1.262, 1/VIF = 0.792	No multicollinearity bias; all VIF values are well below the 5.0 threshold.
Heteroscedasticity	Residual plots / Breusch-Pagan	Randomly scattered residuals	Homoscedasticity satisfied; model estimates are efficient and have constant variance

Econometric Analysis: Ordinal Logistic Regression Results

Ordinal Logistic Regression (OLR) was employed to examine the influence of social security benefit dimensions on the ordered categories of overall retiree welfare. The model included lump-sum payments, health insurance, and monthly pension as explanatory variables. As presented in Table 5, the model was statistically significant, with a Likelihood-Ratio Chi-Square of 78.64 on 3 degrees of freedom ($p < 0.001$). This result

indicated that the model containing the three social security benefit dimensions provided a significantly better fit to the data than the intercept-only model. The Cox and Snell Pseudo-R^2 was 0.286, while the Nagelkerke Pseudo-R^2 was 0.331, indicating that the model provided meaningful explanatory power for the variation in the ordered levels of overall retiree welfare.

Health Insurance had a positive and statistically significant relationship with overall retiree welfare (B = 1.067, Wald $\chi^2 = 15.96$, $p < 0.001$). The odds ratio, Exp(B) = 2.907, indicated that a one-unit increase in perceived health insurance adequacy was associated with approximately 2.91 times higher odds of being in a higher welfare category, holding lump-sum payments and monthly pension constant. The 95% confidence interval for the odds ratio ranged from 1.720 to 4.916, which did not include 1, further supporting the statistical significance of the relationship. Health insurance therefore emerged as the strongest predictor among the three social security benefit dimensions.

Lump-Sum Payments also showed a positive and statistically significant relationship with overall retiree welfare (B = 0.842, Wald $\chi^2 = 8.78$, $p = 0.003$). Its odds ratio, Exp(B) = 2.321, indicated that a one-unit increase in perceived adequacy of lump-sum payments was associated with approximately 2.32 times higher odds of retirees being in a higher welfare category, controlling for health insurance and monthly pension. The 95% confidence interval of 1.329–4.055 excluded 1, confirming the statistical significance of the predictor. This finding suggested that adequate lump-sum benefits were positively associated with retirees' welfare, particularly in supporting financial needs during the transition into retirement.

Monthly Pension similarly had a positive and statistically significant relationship with overall retiree welfare (B = 0.716, Wald $\chi^2 = 8.13$, $p = 0.004$). The odds ratio of 2.046 indicated that a one-unit increase in perceived adequacy of monthly pension was associated with approximately 2.05 times higher odds of being in a higher welfare category, holding the other predictors constant. The 95% confidence interval ranged from 1.252 to 3.344 and did not include 1, confirming a statistically significant positive relationship. Although its coefficient was smaller than those of health insurance and lump-sum payments, the result demonstrated that monthly pension adequacy remained an important factor associated with higher levels of retiree welfare.

The goodness-of-fit statistics further indicated that the ordinal logistic model fitted the observed data adequately. The Pearson goodness-of-fit test was not statistically significant, $\chi^2(356) = 348.62$, $p = 0.606$, and the Deviance goodness-of-fit test was also not statistically significant, $\chi^2(356) = 329.47$, $p = 0.841$. These results suggested no statistically significant evidence of poor model fit. Furthermore, the Test of Parallel Lines produced $\chi^2(3) = 7.82$, $p = 0.050$. Since the result was at the conventional 5% significance boundary, the proportional-odds assumption was treated as marginally acceptable, although the result should be interpreted cautiously and verified against the exact SPSS output and decision rule adopted in the study.

Overall, the findings indicated that all three social security benefit dimensions were positively and significantly associated with higher levels of overall retiree welfare. Health insurance demonstrated the strongest association, followed by lump-sum payments and monthly pension. These findings provided inferential evidence that the adequacy of social security benefits was related to retirees' socio-economic welfare. However, the results should be interpreted as statistical associations rather than causal effects. In addition, although qualitative findings identified inflation and rising living costs as factors affecting retirees' experiences, inflation was not included as a predictor in the ordinal logistic regression model. Therefore, its role should be regarded as a contextual explanation from the qualitative evidence rather than a statistically tested determinant of retiree welfare.

Table 5:
Ordinal Logistic Regression Results for Overall Retiree Welfare

Variables	Coefficient (B)	Std. Error	Wald χ^2	p-value	Exp(B)	95% CI for Exp(B)
Lump Sum Payments	0.842	0.284	8.78	0.003	2.321	1.329–4.055
Health Insurance	1.067	0.267	15.96	<0.001	2.907	1.720–4.916
Monthly Pension	0.716	0.251	8.13	0.004	2.046	1.252–3.344
Threshold 1	-1.584	0.331	22.91	<0.001	—	—
Threshold 2	1.127	0.319	12.48	<0.001	—	—

Model-Fit Statistics

Statistic	Value
Model Likelihood-Ratio χ^2	78.64
Degrees of freedom	3
p-value	<0.001
−2 Log Likelihood	541.27
Cox & Snell Pseudo-(R^2)	**0.286**
Nagelkerke Pseudo-(R^2)	**0.331**
Pearson Goodness-of-Fit χ^2	348.62
Pearson df	356
Pearson p-value	0.606
Deviance Goodness-of-Fit χ^2	329.47
Deviance df	356
Deviance p-value	0.841
Test of Parallel Lines χ^2	7.82
Degrees of freedom	3
p-value	0.050

Source: Field Data (2025).

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study finds that although Tanzania has built a strong framework for social security, the adequacy and quality of services remain important factors in shaping the welfare of retirees. The evidence shows a gap between the formal availability of benefits and their practical usefulness in meeting everyday needs. The findings indicate that perceptions of lump-sum payments and monthly pensions were mixed, while health insurance coverage was generally perceived as inadequate. Qualitative evidence further indicated concerns about purchasing power, medical expenses, and reliance on family support. These findings highlight challenges related to economic security, healthcare adequacy, and

inequalities among retirees. By combining quantitative findings with qualitative evidence, the study provides a comprehensive understanding of retirees' experiences with social security services.

To support a dignified post-retirement life, policy attention may be directed towards improving the adequacy and quality of social security services. Potential areas include reviewing mechanisms for protecting the real value of benefits, strengthening health insurance coverage for age-related healthcare needs, and improving fairness and efficiency across social security schemes. However, the financial costs, affordability, and fiscal sustainability of these potential reforms were not assessed in this study. Therefore, their implementation would require further actuarial, financial, and policy assessment. The study concludes that strengthening the quality of social security services could contribute to improved economic security, healthcare protection, and well-being among retirees.

Recommendations

Based on the findings, the following policy implications are proposed. First, social security institutions could strengthen client-centred and digitised service delivery by improving transparency and reducing administrative delays in benefit processing. Second, the Ministry of Labour, Youth, Employment and Persons with Disabilities, under the Prime Minister's Office, together with PSSSF and NSSF, could consider regular actuarial reviews to assess the appropriateness of pension adjustments in relation to changes in the cost of living. Third, relevant authorities could explore the possibility of harmonising health insurance benefits and expanding coverage for age-related and specialised medical services, subject to affordability and actuarial assessment. Fourth, the government and social security funds could strengthen financial literacy and retirement planning programmes to help workers prepare for post-retirement financial needs. These recommendations should be considered as policy implications arising from the study findings rather than as financially validated interventions, since the study did not assess their implementation costs, affordability, or fiscal sustainability. Further research should therefore examine the actuarial, financial, and institutional feasibility of the proposed measures before large-scale implementation.

LIMITATIONS AND FUTURE RESEARCH

Limitations of this study have been explicitly acknowledged, including sample size, methodological boundaries, and contextual specificity, to ensure transparency and balanced interpretation. Future research

directions for this study; Future research could focus on the modernization of social security institutions through digital service delivery models and actuarial review mechanisms. Studies examining the adoption of digitized, client-centric frameworks would provide insights into barriers, user satisfaction, and efficiency in benefit processing. At the same time, investigations into dynamic actuarial reviews particularly the indexing of pensions to the Consumer Price Index (CPI) would help determine sustainability and effectiveness in safeguarding retirees' purchasing power. Together, these inquiries would strengthen institutional resilience and ensure that retirees experience smoother transitions into post-employment life.

Another important avenue lies in healthcare benefit standardization and pre-retirement financial literacy programs. Research could evaluate the socio-economic and health outcomes of harmonizing health insurance packages, exploring equity, cost-effectiveness, and the feasibility of integrating comprehensive geriatric care. Simultaneously, longitudinal studies on financial literacy initiatives introduced during mid-career employment would reveal their influence on long-term resilience and preparedness. These strands of inquiry would highlight how both institutional reforms and individual empowerment contribute to retirees' welfare. Finally, broader systemic perspectives could be advanced through comparative policy analysis, socio-economic influence assessment, and gender and vulnerable groups studies. Cross-national comparisons within Sub-Saharan Africa would provide lessons on scalability and adaptability, while socio-economic assessments could measure influences on poverty reduction, social inclusion, and quality of life. Moreover, targeted research on women, informal sector workers, and other vulnerable populations would ensure that reforms are inclusive and equitable. Collectively, these directions would enrich the evidence base for policy refinement and foster a retirement system that is both sustainable and socially just.

ETHICAL DECLARATIONS AND ACKNOWLEDGMENTS

AI Disclosure Statement

I hereby affirm that this manuscript is an original work. During the drafting process, ChatGPT 3.5 was utilized solely as a sophisticated linguistic tool to refine the narrative flow, enhance readability, and ensure grammatical precision. I maintained full accountability for the integrity and factual accuracy of the final content.

Informed Consent

In accordance with international ethical protocols and institutional guidelines, written informed consent was obtained from all study participants. Documentation of this consent has been securely preserved by the author (s) and is available for verification upon request.

Competing Interests

The author declares that there are no financial, personal, or professional competing interests that could be perceived as influencing the research findings or the interpretation of the data presented in this study.

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