CHALLENGES FACING ELDERLY PEOPLE IN ACCESSING HEALTH SERVICESIN GOVERNMENT HEALTH FACILITIES IN MOSHI MUNICIPALITY AREA

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A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

2013

CERTIFICATION

I am writing to certify that I have read and here by recommend for acceptance by the Open University of Tanzania a dissertation titled: *"The Challenges Facing Elderly People in Accessing Health Services Provided by Government Health Facilities in Moshi Municipality of Kilimanjaro, Tanzania"* in partial fulfillment of the requirements for the degree of Master of Arts in Social Work (MASW) of the Open University of Tanzania.

……..

Prof. Sylvester L.B. Kajuna

(Supervisor)

……..

Date

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DECLARATION

I, George Severine Sanga, declare that Assessment on the Challenges facing elderly people in accessing health services provided by government health facilities in Moshi Municipality of Kilimanjaro, Tanzania is my own work and all the sources that I have used have been indicated and acknowledged by means of complete reference and that this work has not been submitted before for any other degree at any other institution.

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In every success there are people who sacrifice their time and efforts to bring them. Therefore, I wish to express my thanks and appreciation to the following:

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May God bless you all.

ABSTRACT

The aim of this study was to investigate the challenges facing elderly people in accessing health services in public health facilities a case study of Moshi Municipality. Within Moshi Municipality eighteen health facilities were selected. The target population was elderly people, health practitioners and people working with Non Government Organizations. The researcher employed mixed methods of research designs which were Quantitative and qualitative. The main methods employed by a researcher were questionnaires and semi structured interview. Findings for current study indicate that 85% of the elderly people involved in the study fail to access important medications in health facilities. And 80% of the elderly people also need to have their own window for their health services which will reduce wastage of time in health facilities. They would like to be involved in every stage of provision of knowledge on free medical treatments in health facilities. Also the findings indicate that elderly people take a long time waiting for health services including procedures of getting patient files. Also health practitioners explained that many elders arrive to the health facilities very late due to unavailability of transport. The researcher recommends that, the government should establish specific windows for health services to the elderly people so as to reduce time wastage in health facilities, social worker should provide knowledge to elders on free medical treatment, moreover Public health facilities all over the country should possess enough important medication for elderly people so as to help them access easily, private health facilities owners should accept health services exemptions and elders health insurance funds, Social worker should cooperate with other stakeholders like doctors and nurses to advocate for the elders rights such as health services.

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LIST OF ABBREVIATIONS AND CRONYMS

AIDS	-	Acquired Immunal Deficiency Syndrome
HC	-	Health Center
HF	-	Health Facility
HFI	-	Health Facility In charge
HIV	-	Human Immune Deficiency Virus
HQI	-	Health Quality Improvement
HS	-	Health Service
NAP	-	Nation Aging Policy
NHP	-	National Healthy Policy
NGO	-	Non-Government Organizations
OPD	-	Out Patient Department(s)
OUT	-	Open University of Tanzania
DAS	-	District Administrative Secretary
SPSS	-	Statistical Package for Social Science
URT	-	United Republic of Tanzania

CHAPTER ONE

1.0 THE RESEARCH PROBLEM AND ITS SETTING

1.1 Introduction

This chapter is an exposition of issues on challenges facing elderly people in accessing health services in government health facilities in Tanzania. The background information on the topic, statement of the problem, objectives of the study, research questions are indicated in this chapter. The chapter also provides definitions of the key terms, highlights the significance of the study, conceptual framework and anticipated limitations of the study on which the proposed study was done.

1.2 Background Information to the Problem

It has revealed that five elderly people worldwide are facing challenges in accessing health services provided by the government health facilities (WHO 2011). In Moshi municipality there are about 910 elderly people attending several times in the health facilities. (Kilimanjaro region office 2011). Moshi Municipality is the home of majority Chagga and other tribes like Maasai, Pare and others and the duty of helping elderly people in health services is not a matter of individual preferences but is mediated through the social and cultural environments (Abouzahr, 2000). The subject of old age and aging has been of great concern to the international community particularly in view of economic, political and social dimensions.

The United Nations Organization's report (1999) showed that there has been an increase in the number of older people in the World. This increase has been

demonstrated more in developing nations where the rates do not match with the available resources to cater for older people's health, nutrition and other basic services essential for human life. In Tanzania a large number of elderly people (about 75 percent) live in rural areas and that the number of women is bigger than that of men which presents yet an additional challenge (National Aging Policy of Tanzania 2003).

In view of this increased number of the old aged there is a need for the government, its institutions and voluntary agencies to create an environment that recognizes and gives them an opportunity to participate fully in the daily life of the society. The government realizes that elderly people are resources in the development of our nation hence it needs support from different groups of people in our country (National Aging Policy of Tanzania 2003). Non-government organizations like Help Age International has worked in Tanzania since 1993 through training paralegal advisers to assist elders reduce challenges and the impact of HIV and AIDS on older people and their families by working directly with them and by influencing government's policy (Brawley, 2000).

The existence of Tanzania as a nation is an evidence of elderly peoples' contribution in political, economic, cultural and social aspects and so valuing the lives of the elders is worth tribute to the very essence of our existence. Aging is perceived differently in different societies and at different times. In most traditional societies increasing age is associated with the increase in wisdom and prestige. For example in traditional Chinese societies the oldest member of the family is treated with reverence and respect **(**Ibid, 1967). The elderly people we have were either salaried

or self-employed or those living in rural areas whose advanced age limits them from active work. In developed countries such as Britain and United States of America (USA) elderly people, their ages are associated with retirement at 60 years.

In other countries retiring age differs according to gender. In Latvia for example men retire at the age of 55 while women retire at the age of 60 (Mugenda, 1999). Despite the fact that the government of Tanzania employees retire at the age of 60 and that older people in rural areas and those who are self-employed stop working only due to limited energy, it remains that at the age of 60 years there are clear indications of decrease in their working ability. Both the National Health Policy of Tanzania and the Public Service Act of Tanzania recognize 60 years as retirement age (WHO, 2000).

Elderly people in Tanzanian context are an activity that has passed through a number of phases revealing different experience as the sub sections entails. The caring of elderly during traditional society was supported by their extended families. It is believed that once one is born and grown in the family and the community has all the rights to care for and support when they get aged or sickness (Mapua, 1998). The framework of cost sharing arrangements within Tanzania's health system provides for exemptions for individuals falling into specified categories, one of them being the elderly people. Under these regulations, people of sixty (60) years of age and above are entitled to free medical treatment in government health facilities (Loether, 1967).
In 1969 the National Executive Committee of social welfare at its sitting in Kigoma made a very important resolution saying that children, the disabled people and the older people who may not have dependants are to be cared for by the government

and since then several care centers have been established by the government and non-government organizations (Ngweshen, 2001). Together with the government's strategies and the non-government organizations' involvements in caring for the elders. For example saidia wazee Tanzania (SAWATA) was officially formed in 1994 and was responsible for improving the elder's health conditions, and before exemption from totally paying health contribution, there were 20 government centers built for caring the elders such as Njoro which is built in Kilimanjaro, Fungafunga in Morogoro, and Nunge in Dar es Salaam and 24 centers were built by non-government organizations which cared for elders indifferent places in Tanzania (Kim, 2000).

Currently the world is more interconnected than ever before, therefore elders all over the world are asking for convincing and available information about health delivery services for them and National health policy which supports their well-being. They need information not only about bodily processes and a better understanding of the norms that society has set, but they also need to acquire the knowledge and skills necessary to develop healthy status and engage in responsible decision-making about their health (Kriby, 2001).

Despite the reported increase in global connections and media coverage, still Tanzanian elderly finds it challenges to access health services in government facilities because the few services available are not friendly to them and are basically designed for people who are rich. In addition, they commonly have no money to access health services from the private facilities or where cost sharing is applicable. It has also been identified that many African elderly lack awareness of services

available and are ignorant of health policy to elderly; possibly due to their inability to keep abreast with health information and services. This lack of information adds to the problems faced with challenges in provision of health services by government health facilities (Rasch, 2008; African youth alliance 2003).

1.3 Statement of the Problem

Although there have been efforts by government and non-governmental organizations to provide health services to elderly people in different health facilities. However there are still reported increases in challenges facing elderly people in accessing health services such as increase of elderly people deaths, poverty increase, increase of variety diseases to the elders like diabetes and stress, delayment to attend health facilities when they are sick, denying hospital treatments, discouragement to attend health facilities for health services, waiting a long time to get health services, decrease of elders support from the families as a results leads to vulnerability of the elderly people.

On the other hand it is also reported that more than 60% of health services are not easily accessible for the majority of elderly people and in most cases is due to transport cost implication and lack of support from extended families (National aging policy 2003. More over the increase of barriers in accessing health services limits them to access better health services and improve their life which put them in most vulnerable situation and leading to high dependence rate (Kim, 2000; Mushi, 2012).

Despite these efforts the challenges facing elderly people continues to be high as studies indicates that most elders in Tanzania face with diversity barriers in accessing

health services in health facilities. According to Tanzania demographic and elderly health survey of 2010, 40% of elders didn't get important medication in health facilities, also 25% of men who suffered from kidneys problems failed to get kidney surgery at health facilities due to high cost implications.

These facts show that there is a strong need for assessing the challenges facing elderly people in accessing health services in public health facilities as this study will therefore seek to know what is missing in the health services provided and thereafter to plan for strategies for helping them by addressing the barriers facing them in health services, because these barriers can be reduced through raise of awareness about free medical treatments, procedures of getting health files and exemptions procedures and the related health factors. (Leshabari *et al.*, 2008).

1.4 Objectives of the Study

1.4.1 General Objective

To identify challenges facing elderly people in accessing health services in government health facilities.

1.4.2 Specific Objectives

(i) To assess the level of knowledge on free medical treatment to the elderly people in Moshi municipality

(ii) To identify the effects of missed health services provision among the elderly people.

(iii) To identify the time spent by elders people waiting for health services at the health facilities.

1.5 Research Questions

The study was guided by the following research questions

(i) What level of knowledge do elderly people have on free medical treatment?

(ii) What are the likely consequences of elders' inaccessibility to health services delivery?

(iii) How long do elderly people wait health services from the service providers?

1.6 Significance of the Study

The contributions which will be made by the proposed study will be as follows

(i) The release of the study report will help the family members to deal with elderly people within their families through raising awareness to the elderly people on free medical treatment in health facilities and other health subsidies.

(ii) The release of study findings to the Moshi Municipality will help the health practitioner to know some of the challenges which face elderly people and eventually find ways to rectify them through discussion in their staff meetings.

(iii) The findings from this study will be useful by the health practitioners to request as many drugs as possible in order to reduce the scarcity of medicines in health facilities as the current study shows.

(iv) Also the study will be useful to the people working with NGOs which helping elderly people to know these challenges like ignorant on free medical treatments and involve into provision of education to the elderly people.

1.7 Conceptual Framework

According to Miles and Huberman (1994) conceptual framework is a written product and which can be observed visually, that explain the main issues to be studied in narrated form or graphically , where the key factors, concepts, or variables are explained. The proposed study conceptualizes the challenges facing elderly people in accessing health services in Tanzania as the central issue. The conceptual framework of the proposed study involve the systems of concepts, assumptions, expectations, beliefs, and theories that supports and give out information on the challenges facing elderly people in accessing health services by government health facilities.

The theory used for analysing the challenges facing elderly people in accessing health services by government health service was maintenance theory which is proposed by Hertzberg (1992). Maintenance factors are those which cause people to be unhappy or dissatisfied with services provided such as abusive language, delay service, un consented disclosure of one's information, deceiving a client and giving false hope to a client. On the other hand, motivation factors are those which make people to become happy or satisfied from the service they get such as responsibilities in work, good working condition, adherence to ethical conducts and good client welcoming.

The basis of the theory was that maintenance and motivation factors are essentially independent of each other and affect behaviour in different ways. Motivation factor lead to high level of access to service provided and increases in production when they are present and for the case of elders increased satisfaction and life expectancy.

Absence of motivational factors has adverse effects such as destitution and tendency to lose hope in their life.

This theory was chosen for the proposed study because it guided the course of thinking into deduction of information necessary to determine motivational factors in service seeking by the elderly. The researcher believed that provision of good health services to the elders could increase life expectancy, improve health status, and reduce unnecessary deaths and increase per capital income as illustrated in the Figure 1.1.

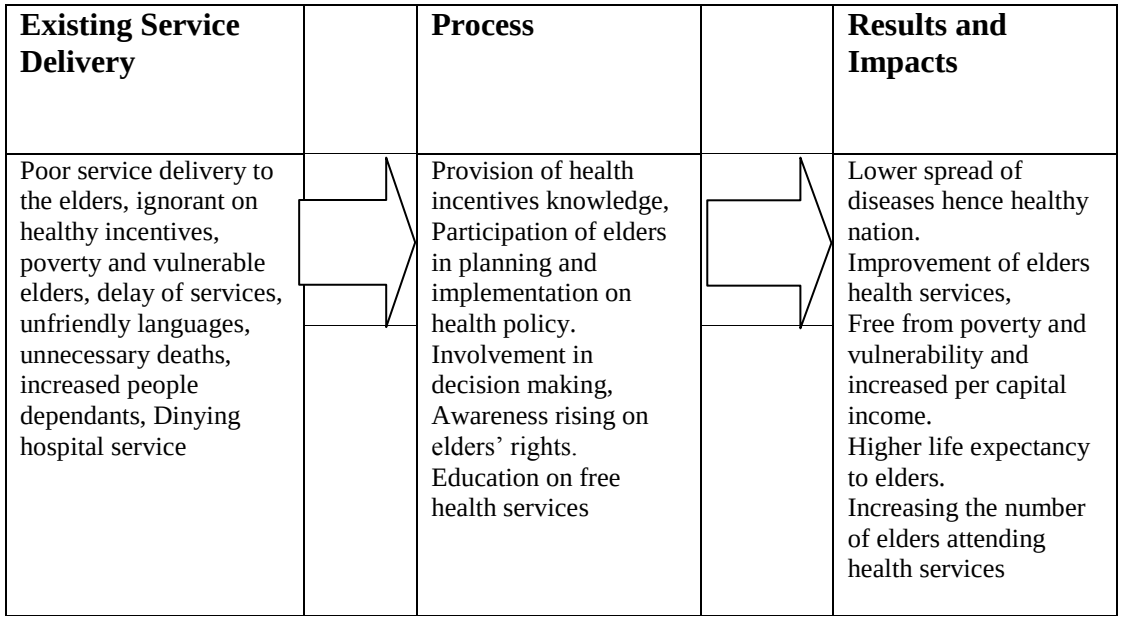

Figure 1.1: Conceptual Framework

Source: Field Data (2013)

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter reviewed different literatures related to the planed study such as understanding the research that has already been done in one's area of interest (Mugenda, 1999). Literature review tried to show what is already known and what are the gaps in knowledge and the researcher capitalizes on the gaps discovered in the existing literature and make his current research and answer the questions which was discovered not answered in the literature and also laid the foundation of the research. Despite its changing face, no one can argue that client satisfaction is unimportant and it depends on various intrinsic and extrinsic factors.

Patient satisfaction is the strong influencing factor in determining whether a person seeks medical advice complies with treatments and maintains a relationship with the provider **(**Brawley, 2000). In the process of reviewing the relationship between old age and satisfaction in health services delivery, this chapter was divided into three parts: first party dealing with the concept of old age (elders) and the health service facilities, the second part concentrated on theoretical postulation of ageing versus satisfaction in health services and the third party concerned with maintenance of the elderly people health.

2.2 Concept of Elderly Age

The time at which elderly age begins is ill defined. It varies according to period, place and social ranking. In pre-industrial for example life expectance was typically

short and old age came early. Literature evidence reveals that men were already considered old in their forties (Hauff, 2003; Couling, 2006; Ommand, 2009), suggests, a new division is emerging which is termed as "the young old". The "young old" are those who are early retired and enjoy physical vigor, new leisure time and new opportunities for community services and fulfillment. There are the old which include those who are of advanced age and suffers various infirmities. In developed countries such as Britain and United States of America (USA) old age is associated with retirement at 60 Lewis (1995) in other countries retiring age differs according to gender.

In Latvia for example men retire at the age of 55 whereas women retire at the age of 60 Herman (1993). In Tanzania an individual is recognized as an older person and retire at the age of 60 years and that elderly people in rural areas and those who are self-employed stop working only due to limited energy from active, National aging policy of Tanzania (2003).

2.3 Sociological Perspectives

Brinkmen (1988) suggest that the meaning of old age/elderly depends on social structure and thus varies across and space, and Steward (1981) views old age as the time when energy is low, the circle of family and friends diminishes and income reduces. Safari (1985) sees aging as a developmental process beginning with the embryo and ending up in old age and ancestral spirit. However all the studies failed to identify the exact old age period leaving it to depend on social structure, time and social status transition.

2.4 Psychological Perspectives

Erickson (1963) describes the elders as “integrity versus despair” whereby elders recognizes that they are leading the end of life and thus they face many losses of strength, health and family and friends in his view, (Kim 2000). Describes elders as another development period that requires significant readjustment. He sees that there are common similarities between old and adolescent as they both experience biological changes, personal and social expectations and they both perceive major changes in the opportunities available to them.

The dimensions of quality that relate to elders satisfaction affect the health and wellbeing of the elders. The results of some of the literature view suggest that the most important dimensions of quality for client are technical competence. It is important to note that although elders are looking for proficient providers, often they cannot assess this dimension accuratel. Further more elders do not always fully understand their health services needs and the interaction between the provider and the elders comprises the category of interpersonal relations. In this area effective listening and communication skills have a critical impact on elders satisfactions. (National aging policy of Tanzania 2003).

2.5 Accessibility of Health Services

Accessibility to the elders means that the health care services are unrestricted by barriers such as geography, economy or language. Literature review which was conducted to support the Quality of care elderly people the goal of the was to identify areas of quality health care services that are particularly important to the elders and use this information as a basis for recommendations for elderly health

service standards (James, 2001). Elders feel more comfortable if providers respect their privacy during counseling sessions, examinations and procedures. Elders particularly those who obtain services in secret report higher satisfaction with providers who keep their needs and personal information confidential (Whittaker, 1996). Lack of privacy can violate client's sense of modesty and make it more difficult for them to participate actively in selecting the best alternative in service provision in advocacy (Sidney, 1998).

2.6 Interpersonal Relationship

The interpersonal relationship between the elderly and provider is reported to be one of the most important issues for elderly perception of health delivery. Elderly prefer a service provider who gives warm welcome, acts friendly and polite, shows respect and treats clients as a "human being", is sympathetic, acts fair and does not discriminate (practices 'first-come first serve principle), is humble, communicate well in a language the elders understands, pays attention to the elderly, expresses or demonstrates a commitment to their work, assures elderly of confidentiality (Kim, 2000).

2.7 Distance to Health Services

Many elderly cannot easily go to the health facility which are often far apart from the area living, even if public transportation is available for the elderly to travel, long distance may make it difficult to some elderly to obtain services (Lewis, 1995). Some elderly may prefer to travel to more distant facility if they feel that it provide better services, including a range of care options, effective counseling and convenient hours (Hodgins, 2000).

2.8 Difficult Working Conditions

Working conditions within individual clinics can be barriers to high-quality care if it will hinder service provision, and the opposite can benefit elderly people by providing improved services according to the patients needs and motivate elderly people to use services that can meet their health needs, poor working conditions to the health worker like unfavorable environment, low salaries leads to poor provision of services to the recipients (Management Sciences for Health, 1993).

2.9 Competent Service Providers on Health Services

Clients say that, they value service providers' technical competence, as well as privacy and confidentiality. Clients' definitions of competence do not always coincide with technical definitions of quality. Always clients base their judgments on how thoroughly needs are met or their problems are resolved through confidentialities (Vera, 1993). Provider competence and training are required, the literature suggest that clients are particularly concerned about the qualifications and training of the service providers (Shelton, 2001).

In a Kenya case study, providers were far more likely to provide information on contraceptive side effects if clients were older or better educated (Ndhlovu, 1995). To clients, lack of information on what services are provided, where and when they are provided, who provides them and procedures to be followed creates an environment for soliciting and paying a bribe. Clients need to know their rights and obligations so that they know what to expect and what is their responsibility. Sometimes, due to lack of information, they think that a bribe is being solicited (Wondit1998). The elderly people often expected health facilities to have well

qualified medical doctors and laboratory technicians and wanted a health provider to conduct a proper examination, identify the problem and prescribe treatment.

Many problems were thought to be caused by employment procedures, that is “Some staff comes as sweepers but after a while they are given posts as dispensers and nurses (nurse aids) Many elderly felt that the health facility lacked staff and being treated by midwives or nurses who were ‘training-on-the-job” (Daley, 1996). Elderly thought providers should make the following: spend more time listening to their problem, explain the examination/ procedure, explain the treatment, give clear instruction about medication, give the elderly opportunity to ask question, provide referral if necessary. Although one study mentioned that clients valued referrals, more often than not referrals are misunderstood. Sometimes clients view referrals as failure of the staff or health unit to correctly identify their problem (Schuler, 2001).

2.10 Amenities

Visual impression of the building may lead to elder’s dissatisfaction in health services as they believes that if the buildings are dirty and bad in structure obviously even the services provided there are not safe for the sake of someone’s health. In addition, supplies and equipment within the health facilities determines the satisfaction of the clients including building in good repair, running water and electricity available, cleanliness/ sanitation (examination rooms, toilets/ latrines), privacy comfort: plenty of seats/ mats in waiting room to accommodate clients, adequate spaces to maintain confidentiality (private rooms) (Herman, 1993). In Kenya, one study reported that drug availability in the health facility have a positive impact in demand of services.

Another study in Tororo District Kenya also concluded that the availability of drugs in rural in the health facilities brought satisfaction not only to the users, but also to the providers (Ibid, 1996) Furthermore, the DISH project reported that elderly people believe a health facility with good quality service must be equipped with diagnostic equipment, blood testing equipment and laboratory equipment. Other suggestions included operational equipment, ambulance, furniture, beds, mattresses and gloves (Ibid, 1999).

2.11 Maintenance of the Elderly P eople

The problem of the elderly have now been focused upon by the public spotlight various researcher found that while in the past extended families were the main hope for elderly people in Tanzania and many African countries today elder are left to depend on themselves. (Shanan, 1962) asked the responds in America "who should care for the elderly" most of these respondents seemed to suggest that elders should be cared for by the government, a situation which isn't applicable in the 3rd world countries such as Tanzania. This can be attributed by economic differences as well as policy and priorities of the particular nation or setting.

2.11.1 Knowledge Research Gaps

From the literatures reviewed above the researcher noted that many studies on challenges facing elderly people were done but mostly were conducted long time ago where no study which has done in recent years, Also from the literature review the researcher has noted that some of the knowledge gaps from the literatures researchers conducted the studies in western countries which are rich countries compared to the third world countries.

More over many studies have been done to elderly people assessing knowledge possessed on free medical treatments; other studies have been assessing elderly people about elderly life expectancy and no current study which have done on elderly challenges in accessing services.

Furthermore, Most of the study of elderly people in Tanzania focused on investigating as to why they are having red eyes and killings due to local believes (which crafts), However according to these knowledge of research gaps influenced a research to conduct the study on elderly people challenge in accessing health services as the present study is set to bridge this gap by investigating the challenges facing elderly people in accessing health services in public health facilities.

CHAPTER THREE

3.0 MATERIALS AND METHODS

3.1 Introduction

This is a chapter consist methodology which a researcher used in this study. Within this chapter population and sampling procedures' were shown up, ways of collecting data from the respondents and data analysis procedures were described as well including ensuring the respondents worthiness and research ethical rules were shown including the study area, sample size and research design.

3.2 Research Design

Research design according to Beyman (2008) and Lewis & Lindsay (2000) represents the structure that guides the execution of research and procedures of data analysis.

Further explains that, research design involves the way in which the research will be conducted. This includes the way the respondents selected, methods of data collection and how the data was analyzed) Creswell (2008) and Cohen *et al.* (2000). In the proposed study the researcher used a mixed method study design (quantitative and partly a qualitative approach).

The study employed quantitative data in terms of showing the frequencies, and percentages, tables and figure. While qualitative method is the one seeks to solicit opinions, perceptions and different views from respondents Kothari C.R (2004). The researcher decides to combine these techniques in order to minimize subjectivity of judgment (Kealey and Protheroe, 1996).

3.3 Area of the Study

This research was conducted in Moshi Municipality which is found in the northern part of Tanzania. Deduction of information took place at household level where most people are so poor and who need support from many people including health services. According to the Kilimanjaro regional social welfare office, its population estimated to be 224,135 as a projection of 2012 and administratively it is divided into 21 wards, and there are 18 public health services in Moshi Municipality. The major economic activities of people in Moshi especially youth is tour guiding. According to Kilimanjaro region's office (2011) elderly people in Moshi municipality are estimated to be 910 (male 412 and female 498).

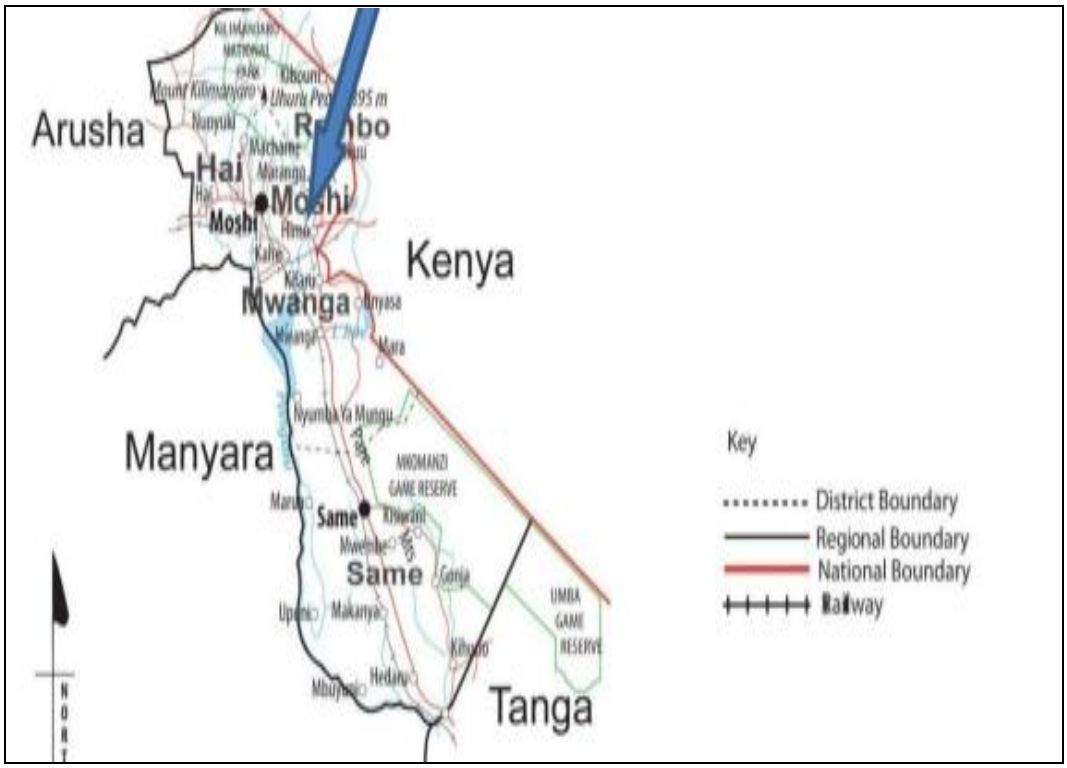

Figure 2.1: Map Showing Area the Study Conducted

Source: http://www.tpsftz.org/zoom.php?region=1 3&txt=Kilimanjaro and http://geography.about.com/library/cia/blctnzania.ht

The researcher decided to choose Moshi Municipality because the number of elderly people is big compared to other areas, also most of the retired people they come and live in Moshi town, the researcher also living in Moshi Municipality where it became easy to interact with them and collect information become easily, It is for these reasons Moshi municipality was selected as a research city because the researcher could easily get the information required by the study.

3.4 Population of the Study

Population for the proposed study was elderly people attending the health facilities in Moshi Municipality, other elderly people were from elders' camp (Njoro camp), and the rest elderly people were visited at their homes and their employment status as follows pensioner, never employed, self-employed in the past and only one still on employment, health workers, and stakeholder (NGOs) who are dealing with elders.

3.5 Sampling Procedures

Sampling according to (Kothari, 2004) is a part of the population which Studied in order to make inference about the whole population. This is applicable when the population is relatively large and physically not accessible. A researcher survey only a sample that present the population of the same basic characteristics from which it is drawn.

The option of selecting a sample to represent the population understudy has been taken because of limited resources and time to cover the entire population to be studied. The study was not only involved different categories of respondents, but also different sampling techniques to get the respondents as shown below.

3.6 Simple Random Sampling

The municipal council has several government health facilities in order to get health facilities which would provide elderly and health practitioners to respond to the interviews simple random sampling was used. A list of names from the municipal council was collected and each health facility was given numbers. These numbers were written into piece of papers. These pieces of paper were folded and mixed and later picking a piece of paper which indicated the health facility to be involved. The process kept going on until lists of intended eighteen health facilities were selected.

On the other hand, respondents from the selected public health facilities were also selected randomly. A list of elderly people was provided by the Nurse in charge whereby the list of names were put together in one box and have them well mixed and picking one paper at time until the number of required respondents were available.

3.7 Purposive Sampling

Also the researcher used this sampling technique (purposive) to select health practitioner who were working with the elders in the elderly centre (Njoro camp) who were sources of information in exploring their experiences as they help elders in seeking health services and other health practitioners from public health facilities in Moshi Municipality

3.8 Methods of Data Collection

In this study researcher applied three methods of collecting data which are Desk review, questionnaire and semi structured interview so as to assess the challenges

facing elderly people in accessing health services in government health facilities as follows.

3.8.1 Documentary Review

Documentary review as a method of data collection helped the researcher to gather necessary information about the research area. It helped to sharpen the conceptualization of the research problem, deepen the understanding of the study area and identification of the research gap. Specifically textbooks, Journals, Conventions, legislations, reports, published and unpublished research papers related with elderly challenges in health facilities were reviewed. The documentary review was guided by the objectives of this study Lewis & Lindsay (2000).

3.8.2 Questionnaire Method

Questionnaires are number of questions printed or typed in a definite order on a form (Kothari, 2004). This method of data collection is commonly used once a research is dealing with large case of inquiries. In this study researcher prepared a list of questions, focusing on investigating the challenges facing elderly people in accessing health services in public health facilities. The questions were prepared in English and translated to Kiswahili by a professional translator so that they can be understandable and comfortable to respondents.

Preliminarily a researcher conducted a pilot study at three randomly selected health facilities which were not involved in the study where, five elders from each health facility were given questionnaires so as to test if the prepared questionnaires were well understood by the respondents. Some slight changes were made on ambiguous

questions and start data collection. Questionnaire method was used because it can accommodate a wide spread of people geographically. And also gives time for a respondent to think and choose appropriate answer for the question. In consideration of the study sample size questionnaire was the best method.

3.8.3 Semi Structured Interview

This interview is base on the use on an interview guide, in this researcher wrote a list of questions that needed to be covered (Kothari, 2004). The researcher used a check list of guided questions to solicit information from the health practitioners and people working with NGOs. This method were assisted a researcher to gather in depth information about the research problem.

During the interview all the discussions were tape recorded by voice recorder. This gave room to the researcher to become more interactive, observing and attentive to events and emotions at the scene during the interview as he did not have to write down everything that was said. In this study, tools for data collection were tape recorder and writing materials, marker pens and notebook.

3.9 Data Analysis

Analysis refers to the computation of certain measures along with searching for patterns of relationship that exist among data-groups (Kothari, 2004). Data obtained from questionnaire, analyzed by using computer software SPSS version 14.0. Before analyzing the researcher go through data and code all the answers to get variables and there after a researcher consulted a statistician for analysis. Data obtained through interview was analyzed manually through ordering and listing of all answers,

and connected them with the purpose of my study, coding answers, interpretation of codes thereafter to generate categories of information which can be assembled to develop themes as it is built on the requirements of qualitative study which demands a continuous cycle of hearing, documenting and thinking about what is heard.

3.10 Research Ethical Clearance

The study was conducted after ethical clearance was obtained from the research, publications and postgraduate committee of the faculty of arts and social science where a researcher registered and permission letter from the Regional Administrative Secretary Kilimanjaro who communicated with District Administrative Secretary. The objectives benefit and any other information about the study was clearly explained to the respondents.

The information also included freedom to withdraw at any point without being intimidated for such decision and action. The verbal request and written informed consent was given to the respondents to sign on voluntarily agreeing to participate in the study. Respondents were assured that all their information will be confidentially treated and anonymity will be observed. The tape recorded material was and will still be locked away by the researcher at all times and destroyed after submission and endorsement of the research report to the appropriate bodies.

3.11 The Limitation of the Study

In conducting the proposed study the researcher faced a number of challenges which are considered as limitation of the study. These are such as follows:

(i) Redness of respondents to participate in the study also was a limitation especially during interview. Some of the participants were worried that researcher may ask for their partners and report them to authorities.

(ii) Researcher ensured them with confidentiality and respect on their views on HS. There after they fill the consent paper voluntary and participate in this study.

(iii) Financial constrain was another limitation, as researcher sponsored himself to pursue this study through distance learning. This forced him to narrow his study and base only to adolescent without involving other groups in the society.

(iv) Another limitation was time constraint. Because had to conduct the study after working hours and during weekends. However he worked hard so as to accomplish the task within the required time.

(v) Availability of reference books and materials to be used in research was a challenging factor to the researcher because in our Open University Library there is very few reference books which the researcher can use in the research. However the researcher travelled to other places looking for appropriate articles such as Arusha regional centre (OUT) and Kilimanjaro Region bookshop.

CHAPTER FOUR

4.0 PRESERTATION OF THE RESEARCH FINDINGS

4.1 Introduction

This is a chapter for both quantitative and qualitative results, the first part of this chapter is composed of the quantitative results and the second part is qualitative results, where in this part six categories were formed by content analysis. Such categories form results for the qualitative part of this study which are lack of health insurance, informal and unsustainable solutions and unclear elderly health service protocols. Other three are difficulty in disclosing health problem, unavailability and unaffordability of transportation and medication.

The study was designed and carried out for the sake of assessing; analyzing and identifying problem hampering provision of health services to the elderly people provided by government health facilities and recommend suitable ways that can be adopted by the government and other stakeholders in providing comprehensive and integrated care to the elderly people. However the first part below comprises the quantitative results in this area researcher used tables, percentages, frequencies and Figures for simpler detection and easy understanding.

The quantitative findings were as follows, the Sex distribution of the respondents shows that 44 (48%) of respondents were men, and 47 (51%) were female. This implies that there was a good sampling during selection of the respondent. The distribution of Age groups of respondents was categorized into four intervals, respondents with 50-64 years had 27(30%) respondents, 65-79 years had 47(53%)

respondents, 80-94years had 14(16%) respondents and 95 above had only 1(1%.) respondent.

Table 4.1: The Distribution of Age groups of Respondents by Frequency and Percentages (n=89)

Age group of Respondents	Frequency	Percentage (%)
50-64	27	30.3%
65-79	47	52.8%
80-94	14	15.7%
95+	1	1.1%
Total	**89**	**100.0%**

Source: Field Data

Table 4.2: The Distribution of Employment Status of the Respondents in the Study by Frequency and Percentages (n=89)

Respondents Employment Status	Frequency	Percentages
Employed	1	1.1%
Pensioners	35	39.3%
Never Employed	52	58.4%
Self-Employed in past	1	1.1%
Total	**89**	**100%**

Source: Field Data 2013

Whether the respondents were employed before, the study found out that majority of the respondents which is 52 (58%) had never employed before, 35(39%) are pensioners from where they were employed before, and 1(1%) respondent indicated to be a self-employed person in the past and also one respondent which is 1(1%) still employed.

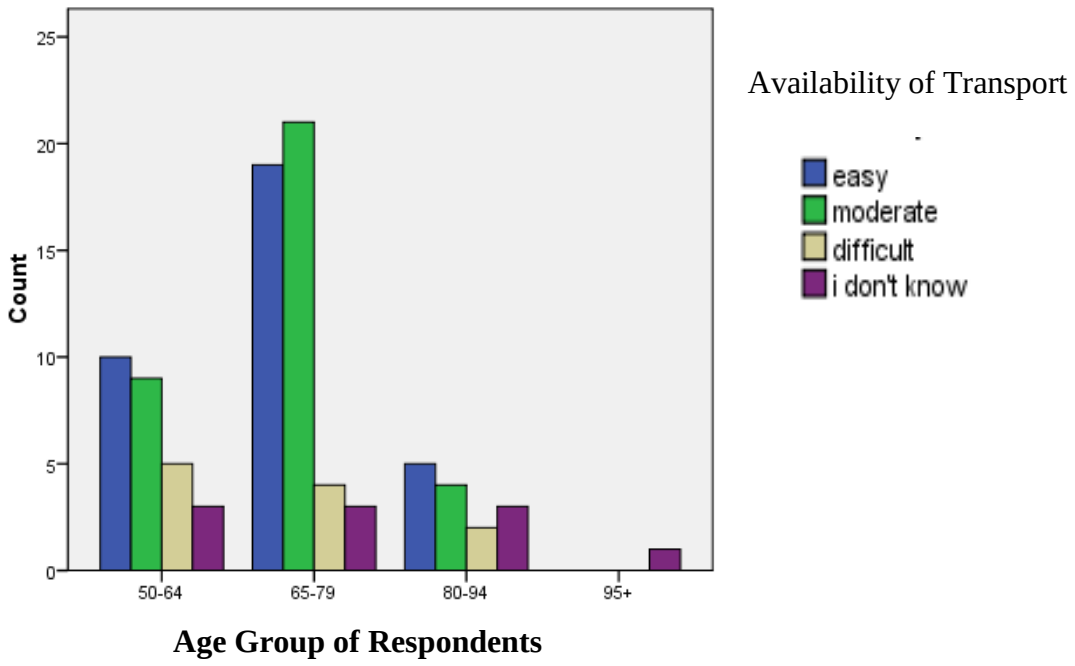

Figure 4.1: The Relationship between Age of Respondents to the Availability of Public Transport to the Health Facilities (n=91)

Source: Field Data (2013)

In the Figure 4.1 shows that three quarter of the respondents reported to have easy transport to the health facilities, only few respondents reported to face difficulties in transport when they seek health services to the health facilities.

Table 4.3: Age of Respondents in Relation to Satisfaction with Health Services (n=88)

Age group of Respondent	Satisfied	Average	Dissatisfied	Total
50-64	7(26.9%)	12(46.2%)	7(46.2%)	26(100%)
65-79	7(14.9%)	25(53.2%)	15(31.9%)	47(100%)
80-94	2(14.3%)	8(57.1%)	4(28.6%)	14(100%)
95+	0(0%)	0(0%)	1(100%)	1(100%)
Total	**16(18.2%)**	**45(51.1%)**	**27(30.7%)**	**88(100%)**

Source: Field Data (2013)

The Table 4.3 showed that about 45 (51%) of the respondents reported that health services satisfaction is average, about 27 (31%) reported that they are not satisfied with the health services provided in health services and about 16 (18%) reported to be satisfied with the services in Hospitals.

Table 4.4: Preference of Elderly People on Health Service Practitioners (n=90)

Sex of Respondents	Male practitioners	Female practitioners	Both Male and Female	Total
Male	18(41.9%)	9(20%)	16(37.2%)	43(100.0%)
Female	5(10.6%)	18(38.3%)	24(51.1%)	47(100%)
Total	23(25%)	27(30%)	40(44.4%)	90(100.0%)

Source: Field Data (2013)

According to current Table 4.4 respondents showed that when they go to the health facilities, many of them prefers both male or female practitioners to attend them 40 (44.4%), those who prefers to be attended by males practitioner were 23 (25.6%) and those prefers female practitioners to attend them were 27 (30%).

Table 4.5: Age Group of Respondents in Relation to the Location of Clinics (n=88)

Age Group of Respondents	Easy to get Clinic	Difficult to get Clinic	Very Difficult to get Clinic	Total
50-64	12	11	4	27
65-79	19	20	8	47
80-94	7	5	1	13
95+	0	0	1	1
Total	**38(41%)**	**36(41%)**	**14(16%)**	**88(100%)**

Source: Field Data (2013)

The current study showed that about 50 (57%) of the respondents reported to face difficulties to reach the clinics when they are sick, about 38 (43%) reported to get easy way to reach to the health clinics for service delivery when they become sick.

Table 4.6: Relationship between the Age of Respondents to the need of Medical Attention of Health Facilities (n=89)

Age Group of Respondents	Annually	Monthly	Weekly	Daily	Total
50-64	5	20	0	2	27
65-79	13	28	4	2	47
80-94	5	7	2	0	14
95+	0	0	1	0	1
Total	**23(26%)**	**55(62%)**	**7(8%)**	**4(4%)**	**89(100%)**

Source: Field Data (2013)

However respondents were asked how long do they need medication attention to the health facilities, three quarter of the respondents re plied to attend health facilities monthly 55(61%) followed by those who reported to attend health facilities annually 23(26%) and only 7(9%) reported to attend every week and 4(4%) report to attend health facilities daily.

Table 4.7: Relationship between Age of Respondents and Treatment with Due Privacy in Health Facilities (n=88)

Age Group of Respondents	Yes, There Privacy	Sometimes, There is no privacy	No Privacy	Total
50-64	14(51.9%)	9(33.3%)	4(14.8%)	27(100%)
65-79	22(46.8%)	17(36.2%)	8(17.0%)	47(100%)
80-94	3(23.1%)	6(46.2)	4(30.8%)	13(100%)
95+	0(0%)	0(0%)	1(100%)	1(100%)
Total	**39(44.3%)**	**32(36.4)**	**17(19%)**	**88(100%)**

Source: Filed Data (2013)

Whether age has relation to the respondents feel treated with privacy. 15% out of 30% of people with 50-64 years indicated “yes”, 10% out of 30% of people with 50-64years indicated “sometimes” and 4% out of 30% of people with 50-64 years indicated “no”, from the findings, the study found that there is association between age and feel of privacy during medical, Generally about 49(55.7%) reported to be treated without privacy and 39(44.3%) reported to be treated with privacy.

Table 4.8: Age of Respondent in Relation to Availability of Important Medication at the Health Facilities (n=90)

Age of Respondents	Yes	Sometimes	No	Total
50-64	22	34	15	71
65-79	0	12	5	17
80-94	0	1	1	2
95+	0	0	0	0
Total	22(24%)	47(53%)	21(23%)	90(100%)

Source: Field Data (2013)

According to the Table 4.8 it shows that many respondents reported to face difficult in accessing important medication in health facilities, where by only 22(24%) reported to access important medication, where by many respondents 47(53%) reported to get difficult to access important medication and 21(23%) reported to have no important medication to elderly people in health facilities.

The Table 4.9 shows that many respondents prefers to be treated to the public health facilities as reported that 26(30%) prefers to be treated at public clinic and 44(50%) preferred to be treated to the public hospitals which amounts to 70(80%) and only 18(20%) who preferred to go to the private health facilities when they are sick.

Table 4.9: Elderly People Preference on Health Facilities (n=88)

Age group of respondent	Private Clinic	Private Hospital	Public Clinic	Public Hospital	Charity Church	Pharmacy	Total
50-64	**1**	**2**	**3**	**10**	**1**	**0**	**17**
65-79	**2**	**4**	**9**	**16**	**1**	**1**	**33**
80-94	**1**	**1**	**10**	**15**	**1**	**2**	**30**
95+	**1**	**0**	**4**	**3**	**0**	**0**	**8**
Total	**5(6%)**	**7(8%)**	**26(30%)**	**44(50%)**	**3(3%)**	**3(3%)**	**88(100%)**

Source: Filed Data (2013)

Table 4.10: The Level of Knowledge on Free Medical Treatments to the Elderly People in Public Health Facilities (n=87)

Age Group of Respondents	Yes, I know	I know Partially	No I don't know	Total
50-64	1(3.7%)	15(55.6%)	11(40.7%)	27(100%)
65-79	2(4.3%)	28(60.9%)	16(34.8%)	46(100%)
80-94	3(23.1%)	4(30.8%)	6(46.2%)	13(100%)
95+	1(100%)	0(0%)	0(0%)	1(100%)
Total	**7(8.0%)**	**47(54.0%)**	**33(37.9%)**	**87(100%)**

Source: Field Data (2013)

Association between level of knowledge on free medical treatments and other health subsidies to the Elderly People, Many participants reported that they don't have knowledge on free medical treatment 33(37.9%) and about 47(54%) they know partially and 7(8%) have knowledge about free medical treatment and other health services subsidies.

4.2 Additional Findings

Besides the responses of Respondents in the Quantitative part of results there was the second part of the study which involved the Qualitative results which a researcher

interacted with the health practitioner and People working with NGOs as they reported the following**:**

4.3 Unavailability and Unaffordability of Medication

In all the interviews the issue of medication; its availability and affordability was addressed. The clear picture is that not all medications are unavailable although most of them were reported out of stock in the hospital. In such cases participants [elderly] are to get them from pharmacies (outside health facility) where their exception does not apply anymore. So the major challenge here is paying for the prescribed medication.

A nurse who has worked for more than 48 years in old age home and who have frequently been taking elderly to the hospital, discloses the issues surrounding availability of medication and their immediate action as she says:

> *'... nurse ward say these medicine written here are unavailable here, it is supposed to be bought for your patient, and because at our elderly centre we don't have budget for health services, we tell the elderly centre in charge of our center…then elderly center in charge finds money from her pocket and buy those medicine and send it to the ward where the patient is admitted'*

In connection with this, a doctor who has been dealing with elderly one of the government the hospitals has the following to say based on his experience as far as availability of medication is concerned:

> *'…unavailability of medication, after attended their diagnosis and told their diseases, they are asked to go to the medicine window to get medication, when they reach at that window they found many medicine are out of stock, that means no medicine for their sickness, they are told to go out side the hospital to buy medication privately, not all the medication are unavailable but most of their medication are not available here, they get very few medicines here'*

Most of the participants mentioned that unaffordabilty of elderly people to buy medication is among of the challenges facing elderly people in accessing health services in government facilities as DR1 said

> *'...though when they are told no medicine they normally come back to my office and ask how can they be treated as they don't have money? So I have some evidence that even medication is a problem to our hospital, because they don't order for elders only they just order for all hospital, so for what I understand there is no medicine budget for elders'*

In addition to the above, another participant N1 expressed that most of the medication which are supposed to be provided to the elderly people freely are told to be bought by themselves where they don't afford to buy them as she said,

> *'…When we send them to the hospital, after been attended by the doctor, you are told to go to the medicine door, they say there is no medicine, then the in charge of our centre must buy medicine for them because she can't leave sick'*

4.4 Unavailability and Unaffordability of Transportation

In all the interviews unavailability and unaffordability of transportation were presented where majority of the participants indicated that availability of transportation to and fro the health facility is a challenge to elderly people. With others, N1 shared her experience on this aspect as she says,

> *'...we don't have transport office here, the in charge of the centre she normally hire tax and send them to [name of the hospital]hospital'*

Another participant DR2 who is a doctor also contributed on this aspect spoke of unsafe means as disclosed here

> *'...Sometimes elderly people come to and fro health facility being carried on bicycle'*

N2 says this problem is not experienced by every elderly rather it depends on the geographical location from the health facility,

> '*…It depend the distance where they come from, those living in town they just walk but those who comes far they come through public transport, and most of them fail to pay'.*

DR1 has observed that the intensity of affordability is so high that some elderly would request for a bus fare from the health service provider as he shares:

> *'...We are given guideline by the government that any person who comes to [Name of the Hospital] and needs service, should be given that service quickly regardless where he comes from, and they [elderly] ask to us to help them transport fare as they don't have'*

4.5 Difficulty in Disclosing Health Problem

On interviewing the participants on the issue of elderly people self-expression of their health problems when seeking health services from in health facilities, most of the participants mentioned that some elderly people fail to express their problems to the service providers and that from time to time they need assistant in this regard. N1 who a 48 years nurse, working with elderly people and taking them to the hospital several times when sick said:

> '*…Others, they face difficulties to express their pains and they normally ask assistance on how to express to the doctor'*

Although Swahili language is a nation language in our country, all participants reported that to most of the elderly people Swahili language is a barrier during expression of their problems to the service providers instead they are more fluent to their vernacular which in most cases is Kichaga. As DR1 a 59 years doctor who have been working in geriatrics section for almost 30 years indicated:

'…Some of them are a problem to talk Swahili language, a good example is my mother who came here for treatment who was suffering from toothache. When she was asked questions she failed to answer until I found another nurse who knows our language [mother tongue] and she is living just near by her at home who came to assist my mother to translate Swahili language into vernacular language about her sickness, but patient with this problem are very few…'

4.6 Unclear Elderly Health Service Protocols

Under this category, most participants reported that there is no adherence to the protocols of accessing health services which could guide and assist elderly people to receive proper health services. It is also not clearly stipulated as to what an elderly should do to benefit from exception plan through their catchment area leaders and getting referral letter when visiting referral hospitals:

DR1 is a 59 years doctor who has been attending elderly people in geriatrics section elaborated below:

'…*District medical officers do not insist to the catchment leaders to know the procedure to follow from their catchment hospital, that when they go higher hospital needs referrals. But we still help them even though they did not follow the appropriate procedures due to the following reasons…'*

Another participant N3, a 42 years nurse who is working in geriatrics section shared her experience that many elderly people come to the hospital without exemption letter from their catchment areas which assures the service providers that they meet criteria's of exemption:

'…identification of elder to be exempted is suppose to be done at their premises, so if not done at his premises it become difficult for us to identify them, and there is a problem here…it needs to be rectified by communicating with welfare officer who can very much know than me'

And another interviewee had the following to say:

'…welfare officers should raise awareness to the people so that to be identified their age since when they are at their premises so as to simplify the

process of treatments because most of the elderly people don't know the procedures'

4.7 Informal and Unsustainable Solutions

During interview there was emerging themes, that for every challenge that is mentioned in this interview there is informal solution which in its nature is not sustainable, whereby service providers helped elders to get some of the services informally and very unsustainable way. Such services would not be guaranteed to all clients at all times.

DR1 has the following to share on this aspect:

'...even though patient do not follow it we try to treat him because is not fair when a patient who comes with no exemption letter to say go home because you don't have referral letter and he is sick..
'

Another participant N4 who is 52 years old nurse and working in the elder's exemption section shared of temporary care offered and assigned task to the client:

'...We have told them that we will not be able to identify if they meet criteria, that is why they have been told that they should only come here with catchment leader's letter, so if he has no confirmation letter we treat him then we ask him to come with confirmation letter from his premises'

4.8 Lack of Health Insurance to the Elderly People

All participants informed that most of the elderly people who goes to the hospital don't have health insurance and this stands among of the challenges facing them when seeking health service as DR1 share from his experience:

'...Few of them are covered by health insurance especially those who were public employees and those with children who are employed…this time there is a problem on getting health insurance for extended families, they only provide for nucleated families such as father, mother and children only and it is a challenge for elders…'

Also one of the nurses insisted:

> *'…Those who are covered by health insurance are very few in number compared by other groups of patients'*

4.9 Difficult to Express Self

All respondents informed that most of the elderly people who goes to the health facilities face the challenge of expressing him/her self when meet with the health practitioner, including his secrecy, pains as they reported N3 is the one experienced many of the respondents afraid to show their paining parts as she insisted.

> *'…They feel shy to express the places where there is a problem for instance if there is wound in the secrete part of her body feels shame to show part paining'*

4.10 Time Wastage During Health Service Delivery

Most of respondents during interview mentioned that, there is a long procedure from the time an elder arrive to the hospital up to when he or she receive treatment which seems a challenge. Even of more disturbance is the walk to and fro in the hospital and some times they take a long time waiting the service provider to start providing service.

N1 is a an experience nurse who shared her experience when sending elders to the hospital for healthcare services:

> *'…they only complain of the treatment procedure that it takes long time and they become tired as we rotate in the ward finding services for them'*

Another respondent DR1 59 years old experienced male considers that this delay is partly due to unfulfilled service conditions are disclosed below:

> *'…Identification of elder to be exempted is done at their local areas, so if not done at his area it becomes difficult for us to identify'*

4.11 Communication Barrier

Most of the respondents during the interview showed that there is a challenge on communication by using Kiswahili language especially when visits in the health facilities as most of them they normally used their vernacular languages. DRI who is an experience doctor who is working in the elderly people section as when asked he reported:

> *'...Some of them is a problem to talk Swahili language, a good example is my mother who came here for treatment who was suffering from toothache. when she was asked questions she failed to answer until I found another nurse who is knowing our language and she is living just near by her at home who came to assist my mother to translate Swahili language into vernacular language about her sickness, but patient with this problem are very few and facing language problem is not a ticket to leave without treatment, so we try by any means to assist him'*

N2 is another respondent who supported the above findings, that most of the elderly people they face challenges on talking Kiswahili language when they enter into the doctors office as she reported:

> *'...Swahili language is a problem many of them know only vernacular language but we normally assist them'*

CHAPTER FIVE

5.0 DISCUSSION OF THE FINDING RESULTS

5.1 Introduction

This chapter presents a discussion of the findings which were obtained in the present study on the challenges facing elderly people in accessing health services by government health facilities based in Moshi Municipality. It attempts to provide explanations for the results based on the questionnaires and semi-structured interview conducted to the elderly people at their home premises and some at the public health facilities and health practitioners from public health facilities. The discussion is based on findings on availability of important medications for the elderly people, availability of transport to and fro the health facility, elders coverage with health insurance fund, elderly people in relation to satisfaction in health services, elders with access to medications, assessing knowledge on free medical treatment in health facilities, treatment with due privacy and affordability to the health clinic location.

5.2 Age of Respondents in Relation to Access of Health Services

In analyzing the situation as far as accessing health services is concerned, elderly with the age ranging from 65-79 were the most reported to experience this problem. The calculated chi square is 0.32, which implies there is weak significance relationship between the age of respondents and the failure to access health services in health facilities though elderly people were given relatively equal opportunity to access health facilities as depicted by aging national policy of 2003. It should be noted that age 65-79 was the biggest group in the sample for the current study which

is a little bit above life expectance in Tanzania for the recent years which is 53-58.2 (WHO, 2011; James, 2001; Schuler, 2001; Evans, 2002; Moseley, 1979). It can be suggested that life expectance of the Tanzanian population is on the increase for the last three years. The coverage of this study would not be enough to generalize this age group to the whole country even though one could use these results to ascertain that in Moshi the commonly seen elderly in health facilities range from 65-79 years and that above 90 years there is almost no participants found.

5.3 Availability of Transport to the Elderly People to the Health Facilities

In assessing possibility of transportation to the health facility it was found that about 39% found it easy, 40% reported moderate and 12% reported that it is difficult. However a significant number (9%) reported that they do not know how is the situation. However the accessibility of elders to public transport the current study found that there is very weak significance relationship between the two, which is 0.175.

Generally one can say that issue of transportation to the health facility in this region is relatively good even though results from the qualitative section of this study reported that majority had a problem in this area. This difference from between the quantitative and qualitative could be due to variation in sample size and the fact that qualitative results were mere personal experiences which would differ from one person to another. The government can be commended for this outcome which might be as an outcome of MKUKUTA which aimed at improving rural roads from 50% in 2003 to at least 75% in 2010 (MKUKUTA, 2005; Lewis, 1995; Townsend, 1991; Noro, 1996).

5.4 Age of Respondent in Relation to where the Clinic is Located

In this findings it shows that there is slight moderate significance correlation between the age of respondent and accessing the location of their clinic (r=0.382). In this correlation it is observed that the less old population reported that it was less difficult to get to their clinics as compared to the oldest participants. Of all participants only 17% reported that their clinics were very difficult to access, about 40% moderately difficult and 43% reported not difficult. This suggests that even though other services in the facilities may not be that sufficient, the pavements and location of the clinics for the elderly are relatively good.

It should also be noted that the small percentage of participants who reported that it was very difficult to access their clinics were mostly the oldest and so their problems might be more physical than the structure of the facility itself. It was difficult to find comparison studies with these findings which suggests that the location and physical accessibility of geriatric clinics is an area that might have been neglected as far as research is concerned and yet a very important area which need to be assessed (Barton, 1999; Britten, 2002; Mathias, 2001; Mulira, 2001).

5.5 Age of Respondent in Relation to Need of Medical Attention

The findings indicated that most elderly visit health facilities at least once in a month (62%) and those who visit once annually are about 26% and 8% attend weekly and 4% attending daily. From these findings, the study found that there is no significance relationship between age of respondents and the need medical attention of health services as the findings shows in the table above which is r= 0.036 which suggests that being sick or well from the age of 55 and above is not determined by how old is

the individual. The results found in this study resembles to the study done by qualitative part of this section where by respondents reported that most of the elders especially who are suffering from the diabetes goes to the health facilities once per month. Hence from these results it is suggesting that those elderly persons are likely to attend health facilities more frequent and that they need at least a monthly budget for their health which supports findings by American researchers Desmond *et al.*, 2007 and Morgan and Kennedy (2010) who reported more expenditure among elderly (age 65 and above) as compared with the younger generation as far as health needs are concerned. The rate of hospitalization of elderly is reported to be high due to (among other causes) increase in falls which has been found to increase with age (Alexander, Rivara & Wolf, 1992; Opare, 1996; Daniel, 2010; Alkire, 2007; Brown, 1996).

National population policy of Tanzania states that hospitals should be constructed and services is provided in a manner that privacy is ensured according to the Ministry of planning, economy and empowerment (2006). Most of the participants indicated that they were always treated with due privacy (44%) and about 36% saying that privacy was observed only sometimes.

These findings are similar to those found in the qualitative part of this study which was done to some of the health practitioners who normally attend these elders and reported that the issue of privacy is considered to all patients and not only for elderly people. Lack of privacy in this case could be attributed by the already reported facilities such as screens and treatment rooms (Kwesigabo *et al.,* 2012, Whittaker, 1996; Sidney, 1998; Kim, 2000; Kochen, 2005).

5.6 The Preference Elderly People on Health Services Practitioners

In assessing elderly people to whom they prefer to be attended during service delivery, the study found that there is no significance relationship between sex of respondents and preference of whom to attend them during health service delivery as the calculated of chi square shows 0.003. However the current study reported that male prefers to be attended mostly by male practitioners by 41.9% as compared to 20.9% who showed preference to female practitioners, the same applies to the female elderly people whereby 38.3% prefers to be attended by female practitioners while only 10.6% by male practitioner. Moreover about 51% of all participants showed preference to be treated by any practitioner (male or female).

These findings correlate to the findings found in qualitative part of this study where by interviewee reported that many elders prefers any one who is found in the service room either male health practitioner or female health practitioner. Following these results it is obvious that there are a significant number of elderly people who prefer to be treated by either a male or female doctor only suggesting that in geriatrics clinics there is a need to have practitioners of both sex. This will allow for elderly having option as to who will attend them and this can ensure compliance/adherence to treatment and good intervention outcome (WHO, 2003; Carlo, 1998; Zebracki, 2011; Herman, 1993).

According to Sophie (2012) a few number of female doctors (as compared to male doctors) could be termed as a worldwide problem. In such lack of proportionality, elderly who prefer to be treated by female doctors may not have this right granted to

them and it may have adverse consequences in the course of their compliance ant treatment outcome. This can be regarded as violation of philosophy of care which considers personal preference during health care and that such care should be provided in the most favorable physical and social environment (Person Centred Practice 2008). This implies that the possibility of elders in Tanzania to be treated by both female and male doctors as they reported in the findings become difficult of which its consequences are beyond the scope of this study.

5.7 The Availability of Important Medication at the Health Facility to the Elderly People

In assessing the situation as far as accessing the availability of important medication for elderly people in health facilities, about 23% elderly people were reported to experience this problem as said no or failed to get important medicine. Even though all elderly people should be given relatively equal opportunity to access health facilities as depicted by aging national policy of 2003, this seems not to be the case in the current results.

The participants reported that most of the prescribed medication was not available in the hospital which means they have to buy them from pharmacies elsewhere. It should be noted that in such pharmacies exception letter do not apply. This is the same as found in the qualitative part of this study whereby practitioners indicated that some of the prescribed medication were not readily available in the hospital.

This is an obvious problem even though the scope of this study cannot ascertain its extent statistically. The calculated chi square is 0.82 which implies there is strong

relationship between the age of respondents and the failure to access important medication at the health facilities which does not give much to discuss here. Such dissatisfaction with availability of the prescribed medication may reflect findings by Lenore (2005) in America which suggests that this could be a global problem. In his findings he reported that elders who were given a medication card with a list of current medications were more compliant with their medication regime. Even though the problem is somehow reported to be big in this study research conducted in Tanga two years ago by Kishiwa (2011) found that about 62% of prescribed medications were dispensed from the public health facility which is supported by a considerably sample (24%) from this study which reported that prescribed medication was mostly available.

However the reported results from Tanga were not specifically targeting the elderly population. The situation could be even better because combining those who said that medication was always available and those who said it is available sometimes it sum up to 77% agreeing that medication are available even though not always. In general there is dissatisfaction with availability of medication to about 23% to 38% in the current study and the reported results from Tanga consecutively which suggests that more needs to be done in this area.

Elsewhere in Canada and US (Sawyer, Gao, Dong & Chen, 2011; Morgan and Kennedy, 2010), all medications are covered by public funds for the elderly or indigent, or through employment-based private insurance and so there is no even a small percentage which when prescribed will need to be bought by the patient.

5.8 The Preference of Elderly People on Health Facilities

In assessing the relationship between the age of respondents and the choice of health facilities which they consult when sick, The current findings show that most of the elderly people goes to the public hospital to consult health services where by 80% reported that they go to public hospital compared to 20% who reported that they go to private to health facilities, This can be described by the fact that most of the available health facilities (70%) are government owned (White *et al.*, 2012) and that exception letter apply in such facilities. These findings are similar to those findings found in qualitative part of this study where by respondents reported that most of elder prefers public hospitals as there is low costs and exemption letter applies.

However the calculation by chi square shows the result of χ^2=0.275 which tells us that there is weak significant relationship between age of the respondents and the health facility which they consult when they are sick which in turn indicate that they may go to either private or public health facility. National statistics shows that government owned health facilities are 70% and private owned are 30% (White *et al.*, 2012). Despite the many public health facilities the issue of availability of services and qualified personnel is of a debate because most of such facilities are at health center and dispensary level (White *et al.*, 2012). It was noted from the qualitative part of this study that the exception system is not clear and that elderly could not easily get the exception letter from their premises. This means the governments hospitals could be there but elderly may not get free services by not having the appropriate documents. Bearing in mind that most are not employed chances are that they will seek services where exemption letter applies. However it

has been reported that most of the public health facilities especially in the rural and semi-arid areas lack finance, qualified medical personnel and health equipment (WHO, 2004; Diouf, 2011; Feinstern, 2002; Karfakis, 2006).

5.9 The Level of Knowledge on Free Medical Treatments to the Elderly People in Public Health Facilities

The findings shows that there is no relation between the age of respondents and the knowledge on free medical treatment as its readings in the chi square is 0.05 which show s that there is no correlation. However the age group 50 to 64 about (41%) when asked if they know that they are entitled to free medical treatments reported that they don't know, while about (55%) reported to know partially and only (4%) reported to have knowledge about free health services. Age group of 65 to 79 about (45%) reported that they don't know about free treatments and (61%) reported to know partially and (4%) said yes, and the range group 80-94 about (46%) reported they don't know, about (31%) reported partially and (23%) reported yes, age group from age group 95 no one said he don't know and no one said partially. Generally about (38%) of the respondents reported that they don't know about free services and about (54%) reported to know partially and (8%) reported yes.

However according these findings above it shows that very few respondents who have knowledge on free health services and many of them they don't know that they are in titled to such service. The current findings are the same as those found in the qualitative part of the study where respondent reported that many elderly people come to the health facility without having exemption letter which identify them that they fit into the exemption program, This results supports the findings which done on

2002 during the population and housing census where it discovered that people aged 65 years and above about 4% facing the problem of lack of knowledge on medical health services.and they believe in witchcraft (Census, 2002).

In the qualitative part of this study there was noted a problem in elderly people's inability of self-expression of their health problems when seeking health services from health facilities. Moreover there was Unclear elderly health service protocols as there is no guideline which could show clearly what an elderly should do to benefit from exception plan through their catchment area leaders and getting referral letter when visiting referral hospitals.

5.10 Age of Respondents in Relation to Satisfaction of Health Services

Furthermore the age group that reported dissatisfaction with health services more than others were also those between 65 and 79 years (31.9%) followed by 50 to 64 (29.9%) and the most satisfied were those at the age group between 50-64. On the issue of satisfaction with care by sex it is found that male are more satisfied (20.9%) than female (17.0%) and majority of the participant reported average satisfied lead by female (55.3%) than male (44.2%). However male were more dissatisfied (34.9%) as compared dissatisfaction among female of (24.7%). The relationship between age group and satisfaction with health services delivered is less than 1 (0.65), which implies that there is moderate significance relationship between age of respondents and the satisfaction with care they receive from health facility.

These findings a little bit does not correlate with the findings found in qualitative part of the study, this can be due to the fact that there was a variation of sample size

and may be most of the respondent interviewed were health workers as they may be defending their positions. It can be said from the current study that dissatisfaction increases with increase in age even though those who were at the age group 80-94 were more or less satisfied as 65-79. The overall satisfaction is around 56% which is lower than what was found and reported in MKUKUTA 2008, where general satisfaction of the population was estimated at 64%. This difference could be due to the fact that the MKUKUTA statistics is for general population and not specifically for the elderly. The time between the two reports is also enough for any changes in health service system to occur hence account for more dissatisfaction. The results from the current study supports those of Lee and Kasper back in 1998, (James, 2001; Moseley, 1979; Schuler, 2001; Barley, 2003) which suggests that as people gets to the age of 80 years and above they tend to get more dissatisfied with health service.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

Elderly people access in health services delivery is still a threat to elder's health not only in Moshi Municipality but in Tanzania, Africa and all over the world as a whole. This limit elder's opportunity to involve in production as they find themselves victims of health problems. This study discovers the main challenges in accessing health services to elders in public facilities including inadequate knowledge on free medical treatments; Elderly people have no and some of them have partial knowledge on free treatment. Also the study discovers that most of respondents take long time waiting service delivery in health facilities which discourage even to attend health services. However lack of important medication was also a challenge as they back home without medications, moreover lack transport to the health facilities became as barrier to them.

6.2 Recommendations

In the light of the findings of the study, the following recommendations are put forward by the researcher:

6.2.1 Recommendations for Actions

(i) The service providers such as Doctors and Nurses should establish specific windows specifically for elderly people only at their health facilities so as to help Elderly people to take short period of time during service delivery.

(ii) Health practitioners should provide education twice a week on free medical treatment to the elderly people in their health facilities.

(iii) Private health facilities owners should allow and accept elder's health exemptions so as elderly People can get services even in private health facilities.

(iv) The health facilities in charge should ensure that there is availability of important medications in their health facilities.

6.2.2 Further Research

(i) Similar study can be done in rural areas to see if the same challenges appear to elderly people as it is reported in Municipality.

(ii) The same study can be done in private health facilities so as to see if the same challenges will be reported.

(iii) Further study can be done on the same topic but can be based on other disadvantaged groups like women, children and the socially displaced populations.

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APPENDICES

APPENDIX A: INTERVIEW GUIDE QUESTIONS FOR PARTICIPANTS WHO DEAL WITH ELDERLY PEOPLE/ HEALTH SERVICE PROVIDERS

1. What are the challenges facing elderly people in accessing health services in government facilities?
2. How often do elders need medical attention?
3. Have they ever failed to access health services?
4. How about the procedures of getting files to elders?
5. How long do they take to get health services?
6. What about transport to and fro the hospital?
7. How about elderly people to express their problems?
8. How about health insurance?
9. What should be done to help elderly people in order to get proper health service?

APPENDIX B: MASWALI YA USAHILI KWA WANAOTOA HUDUMA ZA AFYA KWA WAZEE KATIKA VITUO VYA AFYA VYA SERIKALI

1. Je ni changamoto gani wanazipata wazee wanapokuja kutibiwa?
2. Mzee anaweza kuja kupata huduma ya afya kwa kiwango gani?
3. Vipi kuhusu upatikanaji wa dawa kwa wazee?
4. Vipi kuhusu utaratibu wa kupata faili la mgonjwa ukoje?
5. Wanatumia muda gani kupata huduma za afya?
6. Vipi kuhusu usafiri wa kuja na kwenda nyumbani kwao?
7. Vipi kuhusu uwezo wa kujieleza kinachowasumbua?
8. Vip kuhusu bima ya afya kwa wazee?
9. Unafikiri nini kifanyike ili kuboresha huduma za afya kwa wazee?

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APPENDIX C: QUESTIONARES FOR ELDERLY

INTRODUCTION

Dear respondents am a second year students of Open university of Tanzania, these questions have been prepared for the purpose of collecting information that will help in accomplishing a research title "THE CHALLENGES FACING ELDERLY PEOPLE IN ACCESSING HEALTH SERVICE IN GOVERNMENT HEALTH FACILITIES" as an attempt to improve the health services provided by government health facilities. These questions also aim at investing contribution of government and other people in the whole question of satisfaction in health provision. This study as well is done as partial fulfillments for Master degree in Social work. All the answers to these questions will be kept confidential and will never be used for different purposes other than academic purpose. Thanks a lot for accepting to spend your precious time for answering these questions and request your sincere cooperation

SECTION A: PERSONAL PARTICULARS

Date……Occupation …….....……

Age……Sex……Male/Female……

Village……**District……Nationality……..**

QUESTIONNAIRES ON ASSESSMENT OF CHALLENGES FACING ELDERLY PEOPLE IN ACCESSING HEALTH SERVICES IN

GOVERNMENT FACILITIES IN MOSHI MONICIPALITY OF KILIMANJARO TANZANIA

INSTRUCTIONS.

Answer each question by placing a √ in the appropriate box or write down your response in the space provided. Other questions have more than one answer.

SECTION A: DEMOGRAPHIC INFORMATION

	SYNONYM		
1	Sex	1. Male	
		2. Female	
2	Address (village or street)	……	
3	Age	……years	
4	Employment status	1. Employed	
		2. Pensioner	
		3. Never employed	
		4. Other (self-employed past, self-employed now)…… …… ……	

SECTION B:SITUATIONAL ANALYSIS

5	How often do you need medical attention?	1. Annually	
		2. Monthly	
		3. Weekly	
		4. Daily	
	Other times, specify……..		
6	Where do you go most often when you feel sick or needed to consult someone about your health?	Private Doctor's office/home	
		Private clinic or health care facility	
		Private hospital	
		Public clinic or health care facility	
		Public hospital	
		Charity or church-run clinic	
		Charity or church-run hospital	
		Traditional healer	
		Pharmacy or dispensary	
	Other facility SPECIFY…….		

7	Have you ever failed to access health services?	Yes	
		No	
8	**IF YOU ANSWERED "YES" ABOVE**, what are the reason(s) which best explains why you did not get health service is (are)?	Could not afford the cost of the visit	
		No transport available	
		Could not afford the cost of transport	
		You were previously badly treated	
		You did not know where to go	
		You tried but were denied health care	
		You thought you were not sick enough	
	Other reasons, specify…….		
	SECTION C:GEOGRAPHICAL ACCESSIBILITY AND TRANSPORTATION		
	Getting to where your clinic is	1. Easy to get in	

9	located in the hospital		
		2. Difficult to get in	
		3. Very difficult	
10	Time you spend waiting to be treated	Between……. and ……..	
11	Are you able to get physical assistance from the hospital staff when in need?	1. Yes, I help when in need	
		2. Few times	
		3. No, I do not get help	
		4. I have never needed help	
12	Procedures to get file	1. Very easy	
		2. Easy	
		3. Moderate	
		4. Difficult	
		5. Very difficult	
		6. I do not know	

13	How do you get to the health facility?	1. Private vehicle	
		2. Public transportation	
		3. Taxicab	
		4. Motorbike (bodaboda)	
		5. Bicycle	
		6. Walking	
	Other SPECIFY……		
14	How is public transport to and from the health facility	1. Easy	
		2. Moderate	
		3. Difficult	
		4. I don't know	
	SECTION D:GETTING NECESSARY INFORMATION ABOUT HEALTH		
15	Do you get information about health in general e.g. about malaria, HIV AIDS, nutrition	1. Very easy	
		2. Easy	
		3. Moderate	
		4. Difficult	
		5. Very difficult	

16	Do you get information about elderly health?	1. Yes, I do	
		2. Partially	
		3. Moderate	
17	Did you get clear explanation about the condition you are suffering from by the doctor?	1. Yes, I have	
		2. Partially	
		3. Not at all	
18	Do you get information about new health services and facilities	1. Yes I get	
		2. Partially	
		3. No, I do not get	
19	Do you know about any free or subsidized services for elderly	1. Yes I know	
		2. Partially	
		3. No, I do not know	

	SECTION E:PROVISION OF HEALTH SERVICE		
20	Are you able to see the specialist for your condition?	1. Yes	
		2. Few times	
		3. No	
21	Are you given a chance to choose which doctor should attend you?	1. Yes	
		2. Few times	
		3. No	
22	Are important medications available at the health facility?	1. Yes	
		2. Few times	
		3. No	
23	Do you feel that you are treated with due privacy according to your age?	1. Yes	
		2. Sometimes	
		3. No	
24	Do you feel respected and treated with dignity?	4. Yes	
		5. Few times	
		6. No	
	Do you feel that the practitioner pay	1. Yes	

25	a due attention to what you have to say	2. Sometimes 3. No	
26	Who attends to you most of the time	1. Male practitioner	
		2. Female practitioner	
		3. Both male and female	
27	Who would you prefer to be attending to you?	1. Female practitioner	
		2. Male practitioner	
		3. Both male and female	
	How would you rate your relationship with the doctors who	1. Very good	
		2. Good	
		3. Fair	
		4. Bad	
		5. Very bad	

	SECTION F:AFFORDABILITY OF SERVICES		
29	Are you covered by any health Insurance Fund	1. Yes	
		2. No	
30	If YOU ARE COVERED BY HEALTH INSURANCE SCHEME, how is service accessibility through this scheme?	1. Easy to be attended to	
		2. Moderately difficult	
		3. Very difficult	
31	If YOU ARE NOT COVERED BY HEALTH INSURANCE SCHEME, Who pays for your hospital bills?	By myself	
		Spouse/partner	
		Son/daughter	
		Other family member	
		Non-family member	
		Volunteer	
		Hospitalization was free	
	Other support SPECIFY……		

	OVERALL SATISFACTION		
32	How satisfied are you with the care you received during your [hospital] visit?	Satisfied	
		Average	
		Dissatisfied	

THANK YOU VERY MUCH FOR YOUR COOPERATION

CHUO KIKUU HURIA CHA TANZANIA

APPENDIX D: MASWALI YA USAILI KWA WAZEE

UTANGULIZI

Ndugu mshiriki katika usaili huu mimi ni mwanafunzi wa mwaka wa pili katika Chuo Kikuu Huria cha Tanzania, haya maswali yameandaliwa kwa ajili ya kukusanya taarifa zitakazosaidia kukamilisha utafiti wenye kichwa kisemacho;**Changamoto wanazokumbana nazo wazee wanapokwenda kupata matibabu katika vituo vya afya vya serikali**'Katika kuboresha huduma za afya katika hospitali za serikali haya maswali yanalenga pia kutambua mchango wa serikali na pamoja na watu wengine katika kutoa huduma bora ya afya kwa wazee .Utafiti huu pia sehemu ya kukamilisha masomo ya shahada ya uzamili katika fani ya ustawi wa jamii .Majibu yote ya maswali haya yatatunzwa kwa usiri mkubwa na hayatatumika kwa malengo tofauti na yaliyokusudiwa.Asante kwa kunikubali na kutumia muda wako kujibu maswali haya nahitaji ushirikiano

SEHEMU A: TAARIFA BINAFSI

Tarehe……Kazi.....……

Umri……Jinsi……Mume/mke……

Kijiji……**Kata……Uraia……**

DODOSO LA UTAFITI KUHUSU CHANGAMOTO WANAZOZIPATA WAZEE WANAPOENDA KUPATA MATI BABU KATIKA HOSPITALI ZA SERIKALI MANISPAA YA MOSHI

MAELEKEZO

Jibu maswali yote kwa kuweka alama ya √ katika kisandu husika na jaza nafasi zilizoachwa wazi. Maswali mengine yana majibu zaidi ya moja.

SEHEMU A: TAARIFA BINAFSI (tafadhali weka alama √ kwenye kisanduku kulia)

1	Jinsia	1.Mwanaume	
		2.Mwanamke	
2	Unakoishi		
3	Umri	miaka……	
4	Hali ya ajira	1.Nimeajiriwa	
		2.Nimestaafu, nalipwa pensheni	
		3. Sijawahi kuajiriwa	
		4. Vinginevyo……	

SEHEMU B:HALI ILIYOPO

5	Unahitaji kupata huduma mara ngapi?	1.Mara moja kwa mwaka	
		2.Mara moja kwa mwezi	

		3.Mara moja kwa wiki	
		4.Kila siku	
	Mara ngapi? TAJA TAFADHALI……..		
6	Mara nyingi huwa unaenda wapi unapohitaji matibabu au huduma za afya?	Kwa daktari binafsi anayefanyia kazi nyumbani kwake	
		Zahanati ya binafsi	
		Hospitali ya binafsi	
		Zahanati ya serikali	
		Hospitali ya serikali	
		Kliniki ya kanisa au shirika la kujitolea	
		Hospitali ya kanisa au shirika la kujitolea	
		Mganga wa kienyeji/mitishamba	
		Duka la dawa	
	Kwingineko unakotibiwa mara kwa mara TAJA TAFADHALI…….		
77	Je ulishawahi kuugua na ukakosa kupata huduma ya afya?	Ndiyo	
		Hapana	
	IKIWA JIBU LAKO HAPO JUU	Sikuwa na pesa za kulipia	

8	**NI "NDIYO"**, Nini kilisababisha wewe kukosa kupata huduma ya afya?	matibabu	
		Nilikosa usafiri	
		Nilikosa nauli	
		Sikujua mahali pa kwenda kutibiwa	
		Nilienda hospitali ila sikuhudumiwa	
		Nilifikiri naumwa kidogo tu na sihitaji matibau	
	Ikiwa kuna sababu nyingine, TAJA TAFADHALI…….		
	SEHEMU C:KUFIKIKA KWA ENEO LA HUDUMA YA AFYA		
9	Unapokuwa hospitalini, unaweza kuelekea kliniki yako bila shida?	1.Ndiyo, hamba shida	
		2.Kwa shida kidogo	
		3.Hapana, ni ngumu sana	
10	Je, unasubiri kwa muda gani kliniki kabla ya kutibiwa?	Kati ya……hadi……masaa/dakika	

11	Je, unaweza kupata msaada toka kwa wahudumu pale unaposhindwa katika eneo la hospitali?	1.NDIYO Napata msaada	
		2.Napata msaada mara chache	
		3.HAPANA. Sipati msaada	
		4.Sijawahi kuhitaji msaada	
12	Utaratibu wa kupata faili la kutibiwa unakuwaje kwako?	1. Ni rahisi kupata faili	
		2. Wastani	
		3. Ni ngumu kupata faili	
		4. Sijui	
13	Unafikaje mahali unapotibiwa toka nyumbani?	1.Gari binafsi	
		2. Kwa daladala au basi	
		3.Kwa teksi	
		4.Kwa pikipiki (bodaboda)	
		5.Kwa baiskeli	
		6.Kwa kutembea	
	Kama kuna nanmna nyingine, ITAJE TAFADHALI……		
14	Vipi kuhusiana na usafiri wa abiria kuja na kurudi toka hospitali?	1. Siyo mgumu	
		2. Ni vigumu kiasi	
		3. Ni vigumu sana	

		4. Sijui	
	SEHEMU D:KUPATA TAARIFA MUHIMU ZA AFYA		
15	Je unapata taarifa za afya ya jamii kwa ujumla (mfano kuhusiana na Ukimwi, malaria na Lishe)?	1. Ndiyo, Napata taarifa	
		2. Mara chache	
		3. Hapana, sipati taarifa	
16	Je, unapata taarifa kuhusu afya ya uzeeni?	1. Ndiyo. Napata taarifa	
		2. Mara chache	
		3. Hapana. Sipati taarifa	
17	Je unapata maelezo ya kutosha na kueleweka kuhusiana na ugonjwa unaokusumbua toka kwa daktari anayekutibu?	1. NDIYO. Ninapata maelezo ya kueleweka	
		2. Napata maelezo ambayo hayaeleweki	
		3. HAPANA. Sipati maelezo kabisa	
18	Je, kukiwa na huduma mpya za afya ya uzeeni unapata taarifa?	1. Ndiyo. Nazipata	
		2. Mara chache	
		3. HAPANA. Sizipati	
	Je, unajua kuhusiana na mpango wa	1. NDIYO. Ninajua	

19	matibabu ya bure na gharama punguzo kwa wazee.	vizuri	
		1. Sijui vizuri	
		2. HAPANA. Sijui kabisa	

	SEHEMU F:UTOAJI WA HUDUMA ZA AFYA		
20	Je, unaweza kuhudumiwa na daktari bingwa wa ugonjwa wako?	1. NDIYO. Wakati wote	
		2. Mara chache	
		3. Hapana. Haiwezekani	
21	Je, unapewa nafasi ya kuchagua ni daktari gani akuhudumie?	1. NDIYO. Napewa nafasi ya kuchagua	
		2. Mara chache	
		3. HAPANA. Sipewi nafasi wa kuchagua	
22	Je, dawa muhimu kwa ugonjwa wako zinapatikana hospitali	1. NDIYO zinapatikana	
		2. Chache tu zinapatikana	
		3. HAPANA. Hazipatikani	
23	Je, unajisikia kuwa unahudumiwa kwa usiri kama inavyostahili?	1.Ndiyo.Ndivyo ninavyohudumiwa	
		2. Mara chache	

		3. HAPANA.	
24	Je, unajisikia unahudumiwa kwa kujali utu na heshima yako?	1. HAPANA	
		2. Mara chache	
		3. HAPANA	
25	Je, unapojieleza daktari anakusikiliza na kuonyesha kukuelewa ipasavyo?	1.NDIYO	
		2.HAPANA	
26 **26**	Ni daktari wa jinsia gani anayekuhudumia mara kwa mara	1.Mwanaume	
		2.Mwanamke	
		3.Wanaume na wanawake	
27	Unapenda kutibiwa na daktari wa jinsia gani zaidi?	1. Mwanaume	
		2. Mwanamke	
		3. Wanaume na wanawake	
28	Unawezaje kusema juu ya uhusiano kati yako na madaktari na manesi wanaokuhudumia?	1. Uhusiano mzuri sana	
		2. Uhusiano wa wastani	
		3. Uhusiano mbaya	

	SEHEMU G:UWEZO WA KUGHARAMIA MATIBABU		
29	Je, unahudumiwa na bima ya Afya?	1.NDIYO	
		2.HAPANA	
30	**IKIWA UNAHUDUMIWA NA BIMA YA AFYA**, Je, huduma hii inapatikanaje?	1. Inapatikana kirahisi	
		2. Inapatikana kwa shida kidogo	
		3. Ni ngumu sana kuhudumiwa	
31	**IKIWA HUTIBIWI KWA BIMA YA AFYA,** Ni nani anayegharamia matibabu yako?	Najigharamia mwenyewe	
		Nagharamiwa na mke/mume	
		Nagharamiwa na mtoto/watoto	
		Nagharamiwa na ndugu	
		Nagharamiwa na mtu asiye ndugu	
		Huduma za hospitali ni bure	
	Kama kuna namna nyingine unagharamiwa TAFADHALI ITAJE…….		

	SEHEMU H:KURIDHISHWA NA HUDUMA KWA UJUMLA		
32	Unaridhishwa kwa kiwango gani na huduma za afya unazopata?	Ninaridhika kabisa	
		Ninaridhika kwa wastani	
		Siridhiki kabisa	

ASANTE SANA KWA USHIRIKIANO WAKO

APPENDIX E: CONSENT FORM

THE OPEN UNIVERSITY OF TANZANIA

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

PRINCIPLE INVESTIGATOR: SEVERINE GEORGE SANGA

PHONE NUMBER: 0759 640 116

The purpose of the study: To assess the challenges facing elderly people in accessing health services provided by government health facilities in Moshi Municipality, of Kilimanjaro region, Tanzania. Procedures: I will answer all questions accordingly and participate in interview section. Benefits: There may be no direct benefits to me as a participant in the proposed study but the findings from the study may be beneficial to other elders in my country. Risk and Discomforts: There will be no any risk from the participating from the proposed study apart from time spent Confidentiality: All information obtained in the proposed study will be considered confidential and used only for research purpose. My identity will be kept confidential in so far the laws allows. Right to refuse or withdraw: My participation in the proposed study is entirely voluntary and am free to refuse to take part withdraw at any time.

CONSENT

I…….After considering the explanation of the study and having understood the consent form, I hereby give my informed consent to participate in the study.

Signature……Date……..

Investigators signature……Date…….

APPENDIX F: FOMU YA MAKUBALIANO KATI YA MTAFITI NA MSHIRKI

Idara ya ustawi wa jamii chuo Kikuu Huria Cha Tanzania

Jina la mtafiti: Severine George Sanga

Namba ya simu: 0759 640 116

Utafiti kuhusu, CHANGAMOTO WANAZOZIPATA WAZEE KATIKA VITUO VYA AFYA VYA SERIKALI KATIKA MANISPAA YA MOSHI MKOA WA KILIMANJARO

Madhumuni:Kuangalia changamoto zinazo wakumba wazee wanapoenda katika vituo vya afya vya serikali kupata matibabu katika Manispaa ya Moshi, Mkoa wa Kilimanjaro.Utaratibu utakaotumika:Kujibu maswali yote kama yatakavyoulizwa na kushiriki katika mahojiano.Faida:Utafiti huu utawasaidia wazee kupata huduma bora za matibabu katika vituo vya afya vya serikali.Madhara kwa mshiriki:Hakutakuwa na madhara yoyote kwa mshiriki isipokuwa muda utakaotumika.Usiri:Taarifa zote zitakazotolewa katika utafiti huu zitakuwa ni siri na zitatumika kwa madhumuni ya utafiti huu tu.Haki ya kukataa au kujitoa katika ushiriki:Ushiriki wangu katika utafiti huu ni kwa ridhaa yangu mwenyewe na niko huru kushiriki au kutoshiriki.Makubaliano:Mimi binafsi nikiwa na akili timamu bila kulazimishwa na mtu, baada ya kusikiliza na kusoma kwa makini maelezo ya utafiti huu na kuelewa madhumuni ya fomu hii nakubali kuwa mshiriki katika utafiti huu

Saini ya mshiriki……Tarehe……..

Jina la mtafiti mkuu……Tarehe……

Saini ya mtafiti mkuu……..……

APPENDIX G: RESEARCH CLEARANCE LETTER

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF RESEARCH, PUBLICATIONS, POSTGRADUATE STUDIES

1/6/20161/6/2016

Ref. no. HD/A/072/T.12

P. O. BOX 23409
Dar es Salaam, Tanzania
Tel: 255-22-2668992/2668445
ext.2101
Fax: 255-22-2668759
E-mail: drpgs@out.ac.tz
http://www.openuniversity.ac.tz

31st May 2013

The Regional Administrative Secretary,
Kilimanjaro Region,
P.O. Box 3070,
MOSHI.

RE: RESEARCH CLEARANCE

This is to certify that the bearer of this letter, **Mr. Severine George Sanga** is a bona fide student of the Open University of Tanzania who is currently pursuing a Master of Arts in Social Work degree program in the Faculty of Arts and Social Science. The student has successfully completed the course work, defended the research proposal and has been given permission to go into the field and collect data. His research title is **"The Challenges Facing Elderly People in Accessing Health Services in Government Health Facilities."** The student's itinerary includes visits to hospitals, homes, NGOs and Njoro Camp in Moshi Municipality. You are, hereby, kindly requested to allow the student to carry out the research in your Region. The field work is scheduled to start on the 31st May, 2013 and end in July 2013. Any assistance in this endeavour will be highly appreciated.

Yours faithfully,

OPEN UNIVERSITY OF TANZANIA

Prof. Shaban A. Mbogo,
Director – Research, Publications and Postgraduate Studies

THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

KILIMANJARO REGION
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Fax Na; 027 -2753248/2751381

OFFICE OF REGIONAL COMMISSIONER,
P.O. BOX 3070,
MOSHI

Ref. No. FA.228/276/03/34

6th June, 2013

District Administrative Secretary,
MOSHI

RE: **RESEARCH PERMIT**

I wish to introduce to you ***Mr. Severine George Sanga*** who is a bonafide student of ***Open University of Tanzania*** who at the moment conducting research.

2. The title of the research is **"The challenges Facing Elderly People in Accessing Health Services in Government Facilities".**

3. Permission has been given to conduct the research ***from 31th May, 2013 up to July, 2013.***

4. Kindly give him required cooperation he is obliged to abide by the government laws and directives.

5. Thank in advance.

T.S.I. Twalipo
For: **REGIONAL ADMINISTRATIVE SECRETARY**
KILIMANJARO
for, Regional Administrative Secretary

Copy to: Director,
Research Publications and Postgraduate Student,
Open University of Tanzania,
DAR ES SALAAM

: Mr. Severin G. Sanga,