

**CHALLENGES FACING OLDER PEOPLE IN ACCESSING FREE HEALTH
CARE SERVICES IN PUBLIC HOSPITALS: THE CASE OF TEMEKE,
MAGOMENI AND MWANANYAMALA HOSPITALS**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF
REQUIREMENT FOR THE AWARD OF MASTER DEGREE OF ARTS IN
SOCIAL WORK AT THE OPEN UNIVERITY OF TANZANIA**

CERTIFICATION

The undersigned certifies that she has read and hereby recommends for the acceptance by the Open University of Tanzania for the dissertation entitled “*Challenges Facing Older people in Accessing Free Health Care services in Public Hospitals*” in partial fulfilment of award of degree of Masters of Social Work (MSW).

.....
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Supervisor

.....
Date

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DECLARATION

I, Minani Ntahosanzwe, do declare that this dissertation is my own original work and that it has not been presented or submitted to any other higher learning institutions or University for a similar or any other degree award.

.....

Signature

.....

Date

DEDICATION

The completion of this dissertation is dedicated to God the almighty for providing me with health and strength, my wife, Mama Angel for her strong encouragement and support that enabled me to proceed on well with studies. I also dedicate this work to my daughter, Angel and my son, Alfred who are blessing from God.

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ABSTRACT

The study sought to examine challenges facing older people in accessing health care services in public hospitals. The objectives of the study included; i) To examine the ability of older people living in Dar es salaam in accessing health care services in public hospitals, ii) To find out challenges and constraints limiting older people from accessing free health care services iii) To assess measures employed by public hospital management for easing health services to older people and propose the way forward.

The study employed a case study design and a sample of 80 respondents involving older people, social workers, doctors and nurses were involved. In terms of sampling procedure, purposive and snowball were used. Purposive sampling was adopted to select nurses, social workers and older people who visited public hospitals while snowball was used to get older people living in streets. Data from questionnaire and interviews was analyzed both qualitatively and quantitatively. Qualitative data were subjected to content analysis, while quantitative data were extracted, classified and computed using SPSS into frequencies and percentages, and presented in tables and charts.

The study revealed that, 58% of older people do not have ability to access free health care services in public hospitals. Moreover, study findings indicated that 57% of the older people do not use public hospitals when they become sick. Again, findings showed that, majority (85%) of respondent revealed that lack of essential medicine in public hospitals was their major challenge.

Therefore, the study suggested strong measures to be taken in order to rectify and improve the situation. Among these included reviewing older peoples' policy and suggested introduction of comprehensive health insurance scheme for older people.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CHF	Community Health Fund
CMH	Commission on Macroeconomic Health
HAI	Help Age International
HIV	Human Immunodeficiency Virus
MDGs	Millennium Development Goals
MIPAA	Madrid International Plan of Action on Ageing
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umasikini Tanzania
MoH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
NSGRP	National Strategy for Growth and Reduction of Poverty
NGOs	Non- Governmental Organizations
NIMR	National Institute for Medical Research
SPSS	Statistical Package for Social Sciences
PHC	Primary Health Care
URT	United Republic of Tanzania
UNDP	United Nations Development Program
WHO	World Health Organization

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CHAPTER ONE

1.0 BACKGROUND INFORMATION

1.1: Introduction

This chapter presents background information of the study. Ageing problem has been deeply analyzed in global, regional and local perspective in order to provide comprehensive understanding of the topic under study. The chapter also covers statement of the problem, study objectives, research questions and significance of the study so as to provide the direction and focus of the study.

1.2: Background to the Problem

Global projections indicate that the population of those aged 60 years and above is increasing rapidly. United Nations projections (UN) indicate that, in 1950 the number of older people was 200 million, representing only 8% of the total world population. In 2002 the old population increased to about 630 million. Projections further suggest that, the number of older people aged above 60 years will shoot to 1.2 billion in 2025 and 2 billion in 2050, (UN 2005, UN Population Division, 2008; 2010).

According to the United Nations (2012), Africa currently holds 42 million older people, representing 5% of the world's population. Eight percent (8%) of these are over 80 years. By 2050, the projections indicate that older people in Africa will be 205 million (WHO, 2012). This is a tremendous increase in the number of older people which needs proper plans in order to address their varied needs including access to free health care service. International communities such as UN and African Union (AU) have recognized the importance of free health care service to older people. Since then, the United Nations set a milestone which gave birth to the International Plan of Action on

ageing emanating from the Second UN World Assembly on Ageing in Madrid 2002. Through this document a policy framework coupled with concrete recommendations to adequately address the forthcoming demographic and structural developments was designed. However, it has to be noted that older people are not explicitly mentioned in some global policies like the Millennium Development Goals (MDGs) Yet the link between health care service and the achievement of the MDGs is evident since the key objective of health care service is to reduce the vulnerability of the poor (Devereux & Sabates-Wheeler 2004; Schubert & Beales 2006).

In addressing health problem, the African Union has put ageing issues on the agenda and recommends its member states to develop and implement strategies that extend the coverage of social security such as free health care service systems for their older populations (African Union/Help Age International, 2003). In 2006 an agreement made among 13 African countries in Zambia (“Livingston Call for Action”) recognized access to free health care services as a basic human right and cash transfers as a highly effective yet under-used development resource in the region (Schubert & Beales 2006).

Despite the large number of older people who need health services in Africa, there are no substantial plans and programs to address free health care services for older people (Zastraw, 2008). This situation is more pronounced in developing countries where the increase of older people do not match with the available plans and resources to cater for their health needs (UN, 2010).

As the number of older people in Africa continues to increase, particularly those who are aged 60 years and over, there is less growing public policy and service delivery

attention to the older people to ensure their access to the basic necessities of life such as free health care services (Zastraw, 2008). In line with the above trend, number of older people in Tanzania continues to increase. For instance in 2002, Tanzania estimated to have about 1.4 million older people (4 percent of all Tanzania population), (National Census 2002). However, in 2005 the figure rose to 1.9 million. (Aboderm and Gachuhi, 2007). Currently, Tanzania is estimated to have 44,929,002 million national populations, and about 4.5 % are aged 60 years and over (URT, 2012). Tanzania has the highest population of older people in East Africa and the UN projects that this figure will increase to 8.3 million (10 percent of the total population) by the year 2050.

Apart from this tremendous increase, it is also noted that older people are among the main user of health and social care services in the developing countries, just as they are in most developed countries. Due to their ill- health, older people visit health centers more frequently than younger adults, and are heavier users of both outpatient and inpatient hospital services (Oncology Nursing Society, 2002). It is estimated that people aged 65 years or more make up about one-third of all developing countries hospital admissions, and two-thirds of 'hospital bed days' (Demographic Health Survey, 2000). Their utilization of health service provision has been increasing over time. For example, the proportion of older people who had recently visited health service in Tanzania doubled from 12% to 26% between 1972 and 2008 (UTR, 2011). Older people account for two third of the recent growth in emergency admissions to hospitals (Help Age International, 2010).

However, provision of adequate and access to free health care services to older people poses great challenges to the Tanzania government. The United Republic of Tanzania

(2003) responded to the challenges by creating a National Policy on ageing to set a base for promoting health care for older people. Apart from the ageing policy, Tanzania formulated the National Strategy for Growth and Reduction of Poverty, mainly referred to as NSGRP, which addressed health care needs of the older people. The target was to reach 40 % of older people with effective health care service by 2010 (The United Republic of Tanzania 2005b).

Despite the aforementioned political commitment to provide free health care service to older people, health care provision is still inadequate due to many reasons. In some areas the distance to health facilities is more than 10 kilometers and where the distance is less than 5 kilometers, the availability of health care is inequitable, with human resource operating at 32% of the required skilled workforce, insufficient medical equipment, and shortage of medicines supplies and laboratory reagents (URT, 2007). In many cases available skills for service provision are low or lacking. As a result, this translates to high mortalities of older people (URT, 2009). Moreover, older people in the community are unable to maximize the utilization of the available services due to lack of knowledge, customs, behavior, cultural beliefs and inadequate capacity of the health system. (Mujahid, 2006).

In order to ensure older people have access to health services, Tanzania government also removed user fees for individuals over age 60 as part of an effort to promote equitable utilization of essential health care. While there is evidence that the exemptions have not eliminated wealth-based disparities in access to outpatient and obstetric delivery services, there is less information about the challenges facing older people in accessing health care services. This justifies the need for this study.

1.3: Statement of the Problem

Older persons play a key role in contributing to the social and economic fabric of the family. They are care takers of orphans and mediators of conflicts in the community. For instance, over 50 per cent of Tanzania's two million Orphans and Vulnerable Children depend on older people to meet their food, health and educational needs. (Aboderin and Isabella, 2005). More important, older peoples' contribution is felt most keenly at the community and the national level. For example, Mkapa (2004) asserts that older people have toiled for this nation and must be brought from the margins into the mainstream of the economy. They also once contributed to national economy.

Despite of their invaluable role and contribution, their lives are challenged by persistence of ill-health conditions such as high blood pressure, diabetes, blindness, poor oral health, cataracts, strokes, elephantiasis, hearing loss, dementia and malnutrition. These conditions tend to require frequent visits to health facilities and on-going medication (URT, 2010). To the contrary, majority of them fail to access healthcare services whenever need arise.

As already mentioned, in response to these problems, the government of the United of Tanzania formulated the National Ageing Policy in 2003 which guarantees health care as a right to older people. Apart from ageing policy, in 2007 Tanzania introduced National Non-communicable Disease Strategy which relies on referral system and free access to healthcare services for poor older people aged 60 years and above as part of the wider user-fee exemption regime, (URT, 2007). Furthermore all public hospitals have been argued to introduce special desk to serve older people as a strategy to ensure free access to health care among the aged. (Pinda, 2009).

Despite these good government plans, older people continue to experience difficulties in accessing free health care services in public hospitals. For instance, only 15 percent of older people receive free treatment by health service providers in Tanzania (URT, 2007). Also studies done by Rutaihwa (1997), Sembajwa and Benort (1999) show that older people are not able to access free health care services in public hospitals.

Therefore, this study intends to investigate challenges facing older people in accessing free health care services in public hospitals in Dar es Salaam city. Findings from the study will be used to inform the government, policy makers, health practitioners, and community on ways to improve delivery of health care services to the aged.

1.4: Main Objective of the Study

The study aims at assessing challenges facing older people in accessing free health service in public hospitals in Dar es Salaam.

1.4.1. Specific Objectives

- ii). To examine ability of older people living in Dar es salaam in accessing health care services in public hospitals.
- ii). To find out challenges and constraints limiting older people from accessing free health care services.
- iii). To assesses measures employed by public hospital management for easing health services to older people and propose the way forward.

1.5: Research Questions

- i). To what extent do older people living in Dar es salaam have ability to access free health services in public hospitals?
- ii). What challenges do they face in accessing free health care services in Dar es Salaam?

- iii). what measures are used by public hospital managements in order to make sure that older people have easy access to free health services?

1.6: Significance of the Study

This study is significantly important in the sense that, its findings will be useful to different stakeholders such as the Development partners, NGOs, policy makers as well as the government of Tanzania through Ministry of Health and Social Welfare devising strategies directed to improve health conditions of the older people.

Secondly, findings and information obtained from this study will cover the existing knowledge gap in the areas of older people and associated challenges facing them in accessing free health care. Furthermore, researchers will use findings from this study as a base in undertaking similar studies in a wider coverage of older people in addressing challenges facing them in accessing free health care. This will help to raise awareness about the predicaments of older people, support possible policy interventions and use study recommendations to make decisions.

Lastly, findings from this study will increase awareness to the community concerning older people's right to free health service provision. Moreover, findings are expected to help local authorities, hospital administrators and health practitioners to have realistic and proper plans which consider health needs of older people.

1.7: Limitations and Delimitations of the Study

This study was faced time constraint; as time was not always enough since I had to attend my work duties and at the same time conducting research, I found it hard to carry

the two tasks at the same time. However, in order to overcome time constraints, I had to arrange my work schedule properly and sometimes use even weekends.

Fund constraint; the researcher had no any sponsor to conduct the study. So sometimes materials that needed money like books, stationary works and frequent travel to collect data was a bit difficult. However, the use of internet for searching materials was less costly than relying on books. But also I had to type the work myself so as to reduce the cost that could be incurred in the stationary.

Shortage of literatures related to my study was also enough limitation to this study. Since there are few books related to older people and the area of older people is less researched, it has been difficult to obtain current literatures. Again the use of internet was very useful as I could get more materials that reflected my study.

CHAPTER TWO

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1: Introduction

This chapter presents findings based on literatures reviewed. It presents information gathered from various studies on health care services to older people from a global, African to Tanzania context. It also provides an overview of various policies and legal frameworks related to health services to older people. Theoretical framework and research gap has been analysed so as to provide solid justification of the study.

2.2: Overview of Health Situation to Older People in Tanzania.

Health is the most common problem among the older people in Tanzania. Apart from being vulnerable due to older age and lack of social and economic support from their children, ill health contributes to high vulnerability. For instance, older people suffer from variety of old age related health problems such as arthritis, rheumatism, cataracts, strokes, hernias, dementia and many others. This makes older people to experience frequent forms of ill health which require regular treatment. (Tanzania Participatory Poverty Assessment, 2002).

Traditionally, Tanzanian and African culture in particular usually valued older people as a storehouse of knowledge and experience. This routine of honoring the elderly people balanced the tendency found in most of the Tanzanian communities whereby old people signified wisdom and blessing from God. As a result, elderly people were seen as pillars and custodians of the Tanzanian culture (Mbwete, 2008). But also the caring for older people was the responsibility of the whole society including the family. However due to globalization accompanied by Structural Adjustment Programs (SAPs)

and Cost Sharing Policies, caring for the older people has been replaced by the government institutions and NGOs. However, as a result of weak traditional life, older people are no longer under the care of the community.

The rapid growth of population of elderly people worldwide and in Tanzania in particular is an issue that has created an exceptional global demographic transformation. In Tanzania the number of older people aged 60 years and above is always increasing on the expense of unimproved health facilities. Statistics indicate that, the population of the older people has been always increasing. For example it rose from 1.9% in 1954 to 4.1% in 1994 (Mbwete, 2008). By 1988 the proportion had risen to 4.3%, this being an increase of about 0.2%. Similarly, in 2002 the population of elderly people aged 65 and above years had increased to 6% considering both rural and urban elderly population, males and females (ibid).

Despite life expectancy increase, the elderly people in Tanzania are homogenous group suffering from variety of problems ranging from social to economic problems, a situation which hinders them to access and enjoy access to free health services like other vulnerable groups. However, the area of health has been mentioned several times in various researches as the leading social setting in which elderly people's afflictions are observed (Blackman, et al., 2001; Sargeant, 1999; Robert, 2000). To overcome this problem, in 2003, the government of Tanzania formulated the older people policy with the focus of extending the scope of reaching and stabilizing the elderly people's livelihood in terms of social services (National Ageing Policy, 2003). However, despite the existence of such policy and frameworks of service delivery, health services have not reached the majority of older people especially those in rural areas. This is

attributed to inadequate financing and fragmented institutional arrangements (Mwami, 1997, Safari, 1993). This tendency has jeopardized the health status and wellbeing of the elderly people of this country. As a result, they are still shouldering heavy burden of extreme poverty and dependency a situation which bring the elderly people's lives into a great danger.

The right to health care, access and equal distribution on the basis of needs and clinical ability to benefit the elderly population is a fundamental principle of health services outline under the objectives of the 1990s National Health Policy. The new 2003 Tanzania health policy links up with the government development vision and expands on the scope with a focus on those at risk and to encourage the health system to be more responsible to the needs of the people (elderly inclusive). Definitely the biggest problem elderly people face in the area of health in public hospitals is the cost and access to health services (Nhongo, 2006). This is because of their inability to generate income and lack of physical assets at old age. The problem is also accelerated by the knowledge regarding prevention and management of common diseases. However, attitude of health personnel is so negative that elderly people prefer to die rather than go to nearby hospitals (HAI, 2001). Also case studies collected since 1996 and studies carried out by HAI and WHO, (2001) reveal deep rooted age discrimination within the health delivery sector evidenced in denial of medication, scold slapping, isolation, abandonment, neglect, poor bedding and unsuitable (ibid).

There are cases also reporting about elderly people being charged more than the regulated hospital fees or expected to bribe the medical staff so as to access the treatment. For example, study done by Nhongo, (2006) in rural communities of Shinyanga witnesses an older women waiting for six hours for the medicine as health

workers attended to other issues and cases. Then, a Samaritan paid for her because she was incapable of raising the required money for medication. Even after someone had paid for her inflated charges, she waited for so long and died four hours later before receiving the medication (Nhongo, 2006).

Therefore, basing on this experience from different literatures, there is a clear indication that older people are among the group of the population that need to be cared since their energy has deteriorated due at ageing. Also literatures indicate that older people since they are poor cannot access free health care from public hospitals and are faced by institutional barriers that limit them from accessing health care.

2.3: Challenges Facing Healthcare Delivery to Older People.

Since independence, the government has been providing free health care services to all people in the country by using government revenue. From the 1960s, culminating in the Arusha declaration, the government directed all public hospitals to provide health care services to all Tanzanians at no cost to the people (Ministry of Health, 1994). However major challenge that faced health sector in providing adequate care to older people is under funding of the health sector. For instance, as the Tanzanian economy declined, health sector has always been suffering financial shortfalls which create scarcity of health care facilities in hospitals and dispensaries. For example, a study carried out in Morogoro Rural and Kilombero region reported the provision of services at health centers and dispensaries to be of poor quality. Hospitals are small and understaffed, situation which also causes older people to wait long time seeking for health care. (SDC, 2003). Also results of Household Survey carried out in three divisions of Lushoto District shows that because of poor quality of service and poor

availability of drugs, most older people failed to get needed medicines as result some of them died due to the lack of proper treatment (Agyemang-Gyau & Mori 1999).

Different studies indicate that availability of qualified health professionals is another challenge facing provision of health care service to older age people. In most cases older people experience complex ill-health situation which require experienced and qualified medical personnel. In addressing this problem, MoH has recently described shortage of medical personnel as a state of crisis, (MoH 2009). Available evidence shows that public health facilities, in particular those located in the remote rural areas, face an acute shortage of skilled providers. Human resource development is – and will continue to be a critical factor in raising the quality of care to older people and other marginalized groups (Gwatkin, 2010). According to Gwatkin, (2010) approximately one-third of the existing labor force in rural areas is un-skilled. Given current health needs and service coverage levels, estimates of the total human resource requirements are less than existing active supply and insufficient to meet the human resource requirements necessary to scale up priority intervention to the level recommended by the Commission on Macroeconomics and Health (CMH). Therefore, as indicated above there are several challenges within the health sectoring that hinder provision of free health care to older people despite of good policy in place which aimed to protect them.

2.4: Health Care Global Movement for Older People.

Health care for older people is very crucial among different nations and it has raised much concern as the global populations continue to increase. For instance, health for older people means a way of empowering them to continue with economic activities and taking up their social roles. In realizing this old age has become a global issue which has led to the international concern.

In response to the broad demographic ageing and health trend in 1982, the UN General Assembly adopted Plan of Action on Ageing commonly known as the Vienna International Plan of Action. Though the resolution was not fully implemented especially with developing African nations, it laid a base for the rights of older people in the world.

Also in 2002, the second UN general assembly was convened which lead to the birth of the Madrid International Plan of Action on Ageing (MIPAA) and the Political Declaration. The priorities set out in the Madrid International Plan of Action include a wide range of issues such as equal employment opportunities for all older persons, programs that enable all workers to acquire social protection and social security, including where applicable, pensions, disability insurance, equitable, timely affordable and accessible health to all older people and sufficient minimum income for all older persons, with particular attention to those socially and economically disadvantaged. Health issues to older people were a key feature of the Madrid Plan of Action. The provisions encompass notions of prevention, equal access to health care, active participation, the impact of HIV/AIDS in respect to older persons and the full functionality of supportive and care-giving environments.

The Political Declaration and the Madrid International Plan of Action on Ageing, 2002, endorsed by the General Assembly in its resolution, reinvigorated the political consensus on agenda for ageing, emphasizing development and international cooperation and assistance in this area. Since its adoption, the Madrid International Plan put guide line on drafting of policies and programs at the national level, inspired the development of national and regional plans and provided an international framework for dialogue. Under this Madrid resolution Member States are required to

reaffirm their commitment to the promotion and protection of human rights, and called for the elimination of age discrimination, neglect, abuse and violence.

Also in realizing the important of health to older people, African States formulated the African Charter on human and people's right (1981) in order to protect the right of older people and disabled people so as to set special measures of protection of their physical and moral needs. However, strong movements were felt after the Madrid International Plan of Action on ageing (2002) which led to inauguration of the African Union Policy Frame Work and Plan of Action on ageing (2002) which commits governments to integrate the rights and needs of older persons into national, as well as international, economic and social development policies. It is in response to these global and regional movements that Tanzania also formulated the National Policy on Ageing in 2003 becoming the second country in Africa after Mauritius.

Though there have been international, regional and national efforts for more than two decade now, still older people in Tanzania are still facing challenges in accessing health services in public hospitals. Therefore literature indicates that health problems among the older people are a global concern which requires nations to take strong actions in order to address such problems. It is through this context that this study is going to investigate so as to generate knowledge that helps to promote health conditions of older people.

2.5: National Efforts to Promote Health Care Delivery to Older People.

In Tanzania like many other African countries there are long traditional practices of caring and protecting older people. For instance whenever an older person became sick, the family took the main responsibility of caring the person. The family and the clan

were strong enough to guarantee social and economic protection of older people in the community. As Tanzania experienced changes due to globalization accompanied by growth of towns and migration of people from rural to urban areas, informal means of protecting older people started to crumble. The family and clan could no longer offer maximum support to older people.

Therefore this situation created a need for ongoing programs and policy review directed in promoting health needs of older people. For example in Tanzania, health care system has had a long history in policy and programs reforms reinforced by international efforts. Since its independence, Tanzania has had a strong focus on achieving equity and equality in health care for all in elderly persons. For example, policy in the 1970s which was a result of the Arusha Declaration in 1967, worked towards a socialized health system with elements such as the elimination of private-for-profit health providers. This policy under decentralization Act of 1972 extended health support to older people (Ministry of Health and Social Welfare, 2009), resulting in the establishment of numerous health facilities throughout the country. In 1992, it was revised and aimed at enhancing the management of most health program activities at the district level.

In 1992 policy was again revised in 2003 (MOHSW, 2009). The 2003 National Health Policy Plan outlines specific governmental objectives such as improving the partnership between public, private and faith-based sectors. This collaboration between sectors specifically aimed at improving access, quality and efficiency in health service delivery to marginalized group such as older people.

More recently, the MOHSW developed the Primary Health Care Service Development Program in 2007 as a means of accelerating the delivery of primary health care services for all including older peoples (MOHSW, 2009). While the National Health Policy has given broad guidelines on the health services delivery system in Tanzania, the Primary Health Care (PHC) strategy has also outlined how the policy is to be implemented. One of the main elements of this program was to improve health service access through the construction of more PHC facilities and improving the communication within the referral system. The strategy for doing this was by having a dispensary in each village and a health center in each ward. The Primary Health Care Service Development Program, also addresses the revised National Health Policy and its efforts towards the international Millennium Development Goals surrounding old age health, child health and priority diseases.

Moreover, the Tanzanian Development Vision of 2025, also aims at achieving high quality of life for all including Tanzanians through certain development strategies including quality primary health care for all (NIMR, 2008). The Vision 2025 is in accordance with the Poverty Reductions Strategy as the MOHSW recommends increased equity in allocation of public services, targeting those most at risk such as older peoples. All in all these national efforts towards ensuring that older people access health care has not managed to ensure adequate quality health care. There is clear evidence that they face several challenges. For instance long hours of waiting and discrimination based on age are among the challenges. (Mmbuji, Ilomo, Nswilla, 1996). Therefore this study intends to inform policy makers and health practitioners on the existing knowledge gap so as to suggest measures to address health problems facing older people.

2.6: Knowledge Gaps

Reviewed literatures indicate that number of older people is increasing at a disproportional level and their lives are challenged by ill-health problems. For instance available literatures indicate that ill health is among the largest problems facing older people. However, findings suggest that despite the existence of various policies to promote good health, older people are still failing to access free health services in public hospitals.

Again, available literature do not address challenges facing older people in accessing free health care in urban setting like Dar es salaam. Therefore this creates a need to conduct this study so as to bridge the existing knowledge gap and propose sound measures to address problems facing older people in accessing free health care in public hospitals.

2.7: Theoretical Framework

Theoretical framework is the structure that holds or support a theory of a research study. The theoretical framework introduces and describes the theory which explains why the research problem under study exists. Therefore, this study will be guided by Functionalist theory and Disengagement theory.

Functionalists analyze how parts of a society work together (Durkheim 1932). They believe that society is composed of different parts which function together in order to maintain social stability and meet needs of the society. They further argue that, different parts of the society depend on each other and if one part is not functioning properly, the other part experiences malfunctioning. According to functionalist, they regard society as "organs" that work together toward the proper functioning of the "body" as a whole. Therefore, older people are part of the society and meeting their

health needs depends on the proper functioning of the whole society. In order to meet health needs of older people, every sector has to perform its role. For instance the family, clan, government, and hospital management should perform their roles in order to meet health needs of older people.

Also Functionalists view that as people grow older they become less functional to adjust to ill-health problems in old age (Crosnoe and Elder 2002). According to the functionalist perspective, health is vital to the stability of all people including older people. Basing on this, older people are among members of the society and their health depends on the society to maintain their life. Their survival also largely depends on the society's response toward meeting their health needs.

On the other hand, disengagement theory as founded by Elaine and William Henry (1961) is based on the assumptions that withdrawing from society and social relationships is a natural part of growing old. This means that as everyone grows older experiences physical and mental decline (Cummings and Henry 1961).

As people grow, they naturally disengage from society through a process that is inevitable, universal and functional. According to the theory, ageing is associated with social and physical withdrawal of older persons to take part in social instructions and relationships as they grow older. When old age has been attained then older people always;

- Retire from their work.
- Begin to lose their body health and strength.
- Take less active participation in their community.
- Withdrawal from social and economic activities.

- Permits transfer of responsibilities to the next generation.

From this theoretical perspective, older people automatically become dependent as they grow older and hence the need to be provided with all the needs including health care services. This is universally applied to all people because functionalist theory also associates functional and age. When people grow older they become less functional and productive hence the need of being supported arises.

Functionalist theory is relevant to the study because it provides explanations of who is an older person and causes of failure for older person to access free health care and enjoy their rights. Basing on this theory older people need to be provided with free health care, since they are part of the society and their survival largely depends on how the society respond to meet their health needs. Also as people grow older they experiences physical and mental decline and hence the need to be supported arises.

2.8: Definition of Key Concepts

- **Ageing**

The concept of ageing is not universally defined across different people. Researchers have different views regarding the concept. Generally, in developing countries like Tanzania ageing is not defined using the same common terms as those used in developed countries. Many authors define ageing in terms of age categories such as, Young old (65-74), the middle old (75-84) and the old-old (over 85) (Kozier, Erb and Blais, 1992). Other writers provide different classification of this group which are independent old, dependent old and oldest old. Pinguart (2001) states that gerontological studies use the following classification to explain the process of ageing: young-old (60-75) and old-old (75+ years). Kaplan, Sadlock and Grebb (1994) classify older adults into two groups: young-old (65-74) and old-old (75 years and

older). On his part, Robinson (2007) defines ageing as a process which defines final stage of human growth from childhood, youth to old age.

Based on diversified definitions, this study shall conceptualize ageing as a biological process which has its own dynamic, largely beyond human control that defines the final stage of human growth from childhood, youth to old age. (National Ageing Policy 2003)

- **Older Person**

Basing on literatures reviewed, there seems to be no universally agreed definition of older person. Some conceptualize older person basing age, while others define it in terms of responsibilities, income and cultural roles. Generally it can be said that a universally applicable definition of what constitute older person is notoriously elusive (Heslop & Gorman 2002). For instance Roth, (1955) says that in developed countries, 70 years constitute older age. For African countries a person who attains the age of 55 to 60 years and above is also regarded as an older person. Since there is no universally agreed definition of who is an older person among different communities and nations, this study adopts the definition given by the United Nations as well as the Tanzania National Ageing Policy of 2003 which define older people as those with 60 years and above.

- **Health**

There are various explanations of the term health. Some define health in terms of absence of diseases or illness. Others regard health as the level of functional or, metabolic efficiency of a living person. Sometimes health is defined in terms of humans,

as the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain. Likewise Union for African population Studies (2004) defines health in terms of “quality of life”, stating that health is a dynamic process of interaction between communities and individuals.

Currently, it is widely accepted that health involves freedom of choice, and this includes freedom of action for healthy ageing. However, this study adopts the definition derived from WHO (1946). According to WHO (1946), health in its broader sense is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY AND DESIGN

3.1: Introduction

Research methodology refers to systematic way applied to solve the research problem (Kothari, 1990). Therefore, this chapter presents the methodology that was employed in data collection and analysis, including the study design, area of study, targeted population, and sample and sampling procedures. It also presents data collection methods, validity of the instruments and finally the methods employed to analyze data.

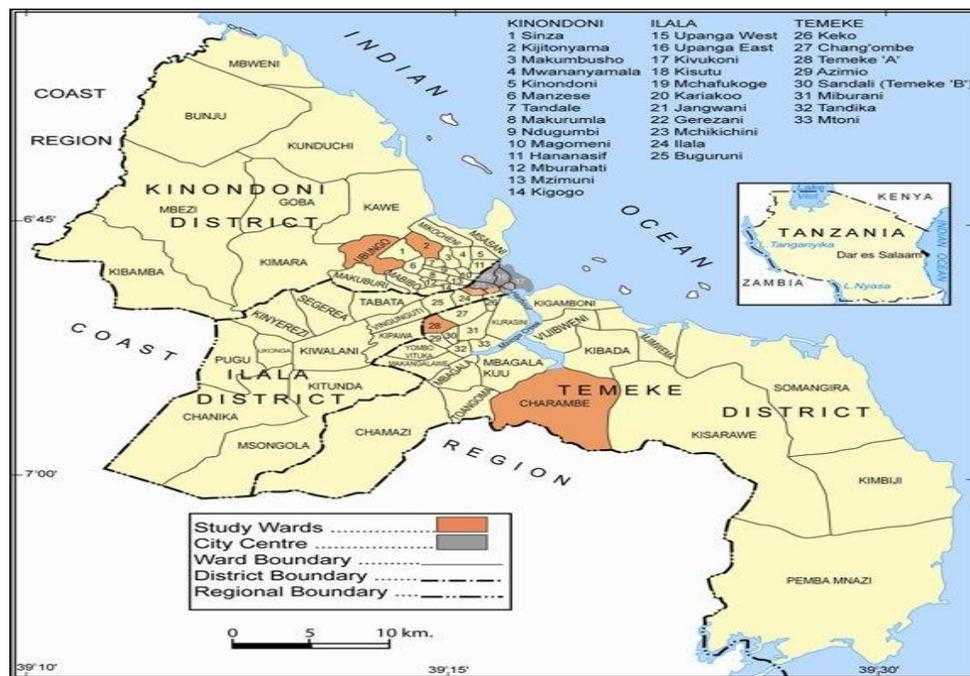
3.2: Area of the Study and Rationale

The study was conducted in three public hospitals of Mwananyamala, Magomeni and Temeke in Dar es Salaam region. Dar es Salaam has a total population of 5.2 million inhabitants, making it the largest city in Tanzania (National Census, 2012). Moreover, the region covers an area of 1100 square kilometers and it is the most densely populated area in Tanzania (Tripp, 1997). The region has three administrative municipalities namely Ilala, Kinondoni and Temeke. The region also encompasses a heterogeneous population of different nationalities (Hellela, 2001). Dar es Salaam was selected because it is the most densely populated and the largest city with multicultural people from across the whole Tanzania.

However urban, life imposes life challenges to older people who have retired from work with little saving, therefore selection of Dar es Salaam provides good study sample of the population since it is composed of different older people across the whole country. On top of that, Dar es Salaam has large number of older people compared to other towns in Tanzania. (World Bank Report, 2003)

Also as Dar es Salaam accommodates high quality health facilities compared to other regions in Tanzania, the researcher expects to gather experience from the study population. Lastly, since Dar es Salaam accommodates both Ministry of Health and Social Welfare, which is supposed to monitor and supervise provision of free health care to older people, the researcher expected to get true picture of challenges facing older people in accessing such health care services in public hospital compared to other towns in Tanzania.

Figure 3.1 Shows Dares Salaam with Health Centers.



Source; Dar es Salaam City Profile (2009)

3.3: Research Design

The design of any study begins with the selection of a topic, theories and a research methodology. According to Judy L, Rysik I, and Jerry F, (2006) a research design is a set of procedures that guide the researcher in the process of verifying a particular hypothesis and excluding other possible hypotheses, or explanations. It allows the researcher to draw conclusions about relations between variables. Thus, a research

design can be viewed as initial decisions which involve selection of different research approaches, procedures and methods.

This study used a case study design which enabled the researcher to collect in-depth information about the research problem from three hospitals namely Mwananyamala, Magomeni and Temeke. The U.S General Accounting Office (1990) in Merterns (1998:166) defines case study as a method of learning about a complex instance, based on a comprehensive understanding of that instance. The choice of this design has been influenced by the purpose of this study as reflected in chapter one. A case study design has an advantage of focusing on “*how*” and “*why*” questions (Yin, 1994).

Thus, case study design enabled the researcher to gather deep information about the ability of older people in accessing health care services in public hospitals as well as challenges and constraints that limit their ability to access health services. Nevertheless, also due to time limit and financial problems the use of case study was inevitable in this study.

3.4: Study Population

The term population refers to entire group, individuals, events or objects having common observable characteristics Mugenda (1999). Also Fraenkel and Wallen (2000) asserts that the term population refers to group to which results of the study intends to apply. Also Cohen (2000) shows that population is a group from which the researcher expects to get useful information and draw conclusions for the study. Therefore, the population of this study included all older people above 60 years living in Kinondoni and Temeke Municipals, Medical Officers, and Nurses. Selection of this population was based on the believe that they have useful and relevant information related to the

study since they directly work in health setting and come in regular contact with older people.

3.5: Study Sample and Sampling Procedures

3.5.1: Sample Size

The term sample means a portion of people drawn from a larger population. According to Manheim (1977), sample is a part of the population which is studied in order to make inference about the whole population. This study planned to include a total sample of 80 respondents from 2 sampled municipal councils namely Kinondoni and Temeke. This included 3 Hospital Social Workers, 3 Medical Officers, 14 Nurses and 60 older people. (See Table 3.1)

Data obtained from this selected sample was used to provide sufficient information for statistical analysis and thus making scientific inference and conclusions. As pointed out by Kothari (2004) the sample must be of optimum size, should neither be excessively large nor too small. Kombo and Tromp (2006) pointed that generally a researcher would need 30 subjects in each group for co-relational and descriptive research. Also Mbwambo (2000) pointed out that significant representation can be achieved when sample units contain 30 households from a population under study. It is in view of the above arguments that 30 older peoples were randomly selected from each hospital, making a total of 60 older peoples. Table 3.1 displays a summary of study respondents.

Table 3.1: Distribution of Sample Size

Respondents	Number	Percentage
Older People	60	75%
Hospital Social Workers	3	3.8%
Medical Officers	3	3.8%

Nurses	14	17.5%
Grand Total	80	100%

Source: Researcher (2013)

3.5.2: Sampling Procedures

During sampling, purposive and snowball sampling procedures were used to get the required sample as discussed below.

3.5.2.1 Purposive Sampling

Researcher used purposive sampling procedure to obtain 10 older people from each hospital of Mwananyamala, Magomeni and Temeke. In those hospitals, criteria for selecting older people were those who have attained 60 years and above and are sick. Also gender inclusion was considered where 5 older women were selected from each hospital.

In order to get professionals, purposive sampling procedure was used to select 3 hospital Social workers, 3 Medical Officers and 14 Nurses. Researcher adopted this sampling procedure because he believed that, since they are professionals and they are in regular health care with older people, they possessed key information relevant to the study.

3.5.2.2 Snowball Sampling

Snowball sampling procedure was used to obtain 30 older people who live nearby localities of the mentioned hospitals. During sampling, researcher with the help of street leader established initial contact with older person who directed the researcher to

the next respondents till the required sample was reached. As Bryman, (2008:184) denotes that snowball is a non- probability sample in which the researcher makes initial contact with a small group of people who are relevant to the research topic and then uses them to contact others.

Since there is lack of statistics for older people and it is difficult to establish sampling frame, the use of snowball was inevitable. Also Rwegoshora, (2006) argues that, snowball is preferred in a situation where it is difficult to obtain a list of population to be studied.

3.6: Data Collection Methods

3.6.1: Primary Data Collection Methods

Primary data are those collected afresh and for the first time and thus happen to be original in character (Kothari, 2004:95). In collecting primary data, the study used guided questionnaire, key informant interview and direct field observation.

3.6.1.1: Guided Questionnaires:

It is a tool which uses questions to collect data. Is a set of questions that are usually sent to or to selected respondents to answer and return the filled questionnaires to the researcher (Kombo, 2003) Due to the nature of respondents, guided questionnaires were administered to 60, older people. Questionnaires set was composed of closed and open ended questions which was filled in by the researcher. Researcher adopted this method since it was simple and saved time to administer. However, due to the fact that respondents were older people, with a probability of impaired eyesight and a high likeliness of being illiterate, the use of guided questionnaires was inevitable. This

means that the researcher asked questions to each respondent and recorded the responses.

3.6.1.2: Key Informant Interview

Interview is a set of questions administered through verbal communication or face to face conversation (Kothari, 2002). This technique was considered suitable for an intensive investigation. Also it was useful in tapping information on the attitudes as well as elaborations on key aspects patterning to the study problem. Both structured and unstructured questions were administered in order to provide the opportunity to ask wide rang questions for the purpose of gathering addition facets of data. Also in-depth-interview was applied in order to increment some information which was supplied by the other tools, such as views and opinions from the respondents. However the use of interview again was preferred in this study since it allowed flexibility in collecting data and also accommodated new ideas which other tools didn't provide.

Therefore in this study, key informant interview was conducted to 3 Medical Officers, 3 Social Hospital Social Workers and 14 Nurses. The approach was used to capture in-depth qualitative information from well-placed and well-informed respondents in the study area about the challenges faces older age people in accessing health care services in public hospitals as well as future prospects.

3.6.1.3: Direct Field Observations

Field observation was also used to collect information on the amount of time that older people spend in seeking health services, customer care they received from hospital staff, availability of chairs, waiting room, medication procedures as well as words used by

health personnel for older people in sampled hospitals was observed. Also, researcher observed reactions of older people show when they are told to buy medical care charges. The method was very essential as the researcher observed the real situation in the natural environment. It was also used to cross tabulate both qualitative and quantitative information obtained from the field.

3.6:2: Secondary Data Collection Methods

Secondary data consists of information that has undergone formal statistical process and is nationally and internationally recognized (Kothari, 2003). The researcher reviewed secondary sources in order to gain in-depth information about the challenges facing older people in accessing free health care in public hospitals. Such sources included both published and unpublished materials from various sources related to older people such as old ageing policy, journal, reports and articles, books, and research papers related to older people were reviewed in order to provide solid information of the study.

3.7: Data Analysis Plan and Procedures

As indicated in section 3.6, both qualitative and quantitative data was collected and later analyzed. Quantitative data was analyzed by using Statistical Package for Social Sciences (SPSS). Data collected from questionnaires was imported into that software for computation and calculation of frequencies and percentages. Then data was summarized and presented using frequency tables, charts and graphs by using Excel software.

Qualitative data was divided into themes and then subjected to content analysis to supplement quantitative data. In some cases, the respondents' actual words or verbatim was reported exactly so as to provide live experiences

CHAPTER FOUR

4.0 DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1: Introduction

This chapter presents, analyses, interprets and discusses study findings. The main aim of the study was to investigate challenges facing older people in accessing free health care services in public hospitals in Dar es Salaam region. The specific objectives of the study included: to examine ability of older people living in Dar es salaam in accessing free health care services in public hospitals, to find out challenges and constraints

limiting older people from accessing free health care services and to assesses measures employed by public hospital management for easing health services to older people and propose the way forward. Questionnaires were set in English and during the data collection, were translated into Kiswahili for easy understanding. Data was further translated in English for presentation.

This chapter is divided into two main sections. Section one (1) presents demographic characteristics of respondents in terms of age, sex, education level and employment status while section two represents the major findings. Furthermore, section two is further divided into eight (8) sub-parts. The first (1) part focuses on the ability of older people to access free health care in public hospitals. The second (2) part presents and analyzed respondents' views on ability of older people to pay for health care in public hospitals. Part three (3) presents older people's views on whether they use public hospitals. In line with that part four (4) presents the major challenges facing older people in accessing free health services in public hospitals. Moreover part five (5) focuses on respondents' views on whether public hospital management has the ability to address challenges facing older people in accessing free health care. Additionally, part six (6) presents and discusses on older people's attitudes on health care provided to them in public hospitals while part seven (7) assess measures employed by hospital management in addressing challenges facing older people. Moreover, the last part indicates respondents' recommendations to the government in order to improve free access to health care for older people in public hospitals.

4.2: Demographic Characteristics of Respondents

In order to know views of respondents, demographic information provides key part in analyzing and interpreting research data. It is also in this view that the study involved

respondents of diverse characteristics such as age, gender, employment and professionals as presented in Table 4.1.

Table 4.1. Demographic Characteristics of Respondents by Sex, Age and Employment

Variables	Category of Respondents									
		Social Workers		Older People	Nurses		Doctors		Total	
		F	%	F	%	F	%	F		%
Sex	M	0	0	48	60	14	18	2	3	64
	F	3	4	12	15	0	0	1	1	16
Total		3	4	60	75	14	18	3	4	80
Age	18-25	0	0	0	0	4	5	0	0	4
	26-35	1	1	0	0	7	9	1	1	9
	36-45	2	3	0	0	2	3	2	3	6
	46-59	0	0	0	0	1	1	0	0	1
	60-64	0	0	12	15	0	0	0	0	12
	65-69	0	0	18	23	0	0	0	0	18
	70+	0	0	30	38	0	0	0	0	30
total		3	3	60	76	14	18	3	3	80
Employment	Employed	0	0	9	11	0	0	0	0	9
	Not employed	0	0	51	64	0	0	0	0	51
Total		0	0	60	75	0	0	0	0	60

Key

F= Frequency

Source: Researcher (2013)

Finding summarized in Table 4.1 indicates that in terms of sex, the majority (60%) of older peoples' respondents were male while (15%) were female. Therefore, study findings indicate that there were more male than female who were obtained. This trend might suggest that there is a gender difference in older people attending hospitals. However, these suggestions are in line with (Pastory, 2011) report which suggests that female have less access to health care than male.

Also the researcher wanted to know age of respondent. Findings indicate that majority (37.5%) older people had the age of 70 years and above. On the other hand, (22.5%) had also the age between 64-69 and (15%) had the age ranging from 60-65. It was

noted that those aged 70 years and above formed the large number of respondents. The assumption may be that, as one gets older, he or she becomes more prone to diseases and require frequent visit to health center. These finding concurs with those of Mbwete, (2008) report which indicates that older people are more vulnerable to diseases compared to young ones. This justifies why the study found that there was big number of older people 70 plus attending public hospitals as compared to other age categories.

Additionally, the researcher assessed employment history of older people. Study findings indicated that majority (64%) had no formal employment while (11%) had formal employment. This implies that majority of older people were self-employed in informal sector which do not guarantee them protection after retirement period. Hence they have no means of income to visit public hospitals. However, these findings are in line with findings from (Ntusi & Ferreira, 2004) which reported that economic activities in Tanzania are held extra legally within the sphere of the informal economy which do not offer support at older age.

4.3: Ability of Older People to Access Free Health Care services in Public Hospitals

Under this part, the study wanted to examine whether older people are able to access free health care as the health policy in Tanzania clearly stipulates. The policy directs that older people should have free access to medical services in all government hospitals, health centers and dispensaries under the National Ageing Policy (2003). Therefore, Figure 4.1 below summaries the findings as collected by the researcher from respondents.

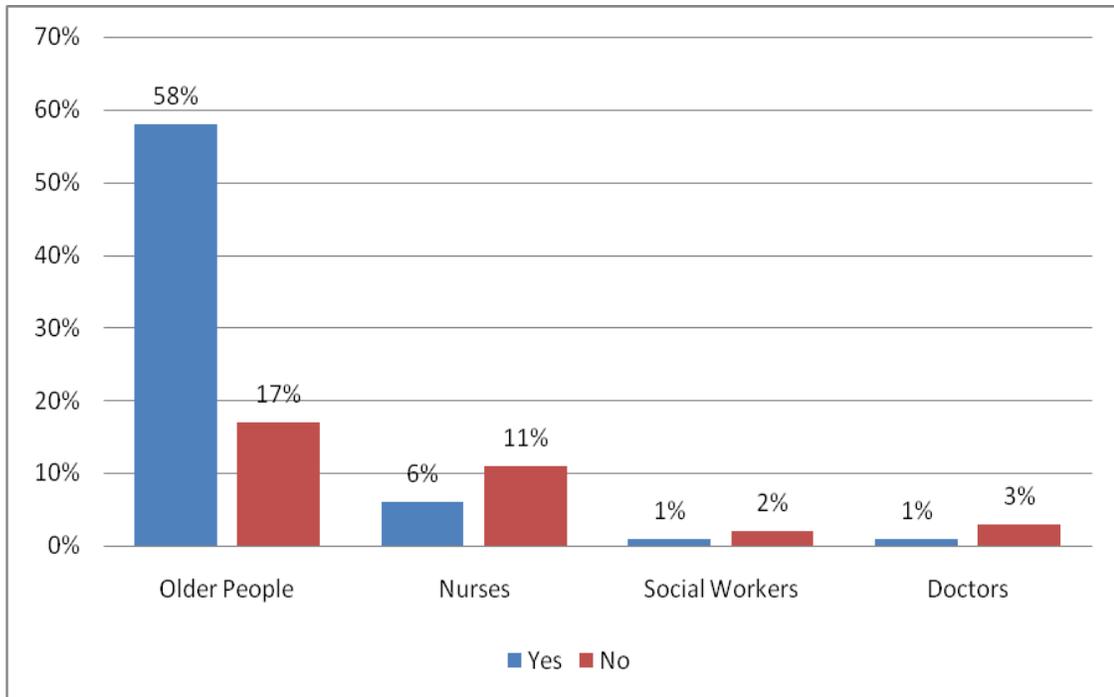


Figure 4.1 Respondents Views on Whether Older People Have Ability to Access Health Care Services

Source: Researcher (2013)

As indicated under Figure 4.1, older people were asked to give their views on whether they were provided with free medical care service in public hospitals. The majority 46(58%) said that they don't receive free medical services as they are required to pay for medicine and other laboratory tests in order to get treatment. Moreover, 14 (17%) said that they received free medical service whenever they visit public hospitals. Although older people are entitled to get free medical care in public hospitals, they were supposed to meet some of the cost such as those of buying medicine, X-ray and CT-scan, MRI and other medicine which are not available in the store. To describe this one older woman from Temeke (69) had the following to say;

“My son, they said, we older people have right to get free medical care service. But nothing is happening here. I don't see the

difference between the service provided to older people and other people since we all pay the cost.”

This implies that, access to free health care as directed by the policy is still a problem among older people. In some incidences older people who have no ability to pay for health care have lost hope of getting treatment in public hospitals.

Apart from that, hospital Social Workers and Nurses revealed that most of the older people who visited all three sampled hospitals showed that they faced difficulties in accessing free medical care as per health problems they experience. Majority of the nurses 11% also said that older people do not access free health care in public hospitals while 6% of them said older people have access to free health care in public hospitals. They further revealed that many of our public hospitals lack health facilities for older people including medicine which hinder them from accessing health care. Again it was found that in all sampled hospitals, older people were required to pay for some of the medical service such as CT scan, X-ray and medicines which were not available in the hospital. One doctor from Mwananyamala hospital reported that;

“Older people are required to be supported by the government to meet some of the medical costs. But in reality health facilities and medicine for older people are not available in our hospital. Hence, older people suffer a lot to meet their own costs. Others go home without getting some of the medicine prescribed.”

Although the policy directs free health care to older people in government hospitals and health centers, it was found that only some of the medical service such as doctors' consultation was free but other services demanded older people to cover at their own the cost. Older people complained that health charges have placed a particularly

significant financial burden to the poorest older people who have very little income. While the government has removed all official charges which were not always affordable to older people the study found that “unofficial” charges are still in place which has continued to deny older people to access free health services. These findings also concur with those of Nhongo (2006) which indicate that, older poor people incurred significant costs to purchase essential medicines and other small items that were often not in stock at the health facilities to pay various “unauthorized” fees and for emergency transport, and to sustain the costs of waiting time, and opportunity costs away from income earning. Moreover, findings correspond with those of Ramadhan on Nipashe News paper of 18 June, 2013 which reports that free health care for older people is a fiction. (See Appendix V)

4.4: Ability of Older People to Pay for Health Care Services in Public Hospitals

The researcher also wanted to know respondents’ views if older people have the ability to pay for health care in public hospitals in case they fail to access free health care. However respondents had different views as presented in Figure4.2 below. (n=80)

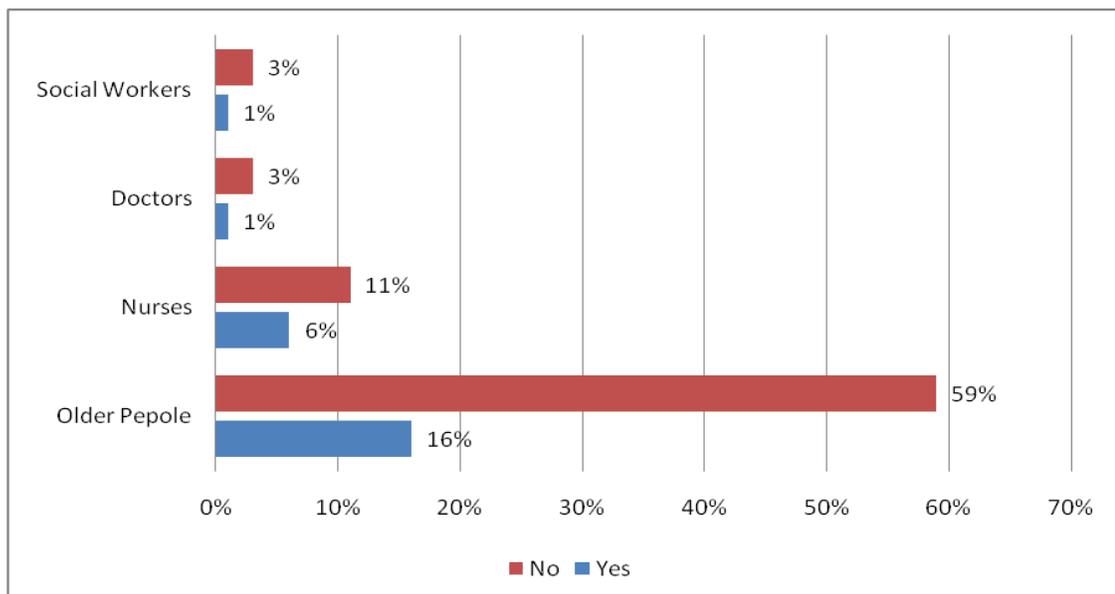


Figure 4.2 Respondents Views on Whether Older People Have Ability to Pay for Health Care in Public Hospitals

Source: Researcher (2013)

As shown by the Figure 4.2, the majority of older people 47 (59 %) reported that they do not have the ability to access free health care in public hospitals while 13 (16 %) said that they have the ability to pay for health care in public hospitals.

However, it was noted that those who said that they have ability to pay for health services probably were those who had an income from other sources such as rent house and some being supported by their children and grandchildren or others are covered by health insurance scheme. Apart from failing to meet hospital charges, older people complained that they also lacked fare to visit hospital frequently. In expressing his feelings to the researcher one older man of 70 years living in Magoneni street had the following complains;

“My grandson, this is the second month now since I went to hospital suffering from back pain and swollen legs. I have not gone back to hospital due to lack of fare for visiting hospital frequently. Even if I manage to go, I don’t have money to buy good medicine. Only what I get is pain killer (panadol) which is not effective to my problems. Doctors have failed to give me proper medication to treat my problems.”

These complaints indicate that, older people have less ability to access health services from public hospitals. However, the same question was asked to nurses and medical officers. Responses from medical officials indicate that older people do not have the ability to pay for health care and they need government support. They said that

sometimes, older people failed to undergo some of the medical test due inability to cover the cost. One medical officer from Magomeni hospital said,

“We always received claims from older people who fail to cover the cost of their medical service in our health center. But what we do is to ask medical officers to give them free medical service if they are available. Other medicine they have to buy for themselves since they are not available in our hospital.”

This explanation from the doctor corresponds with one of the older person from Mwananyamala hospital who was also complaining of hospital charges that he is supposed to buy medicine. The old man said;

“When I came here, I thought everything was free of charge but I was wrong my son. Look at the list of medicine written in this paper, it will cost me about 45,000Ts. Now tell me if I can’t afford to pay 500Tsh for medical consultation how will I get the whole amount of money to buy medicine?”

When the same question was asked to 14 nurses, about 9 (11%) said that most of the older people who need medical service don’t afford to cover their medical cost and 5 (6%) said that sometimes they are capable of buying medicine when needed. This study also indicates that more than half of the older people who visit public hospitals fail to meet medical care charges. During the study researcher observe more than 15 in-patients older people complaining, that they stayed for more than three days in the hospital without receiving all prescribed medical care. For instance during the interview one nurse explained that,

“We don’t have such medicine for older people, we have already informed the management on the matter and we are waiting to see what

they will do. Nothing else we can do because we not supposed to buy medicine out of the MSD.”

The above statement implies that some of the older people fail to get prescribed medicine because they are not available in public hospitals and older people are not able to buy them.

4.5: Older people’s Responses on whether they Regularly Use Public Hospitals.

Under this question, the main aim of the study was to identify the rate of older people using public hospitals to when they become sick. The responses from older people who were reached through guided questionnaire are presented as per Figure 4.3 here under (n=60).

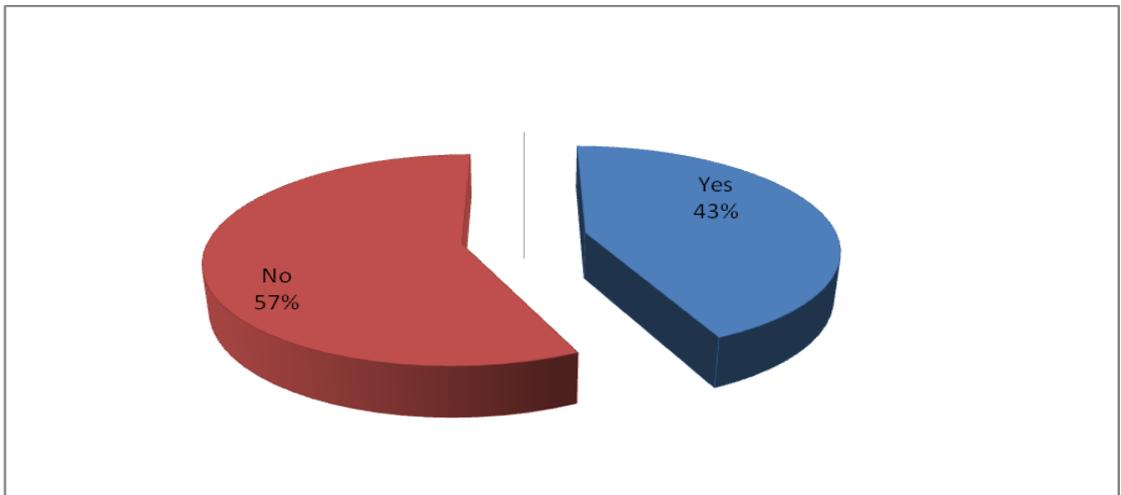


Figure 4.3 Rates of Older People Using Public Hospitals

Source: Researcher (2013)

As indicated by Figure 4.3 above, the majority of older people 34 (57%) said that they do not use public hospitals frequently as required while 26 (43%) said that, they use public hospitals when they become sick. However, it was reported that even those who

had managed to attend public hospital that day were not attending regularly. Others said that they attend hospitals only when their health conditions are more critical. This implies that, despite that, the government has introduced aging policy to guide access to free health care for all older people above 60 years, still very few older people are able to use health facility in the public hospitals. These findings concur with those by Mwami, (1997) and Safari, (1993). Their study also revealed that despite the existence of policy and frameworks of service delivery, health services have not reached the majority of older people. However one older man (80 years) respondent from Magomeni points out reasons that discourage them from attending hospitals and health centers when they fall sick.

“Things have changed nowadays, unlike in the past. Even if I go to hospital, I do not get treatment and we are told to buy medicine from pharmacies. Do you see those herbs dried on the sun my son; they are more helpful than going to hospital.”

This implies that, older people fail to go to hospitals because of shortage of medicine in health facilities. Also apart from shortage of medicine in public hospitals, older people complained on the use of bad languages by health workers and hospital procedures which take them long time to get treatment. As a result, other older people use traditional medicine as alternative to hospital care.

4.6: Challenges Facing Older People to Access Free Health Care Services.

The study examined challenges facing older people in accessing free health care in public hospitals. Data was gathered from 80 respondents of which 60 were involved in questionnaire and 20 were involved in interviews. Further details of findings are presented as shown under Table 4.2

Table 4.2. Respondents Views on Challenges Facing Older People to Accessing Free Health Care Services (n=80)

Health Challenges	Respondents views on challenges facing older people in accessing free health care.	
	frequency	percentage
Shortage of essential medicine for older people	68	85
Long hours/queue waiting for treatment	57	71
Segregation by health practitioners	54	68
Unnecessary hospital charges	49	62
Insufficient number of medical personnel	46	56
Distance and transport costs	28	35

Source: Researcher (2013)

As indicated by the Table 4.2, the majority of respondents 68 (85%) indicate that shortage of essential medicine was one of the major challenges facing older people in accessing free health care in public hospitals. For the care older people, they argued that public hospitals do not have sufficient essential medicine for older people. They added that only cheap medicine such as panadol and injections are the ones provided to them. Other expensive medicines are not available hence; they had to buy in private shops. They insisted that sometimes they leave hospital without having proper treatment except doctor's consultation. On that one older man in Mwanamala hospitals explained that;

“In this hospital medicines is the big problem especial for us older people. We don't get the required medicines that doctors prescribe to us to us. And more often we are told to buy somewhere else.”

Another older woman from Mwananyamala added that;

“In this hospital we only come for doctors’ consolation but not for medicines because they are nowhere to be found, may be for those with money but not for older people like me. You will only be told go and buy medicine in other private shops and some of them are very expensive.”

This implies that public hospitals suffer acute shortage of medical supplies. Situation has further discouraged older people attend public hospitals and instead some of them remain home untreated or visit traditional healers for medication. In addition, medical officers also said that older people are frequently affected by different diseases such as arthritis, rheumatism, cataracts, strokes, hernias, dementia, which also require different medications for treatment. However, doctors insisted that hospitals were lacking medicine to treat such diseases. They insisted that they ordered enough medicines from medical store but they don’t get all needed medicine, hence hospitals fall in short of medicine more often. Findings from study also reveal that when essential drugs are not available in public hospitals, older people are not able to purchase these medicines which make treatment for older people impossible. Drugs are often found to be more affordable at government facilities but they run out of our store quickly. They are more available at private and mission facilities but older people generally cannot afford to buy them there.

The implication here is that in all the three public hospitals visited, there were inadequate medicines to cater for common diseases affecting older people. Hence, older people were forced to incur extra costs to buy them in private hospital. The finding

concur with those by Mubyazi (1998) which indicated that public hospitals suffer from inadequate supply of drugs to cater for older people's need.

Likewise, results of the study done by (Rutaiwa 1998) indicated that 70 percent of the older people responded that there have been no changes in the availability of essential drugs at the health facilities. Many older people continue to buy their own drugs from pharmacies and they said that, often they are not able to purchase the prescribed medication due to their meager income.

Moreover, the study revealed that nurses and doctors had negative attitude towards older people in all three sampled public hospitals. 54 (68%) of the respondents said that they are not respected as older people. Older people also complained about derogatory language used by nurses to them were not good. In explaining how older people are being segregated, one older man confessed that;

“Sometimes nurses skipped my name purposely and when I asked that, why my name is not mentioned, I was told that, here we don't have medicines to cure old age. Go home to rest.”

Therefore, the statement above is an example of discrimination done to older people by health workers in public hospitals. Other older people disclosed that nurses preferred to treat young ones rather than older people simply because they are productive to the nation. These findings are in line with those of Pastory, (2011) which revealed that discrimination among the older people in health sector is so rampant in Tanzania compared to other age groups.

Furthermore, findings revealed that most of the older people were segregated by nurses and doctors simply because they cannot afford to pay for medical charges. Most of the

medical officers perceived older people as a burden to their hospitals. Interviews with hospital social workers in Mwanayamala on the matter, it was found that some of the nurses and doctors despised older people due to their inability to cover medical charges. Since the access to medical service is viewed to be strongly dependent on “connections” and on ability to pay. This study found that discrimination and lack of respect by health workers towards the very poor older people denied them access to health care services. The findings are in line with the study by (Robinson, 2007). Which revealed that medical staff was rude to the poor older people and dismissive.

In relation to that, one older woman from Temeke street was distraught when recalling the death of her seventy years old husband after failing to go to hospital due to lack money had this to say;

“My grandson, the way you see me I have been left alone after my partner died of malaria last year. When he went to hospital he was neglected by doctors because we had no money for buy medicine and laboratory test.”

The statement above gives an implication of how older people get neglected in accessing free and quality health care and treatment from public hospitals. As a result, older people are deprived of their right to access quality health care and treatment. This problem emanates from perceptions and apparently negative attitude from the medical personnel have great impact on the survival of older people.

The study revealed that, long waiting hours or long queue is another challenge. Majority of respondents 51 (71%) indicate that long waiting hours or long queue was one of the major challenges in accessing free health care in public hospitals. They further revealed that older people spend an average of 4 to 6 hours in hospital to

accomplish all medical procedures. However it was noted that older people spend long waiting hours on doctors' consultation and access to pharmacy services. One of the older women in Magomeni hospital responding to the questionnaire on how long does she spend in hospital she said

“In this hospital even we older people we are required to follow normal routine. No one cares for us. We have to stand in long queue to get the service including seeing doctors or getting medical test. This is discouraging because we don't have capacity to stand for long time.”

Also interviews with medical officers showed that, although they provided free medical service to all older people but they don't treat them as special, hence the first patients are the first served and not otherwise. This implies that older people have to wait and use other patients queue to receive the medical service. Moreover the study found that, despite efforts undertaken by the government to improve health care for older people, long queue and long hours waiting for medical service was still a challenge and obstacle hindering provision of quality health care to older people. This had in turn, increasingly hindered health care service delivery to older people.

Moreover, interviews with 14 nurses also revealed that long hours and queue was one of the challenges facing older people in receiving free medical treatment. Study findings further indicate that nurses and doctors did not give priority to older people when they need medical care in their respective hospital units. The researcher also observed a good number of older people sited and some in a long queues waiting for their turn. This study finding concurs with the study done by (Mubyazi, 1998) in Kondo district which also indicated that older people were discouraged by long hours

they used to get medical service in public hospitals and long queues they used to go through. Hence, some opted to stay at home and use local herbs. However, the situation was a bit improved in Mwananyamala hospital where the management set a special room for older people to see doctors, though they had other complaints like laboratory test and room for getting medicine where they had to queue like other patients.

Another challenge limiting older people in access of medical care is insufficient number of medical personnel to deal with older people health problems. Findings from the study revealed 46 (56%) had the views that, insufficient number of medical personnel is among the major challenges. Also the study revealed that it was only Mwananyamala hospital that had a doctor for older people whereas Magomeni and Temeke hospitals had specialist doctor for older people. Due to that problem older people were attended by normal doctors. Consequently, some of the older people failed to get appropriate medical attention. The study finding concurs with those of (Ministry of Healthy, 2008) report that, human resource in public hospitals is in the state of crisis. Also findings from (Agyemang-Gyau & Mori, 1999) revealed that, public health facilities particular those located in the remote rural areas face an acute shortage of skilled providers. It is also evident that hospitals located in urban areas still lack specialist doctors for most of the special groups including older people.

Moreover, study findings are further supported by Pastory, (2011) report which also indicated that shortage of health service providers was another problem affecting the entire population of older people and consequently, this had sharp impact on their survival because of older age illnesses complications.

Another challenge is distance from health centers for older people who visited hospitals. 28 (35%) of the respondents complained that distance and transport cost affected older

people in accessing health care service in public hospitals. The study revealed that some of the older people reside out of the city center hence had to travel more than 10km to reach the hospital. Others complained on the transport cost that they had to incur to reach hospital. It was found that the lowest fare that an older age person could use to reach hospital was 800Tsh per day whereas others incurred more than that. To describe this one elderly woman (70) who had attended Temeke hospital had the following to say;

Walking is the major problems to me nowadays. As you can see, all my legs are swollen and I have used almost three hours from Kongowe to reach here.”

This statement shows that majority of the older people fail to attend public because long distance from their home lack mobility. Also it was observed that older people have no ability to walk long distance due to their declining energy, as a result they remain home whenever they become sick.

Interviews with social worker revealed that distance and transport cost are two major limiting factors for the older people exploit fully free medical services provided to them by the government. They disclosed that some of the older people failed to come back to check their health progress or take medicines due to distance and lack of bus fare. Moreover this study is in line with R&AWG (2010) which reports that, long distance is one of the problems facing older people to access health care in public hospitals in urban and rural areas.

4.7: Respondents' Views on Whether Hospital Management has the Ability to Address Challenges Facing Older People.

The study wanted to know respondent's views if hospital management has the ability to address challenges facing older people in accessing free health care in public hospitals. In responding to this question, respondents had different views as summarized by Figure 4.4 below (n=80)

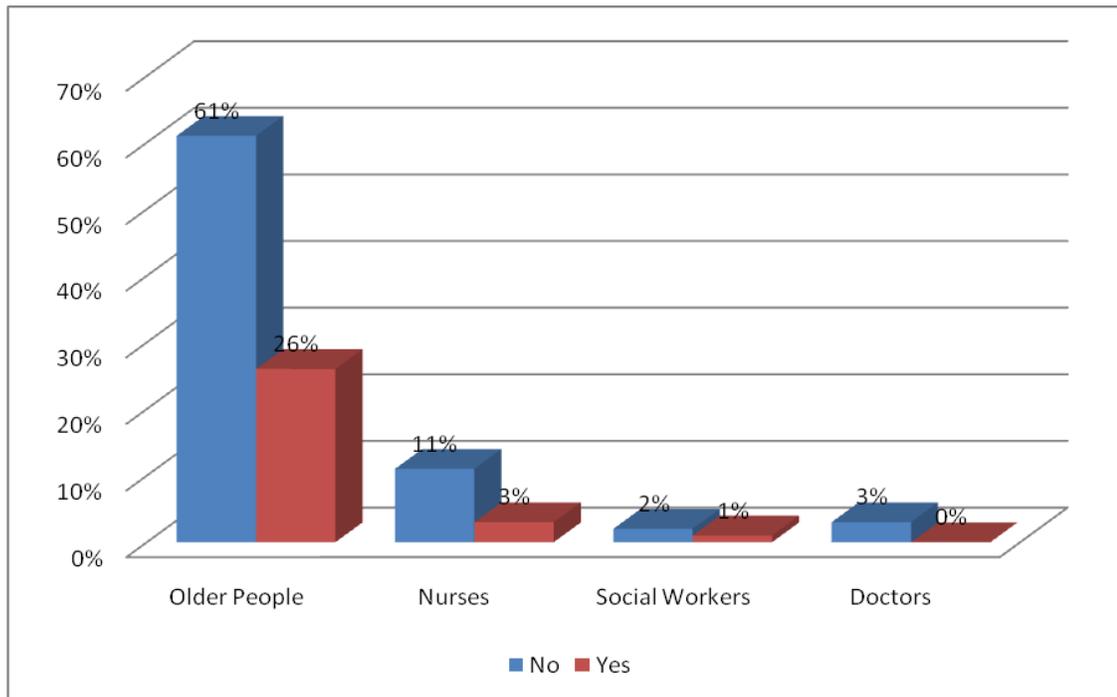


Figure 4.4 Respondents Views on the Ability of Hospital Management to Address Older Peoples Challenges

Source: Researcher (2013)

As Figure 4.4 indicates above, study revealed that hospital management has no ability to address challenges facing older people in accessing free health care in public hospitals. Responding to the question, majority of older people 49 (61%) said that hospital management is not capable to solve their problems. On the other hand, 21 (26%) of older people said that hospital management has the ability to address those

challenges. Moreover, older people added that, the government has not given special attention to older people and there is no political will in implementing older age policy which directs them to get free health care in public hospitals.

Additionally, the same question was asked to nurses, social workers and doctors. However, all had almost similar responses. For the case of nurses, the majority 11 (14%) also said that hospital management has no ability to address their problems while 3 (4%) agreed that hospital management has ability to address those challenges facing older people in accessing public hospitals. Moreover, 2% of social workers and 3% of doctors also commented that at the level of hospital, it is difficult to address older people's problems since others need political commitments and have budget implications.

4.8: Older People's Attitude on Health Care Services Provided in Public Hospitals

The researcher wanted also to assess whether older people are satisfied with health services provided by public hospitals. In collecting their views, older people were asked to rate if health services provided to them are good or poor. Figure 4.5 summarizes the findings (n=60)

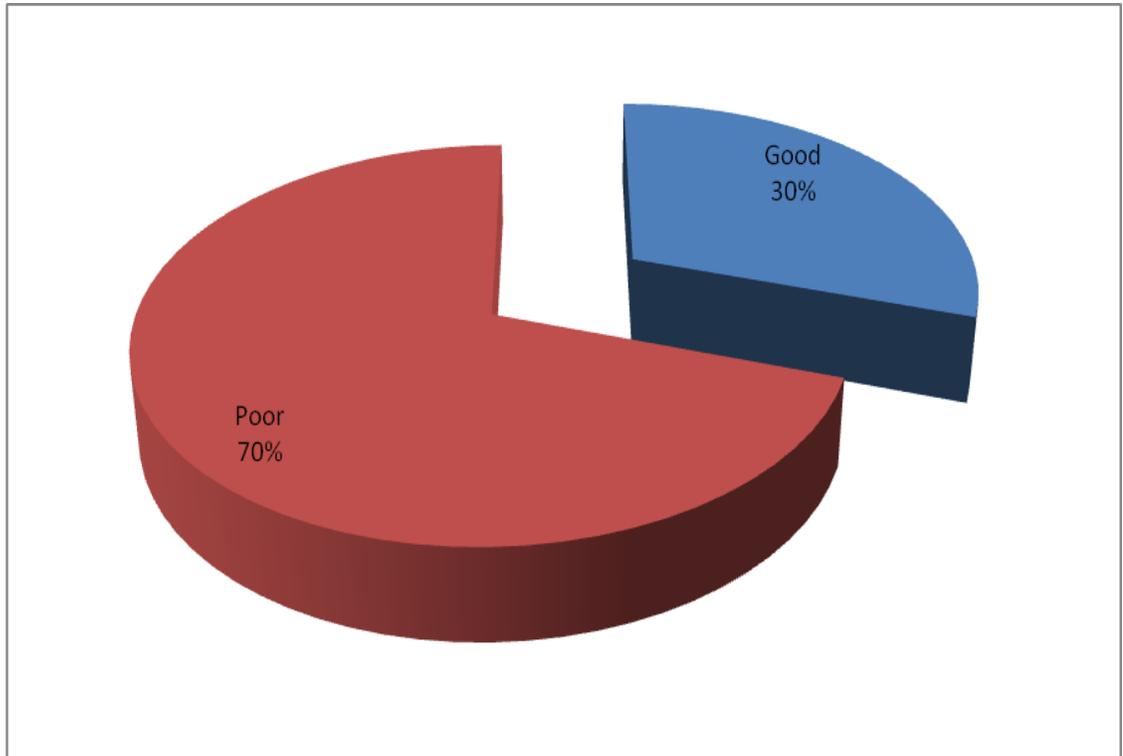


Figure 4.5 Older People's Views on Health Care Services Provided in Public Hospitals

Source: Researcher (2013)

Study findings indicate that, majority of the older people 42 (70%) had the views that health services provided to them are poor while, 28 (30%) had the views that, health services in public hospitals are good. The study revealed that, those who complained that health services are poor had an experience of missing to health services after failing to pay for health care charges in public hospitals. Moreover, older people reported that they are also being segregated by health workers, a situation which makes them to lose hope of being treated. On top of that, it was noted that those who said that health services provided to them is good are those who had the ability to pay even if they missed medicine from the public hospitals. This is supported by one older man (68) from Magomeni who said that;

Good health services for older people in public hospitals are for those who have money. If you poor, doctors by-pass to you as if they don't see you.

The statement above implies that, older people are not satisfied with health services they get in public hospitals except for those who have money.

4.9: Measures Employed by Public Hospitals Management for Easing Free Health Care Services to Older People

The researcher wanted to assess measures employed by public hospital management in order to help older people to access free health care services in public hospitals. The study revealed that, various efforts has been employed by hospital managements in order to help older people. Based on interviews, public hospital management has taken several measures to improve health care access to older people in Dar es Salaam region. For example interviews with doctors and nurses from Temeke had views that hospital management has increased number of health facilities such as medicines, x-ray facilities and laboratory equipment. He also said that, they have managed give special priority to older people in all hospital units. Hence, older people were no longer forced to queue in order to get medical services. On the other side, in Mwananyamala hospital doctors and nurses responded that management has improved accessibility of health care services to older people by introducing special window and doctor for older people.

Moreover, in Magomeni hospital medical officers revealed that, they have improved services to older people by setting special priority older people. Additionally, one doctor said that, older people do not stay in queue like other patients. He also said that, hospital management is working hard to educate enough specialists who could handle older people's health problems. Though there are efforts done in these hospitals, researcher observed that, the situation has not improved to ensure that older people

enjoy access to free health care. Strong measures need to be taken by these hospitals management so as to address these challenges which hinder older people to access health care in public hospitals.

4.10: Respondents' Recommendations to the Government in Order to Improve Free Health Care Services for Older People

Respondents were asked to give their views on what should be done by the government to improve free access to health care services for older people. In collecting their opinions, 80 respondents responded on the same question had different recommendations regarding the matter. Responses came from 60 older people, 14 nurses, 3 social workers and 3 medical doctors from the three hospitals of Mwananyamala, Temeke and Mgomeni. However, study findings are summarized below by Table 4.3 (n=80)

Table 4.3 Respondents Views on What Should be Done by the Government to Improve the Situation

Responses	Older People		Nurses		S.Workers		Doctors		Total %
	F	%	F	%	F	%	F	%	
Universal health insurance for older people	41	51	12	15	2	3	1	1	70
Government should introduce special window for older people in all hospitals	23	29	4	5	2	3	1	1	38
Government should increase budget for health sector	38	48	9	11	1	1	2	3	63
Government should increase number of health	11	13	3	4	1	1	0	0	18

workers									
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Key:

F= Frequency

Source: Researcher (2013)

As shown by Table 4.3, majority of older people 41 (51%) recommended that, the government should introduce health insurance scheme for older people. Older people suggested that, health insurance will reduce the stigma to them that they are being treated free. Adding on this, one older man from Temeke hospital had this to say:

“Exemptions make us to be seen as if we don’t contribute anything to the government and that’s why we are segregated.”

They further argued that, health insurance card will give them freedom to access health care even in private hospitals which are said to have better health care services than public hospitals. Also one social worker from Mwananyamala revealed that government should give older people health insurance card instead of exemptions provided by local government. Similar responses were also obtained from nurses 12(15%) who recommended that to a larger extent, challenges facing older people in accessing free health care in public hospitals will be minimized if the government commits itself to introduce health insurance scheme to all older people who has reached the age of 60 years and above.

Another recommendation suggested by older people 23 (29%) was that, the government should introduce special window for older people in all hospitals. Older people recommended that if all hospitals had special window for them, it will reduce long hours they spend on line waiting for treatment. The same recommendation was given by nurses 4 (5%), 2 (3%) social workers, and 1 doctor who also suggested that older

people are supposed to be given special care including areas for sitting or resting and their own window for medical consultation.

Additionally, respondents recommended also that the government should increase budget for health sector. Majority of the older people 38 (48%) said that health sector is under funded and that's why there is shortage of medical supplies in many public hospitals and dispensaries.

Moreover, nurses 3 (4%) 2 (3%) and doctors had similar recommendations, that government should increase the budget. However they added that, the system of providing medical fund direct from central government to medical store department need to be reviewed because sometimes the medical store department fails to supply needed medicines on time.

Respondents further recommended that, government should increase number of health workers in all hospitals and health centers so as to reduce long queue for older people seeking medical consultations. Among the respondents who gave similar views on this were older people 11 (13%) nurses 3 (4%) and one social worker. All in all, it was observed that, number of health workers in public hospitals is minimal and therefore there is a need for the government to increase health workers in all public hospitals.

Despite of the existence of older people's policy which directs that, older people are entitled to free health care in all public hospitals, this study has revealed that, it has not been implemented fully. Therefore there is a need for the government to introduce sound measures that can help to address these barriers affecting older people from accessing free health care in public hospitals.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSION AND RECOMENDATIONS

5.1: Introduction

This chapter presents a summary and recommendations of the study. The study intended to investigate challenges facing older people in accessing free health care services in the mentioned public hospitals. The researcher believes that recommendations put across will be potential and applicable by different stakeholders of health sectors for the aim of improving the delivery of free health care to older people in public hospitals.

5.2: Summary

This study aimed at investigating challenges facing older people in accessing free health care services in public hospitals from the three sampled hospitals of Mwananyamala, Magomeni and Temeke. Findings from the study indicated that older people still pay for health services in the public hospitals despite of government directives that older people should access health care services free.

Study findings were based on three objectives namely; i) To examine the ability of older people living in Dar es salaam in accessing health care services in public hospitals, ii) To find out challenges and constraints limiting older people from accessing free health care services iii) To assess measures employed by public hospital management for easing health services to older people and propose the way forward.

Moreover, the study employed a case study design and a sample of 80 respondents involving older people, social workers, doctors and nurses. Also purposive and snowball

were used as sampling procedures. Data collected through documentary review, interviews, observation and guided questionnaires was analyzed both qualitatively and quantitatively. Qualitative data was subjected to content analysis, while quantitative data was extracted, classified and computed using SPSS into frequencies and percentages, and later presented in tables and figures.

Study findings reveal that, 58% of older people do not have ability to access free health care in public hospitals. However, study findings further revealed that, 57% of older people do not use public hospitals. All in all, findings indicate lack of essential medicine in public hospitals (85%) was one of the major challenges facing older people from accessing free health care. Moreover, (70%) of the respondents suggested that the government should introduce health insurance scheme for older people.

5.3: Conclusions

This study has revealed that efforts to improve access to health care service for older people have not been fully implemented. Many older people still do not access free medical service due to several obstacles. Though policy for older people clearly stipulated that, they are exempted from cost sharing in health care, there is a need to review the policy. As the study findings reveals, the government should revise new mechanisms on improving health care for older people including introducing health insurance scheme for older people since it provides more coverage even in private hospitals.

5.4: Recommendations

Study reveals that,(58%) of older people are no able to access free healthcare services in public hospitals. This is a large number and therefore strong measure need to be taken so as to ensure that older people access health services like other groups of the population. Basing on views from respondents, the researcher recommends the following measures.

- *To the Government*

The government should introduce health insurance to all older people so as to ensure affordability and accessibility to all older people who has attained the age of 60 years of age and above. It has been noted that, older people who are covered by insurance scheme has easy access to health care than those who depend on exemptions given by the local government leaders.

Also the government should increase budget to the ministry of health since it is not always enough to buy all the medicine and other hospital apparatus like x-rays, and CT-scan. This will help to increase availability and accessibility of health services to older people.

Government should employ more health workers including health social workers in every hospital since they play a big role in identifying older people's social and health needs.

- *To Health Workers*

Health workers such as doctors and nurses should work in ethical manner and by abiding to their professional ethics. They should also value dignity and worth of older people that they deserves equal treatment like other people and not segregating them basing on their age (ageism).

- Also the hospital management should create special window where older people can get their health care without queuing for a long time. This will facilitate the ease accessibility of health care to older people since they lack capacity to wait for a long time.

- *To the Community*

The community also should have the dual responsibility in caring for older people by ensuring that, they are provided with shelter, food, and health care.

The community should strengthen the family institution so that older people should be cared by the family members. Moreover, older people should be empowered by the community as to engage in income generating activities. This will help to increases their income and when they become sick, they will be able to afford self-treatment.

5.5: Recommendations for Further Study

Since this study was conducted on small area, there is a need for another study to cover large area for comparative purposes.

REFERENCES

- African Union and Help Age International (AU/HAI), (2003). The African Policy Framework and Plan of Action on Ageing. Help Age International and Africa Regional Development Centre, Nairobi
- Aboderin, I and Ferreira M, (2008) Linking Ageing to Development Agendas in sub-Saharan Africa: Challenges and Approaches. WDA-HSG Discussion Paper Series. No 2008/1, World Demographic Association, Switzerland
- Agyemang-Gyau, P and Mori A, (1999). Ability and Willingness of People to Pay for their Health Care, the Case of Bumbuli area in Lushoto District. Proceedings of the Seventeenth Annual Scientific Conference of the Tanzania Public Health Association (TPHA), November 23-26, 1998, Mkonge Hotel, Tanga
- Brinkerhoff D, (2003). Accountability and Health Systems: Overview, Framework, and Strategies. Bethesda Maryland: Partnerships for Health Reform Plus (PHR plus), Abt Associates Inc.
- Bitran R, and Giedion U, (2003). Waivers and Exemptions for Health Services in Developing Countries. Social Protection Discussion Paper Series, No. 0308. Washington, D.C. : The World Bank.
- Davis J, (1994). Older Australian. A positive view of ageing. Sydney: W.B. Saunders: Bailliere Tindall.
- De Flumeri J, (1999). International Year of Older People and the Ethnic Community. Multicultural Monitor, 30, May 1999, 1-2.
- Dozoi E, (2006). Ageism: A Review of the Literature. Calgary: Word on the Street Consulting LTD.
- Dolk T, (1985). The Ethnically Elderly: Communication, Language and Understanding. Australian Journal on Ageing, 4, 15-18.

- Engedal K, (1996). Mortality in the Elderly - A 3-year Follow up of an Elderly Community Sample. *International Journal of Geriatric Psychiatry*, 11, 467-471.
- Ferreira M, (2004). Older Caregivers in African Households Affected by HIV/AIDS: Supporting the Caregivers and Promoting Family well-being. *Rapid Ageing and the Changing Roles of Older People in African Households. African Conference on Ageing, 18-20 August 2004, Johannesburg, South Africa: 66-79.*
- Judy I, Krysik I, Jerry F, (2007) *Research for Effective Social Work Practice*, McGraw Hill, New York
- Gwatkin D, (2010). *Free Government Health Services: Are they the Bestway to Reach the Poor*. Redwood City, California: Addison-Wesley.
- Help Age International, (2003). *AU Policy Framework and Plan of Action on Ageing*. \ Africa Regional Development Centre, Nairobi
- Help Age International (2009). *Sauti ya wazee. Dares Salaam*
- Kawa I, (2003). *An Assessment of Prospects of Social Service Delivery in Sub-district Level within the Framework of the Local Government Reform Programme: A Study of Kondoa District Council*. Paper presented at the 8th REPOA Research Workshop, held at the White Sands Hotel, Dar es Salaam, Tanzania; March 27-28, 2003.
- Kivela S, (1992). Abuse in Older Age: Epidemiological Data from Finland. *Journal of Elder Abuse*, 4, 1-18.
- Kozier B, Erb G, and Blais K, (1992). *Concepts and Issues in Nursing Practice (2nd ed.)* Redwood City, California: Addison-Wesley.
- Masunzu S, (2007). *Old Age Social Security in Tanzania: A Case Study of Kibaha Rural District in Coast region*. Unpublished M.A (DS) Dissertation. Dar es Salaam: University of Dar es Salaam.

- Mmbuji L, Ilomo P, and Nswilla A, (1996). Implementation of Health Services User Fees in Tanzania: An Evaluation of Progress and Potential Impact. Paper Prepared for Cost Sharing Implementation Team, Ministry of Health.
- Miller A, (1999). Nursing Care of Older Adults: Theory & Practice (3rd), Philadelphia: Lippincott
- McCallum J, and Geisehart K, (1996).Australia's New Aged. Issues for Young and Old. Sydney: Allen and Unwin.
- McIntyre D, (2004). "Health Policy and Older People in Africa" in P. Lloyd-Sherlock (ed) Living Longer. Ageing, Development and Social Protection. London and New York
- Ministry of Labor, Employment and Youth Development, Government of the United Republic of Tanzania, (2003).National Ageing Policy, Dar es Salaam
- Ministry of Health, (2009). Human resources for Health Sector in Tanzania, a Five Year Plan, Dar es salaam
- Munga M, (2003). The Impact of Costs and Perceived Quality on Utilization of Primary Health Care Services in Tanzania: Rural-Urban Comparison. A paper Presented at Kagera Health Sector Reform Laboratory, 3rd Annual Conference Held in Bukoba, 21st-23rd August 2003.
- Minichiello J, Browne, and Kendig, (2000). "Perceptions and Consequences of Ageism: views of Older People," Ageing and Society, vol. 20, no. 3, pp. 253–278
- Mujahid G, (2006). Population Ageing in East and South-East Asia, 1950-2050: Implications for Elderly Care. Asia-Pacific Population Journal, 21(2): 25-44.
- National Council on Ageing and Older People, (2005).Perception of Ageism in Health and Social Services to Elderly People in Ireland. Dublin: Grand Canal Quay.

- Ntusi, N and Ferreira, M (2004).South African Doctors and Elderly Patients. South Africa: NEW BOLD.
- Pastory W, (2011). The Effects of Ageism on Provision of Health Services to Elderly People in Tanzania Public Hospitals: The Case of Mwananyamala Hospital in Dar es Salaam region. Unpublished M.A (ASP) Dissertation. Dares Salaam. University of Dar es Salaam.
- Pinquart, M (2001). Correlates of subjective health in older adults: A meta-analysis. *Psychology and Ageing* 16(3), 414-426.
- Roth, M. (1955).The Natural history of Mental Disorder in Old Age.*Journal of Mental Science*, 101, 281-301.
- Rwegoshora H, (2006). A Guide to Social Science Research, Mkuki na Nyota Publishers Limited, Dar es Salaam
- Saltiel, K andTissafi, (2002). Community Based Health Care. Kilombero Experience July 1996-December 2001.
- Sanders D, Todd C, and Chopra M, (2005) “Confronting Africa’s Health Crisis: More of the Same Will Not be enough” *BMJ* 331: 755-758
- SDC, (2003).Views of the Poor. The Perspectives of Rural and Urban Poor in Tanzania as Recounted Through their Stories and Pictures. Dar es Salaam: SDC.
- Sembajwe, Israel and Benoit K (1999).Ageing in Africa: The Foreseen Situation and its Security, Health, Social and Economic Implications. The Third General Assembly of the African Population Commission, 10-14 May, 1999. Abuja, Nigeria.
- Spitzer H, Rwegoshora and Zena M, (2009).The (Missing) Social Protection for Older People in Tanzania. A Comparative Study in Rural and Urban Areas, Austria

Thomas T, (1999). Stress, Coping, and the Mental Health of Older Vietnamese.

Australian Psychologist 34, 2, 82-86.

UAPS, (2004). UAPS At the Africa Conference on Ageing, Johannesburg, 18-20

August 2004. Newsletter No. 45 & 46: 6-7.

United Nations, Economic and Social Council, (2007). Regional Implementation of the

Madrid International Plan of Action on Ageing, United Nations, New York

United Nations, (2002). Report of the Second World Assembly on Ageing. UN, New

York

UNFPA, (2002). Population Ageing and Development: Social Health and Gender

Issues. Population and Development Strategies, November 3.

Warner, J.P (1996). The Older Driver and Mental Illness. *International Journal of*

Geriatric Psychiatry, 11, 859-62.

World Bank (2003) "A Country Status Report on Health and Poverty" *The World Bank,*

African Regional Human Development & Ministry of Health-Tanzania.

World Health Organization.(2002). Country Health Profile.

World Health Organization (WHO, 2006).The Health of the People. The African

Regional Health Report. WHO Regional Office for Africa, Brazzaville

APPENDICES

Appendix I

INTERVIEW GUIDE FOR MEDICAL OFFICIALS

Dear respondent,

I am Minani Ntahosanzwe, student at the Open University of Tanzania. I am conducting research on *Challenges Facing Older People in Accessing Free Health Care in public hospitals*. This study is conducted as a part of partial fulfilment for the award of Master Degree in Social Work.

Therefore, I request for your cooperation in answering questions contained in this questionnaire. This work is for academic purposes and the information provided will be treated confidentially.

I thank you for agreeing to take part in this study

Section 1: Personal Particulars

Name.....

Age.....

Sex.....

Education level.....

Designation.....

Hospital/health center

2. For how long have you been working in this hospital/health center?

a) 1-5 years []

b) 5-10 years []

c) 11 years and above []

3. Does this hospital receive older people who seek health care?

a) Yes []

b) No []

4. If the answer in question 3 is yes, how many older people visit this hospital annually?

a) 0-50 []

b) 51-100 []

c) 101-150 []

d) 151 and above []

5. Do you know that older people have a right to access free health care in public hospitals?

a) Yes []

b) No []

6. If the answer in question 5 is yes, do they get free health care?

a) Yes []

b) No []

7. If the answer in question 6 is yes, which category of medical services are older people entitled to access free in this hospital?

.....
.....

8. In case older people are required to pay for health services, do you think that they have ability to pay?

a) Yes []

b) No []

9. If the answer to question 8 is no, what do you do to help older people to access free health care?

.....
.....

10. Does the government subsidize older people's medical service?

a) Yes []

b) No []

11. If the answer to question 10 is yes, do you receive enough funds annually for supporting older people's medical expenses? Explain

.....
.....

12. In your opinion, what do you think are the challenges facing older people when seeking health care in this hospital?

.....
.....

13. Do you think that hospital management has the ability to address these challenges?

.....

14. Which criteria do you use to identify an older person who deserves free health care?

.....

15. What type of diseases mostly affects older people who visit this hospital? Mentioned them in order.

.....
.....
.....

16. Is your hospital able to treat the mentioned problems in question 15?

a) Yes []

b) No []

17. If the answer to question 16 is No, where do you refer them?

.....

18. What measures should be taken by hospital management to improve free access to health care for older people?

.....

.....

19. In your opinion, what are your recommendations to the government in order to improve provision of free health care to older people?

.....

.....

.....

Thank you very much for taking the time answering this questionnaire.

Appendix III

INTERVIEW GUIDE FOR SOCIAL WORKERS

Dear respondent,

I am Minani Ntahosanzwe, student at the Open University of Tanzania. I am conducting research on *Challenges Facing Older People in Accessing Free Health Care in public hospitals*. This study is conducted as a part of partial fulfilment for the award of Master Degree in Social Work.

Therefore, I request for your cooperation in answering questions contained in this questionnaire. This work is for academic purposes and the information provided will be treated confidentially.

I thank you for agreeing to take part in this study.

Section 1: Personal Particulars

Name.....

Age.....

Sex.....

Education level.....

Designation.....

Hospital/health center

2. For how long have you been working in this hospital/health center?

a) 1-5 years []

b) 5-10 years []

c) 11 years and above []

3. Does this hospital receive older people who seek health care?

a) Yes []

b) No []

4. If the answer in question 3 is yes, how many older people visit this hospital annually?

a) 0-50 []

b) 51-100 []

c) 101-150 []

d) 151 and above []

5. Do you know that older people have a right to access free health care in public hospitals?

a) Yes []

b) No []

6. If the answer in question 5 is yes, do they get free health care?

a) Yes []

b) No []

7. If the answer in question 6 is yes, which category of medical services are older people entitled to access free in this hospital?

.....
.....

8. In case older people are required to pay for health services, do you think that they have ability to pay?

a) Yes []

b) No []

9. If the answer to question 8 is no, what do you do to help older people to access free health care?

.....
.....

10. Does the government subsidize older people's medical service?

a) Yes []

b) No []

11. If the answer to question 10 is yes, do you receive enough funds annually for supporting older people's medical expenses? Explain

.....
.....

12. In your opinion, what do you think are the challenges facing older people when seeking health care in this hospital?

.....
.....

13. Do you think that hospital management has the ability to address these challenges?

.....

14. Which criteria do you use to identify an older person who deserves free health care?

.....

15. What type of diseases mostly affects older people who visit this hospital?

Mentioned them in order

.....
.....
.....
.....

16. Is your hospital able to treat the mentioned problems in question 15?

a) Yes []

b) No []

17. If the answer to question 16 is No, where do you refer them?

.....

18. What measures should be taken by hospital management to improve free access to health care for older people?

.....

.....

19. In your opinion, what are your recommendations to the government in order to improve provision of free health care to older people?

.....

.....

.....

Thank you very much for taking the time answering this questionnaire

Appendix III:**GUIDED QUESTIONNAIRE FOR OLDER PEOPLE**

Dear respondent,

I am Minani Ntahosanzwe, student at the Open University of Tanzania. I am conducting research on *Challenges Facing Older People in Accessing Free Health Care in public hospitals*. This study is conducted as a part of partial fulfilment for the award of Master Degree in Social Work.

Therefore, I request for your cooperation in answering questions contained in this questionnaire. This work is for academic purposes and the information provided will be treated confidentially.

I thank you for agreeing to take part in this study.

Part 1: personal particulars

Name

Street Name.....

Your Age.....

Your Former Employment.....

Current Work.....

Income per Month.....

2. When did you become sick for the last time?

.....

3. If the answer to question 3 is yes, do you accessing free health care in public hospitals?

a) Yes []

b) No []

4. If the answer to question 4 is no, do you have the ability to pay for health care treatment?

a) Yes []

b) No []

5. In case you fail to pay for hospital charges, where do you go for treatment?

.....

6. What challenges do you face when seeking health care in public hospitals?

.....

7. Do you think that, the hospital management is able to address these challenges?

a) Yes []

b) No []

8. In your opinion, what measures do you think should be taken by hospital management to ensure older people have free access to health care?

.....

How do you rate health services provided to you in public hospitals

a) Very good []

b) Good []

c) Poor []

d) Very poor []

9. What are your recommendations to the government regarding provision of free health care to older people?

.....

Thank you very much for taking the time answering this questionnaire.

Appendix IV**CHECK LIST FOR OBSERVATION IN THE HOSPITAL**

THINGS TO OBSERVE	COMMENTS
1. The way older people are received by medical practitioners	
2. Amount of time older people spend in hospital	
3. Procedures used in treating older person	
4. Reactions older people show when required to pay for health care	

Appendix V:

PHOTOGRAPH SHOWING OLDER PEOPLE SEEKING HEALTH CARE SERVICES IN PUBLIC HOSPITAL

Matibabu bure kwa wazee ni kiini macho

UAMUZI wa serikali kwamba, wazee wanaovuka umri wa miaka 60 wapatiwe matibabu bure ni kama hasutelezezeki. Wazee wengi wanzaliamika kuwa hawabikishi bure licha ya kuwa na vitambulisho husika na kujikuta wakipuuza au kunyunyasa na haadhi ya watu wa afya. Magonjwa ya mara kwa mara na ya muda mrefu, ni hali ya kawaida kwa wazee wengi. Hali hii inaitaji uangalizi na matunzo maalum ya kitaalam. Sera ya Taifa ya Wazee kama ilivyo Sera ya Afya inaolezea kwamba wazee wenye umri wa kwanza, miaka 60 wapatiwe matibabu bure. Hata hivyo utaratibu huo utakolezaji wake unelikuwa na mzungufu mengi. Mzee Kahubi Mawusi (70), mkazi wa kijiji cha Kilimabayo, Nansogondo wilaya ya Ukerewe anasema. "Hospitalini hatupewi matibabu kikamilifu, wanatuambia eti tumamalizia dawa" za wagonjwa wengine kwani sisi tumzeoka hayo tuna muda mrefu tu wa kuishi duniani. Bora dawa hizo wapowe wagonjwa vijana". Kimsingi anasema maisha ya wazee yapo hatari kwa sababu mara nyingi wanapokwenda kutibiwa huonyinwa dawa kwa vile tu wao ni wazee na wanachukuliwa kama watu wazao na faida tena kwa taifa. Othman Muryoga (67), wa kijiji cha Kigara kata ya Muktuntu anasema, miaka mitatu iliyopita aliugua mwili mzima akaenda kutibiwa hospitali ya wilaya akiwa na barasa ya utambulisho kutoka kwa Mtendaji wa kijiji.



Wazee hawa wilayani Ukerewe mkoani Mwanza ni miongoni mwa wanaoafamikia upatikanaji wa huduma bure ya matibabu isiyotabirika kwa wazee.

Jumbe Matumbi (61) pia wa kijiji cha Mureti anabainisha kwamba, kimsingi agizo la serikali la kutaka wazee wapatiwe matibabu bila malipo limebiki kwenye makaratasi tu, katika hali halisi wamekuwa wakiamhalia matuli za lugha za kejeli kutoka kwa wabudumu wa afya.

hospitalini ikiwa pamoja na kutakiwa kutoa fedha ili watibiwe, hivyo ni jukumu la viongozi wa serikali kufuatilia kum kama wanalokoo yao na sera ya taifa vinatekelezwa kikamilifu. Annaastasia Magambo (66) wa kitovu cha Miti Mrefu, kata ya

kwamba wanapofika hospitali hatakiwa kutoa kwanza fedha ndipo wapatiwe matibabu anasema. Othman Mtendaji wa kijiji cha Maris Charles Mashoko, anasema kabla ya kubamishiwa kijiji hicho alikuwa mtendaji katika Eiji cha Bugala

inavyostahili. Mkurugenzi Mtendaji wa Halmashauri ya wilaya ya Ukerewe Dr. Leonard Masale anasema kwamba, zipo jitihada zinazofanywa na serikali wilayani humo kuhakikisha wazee wanapata huduma ya matibabu bila unambufu wowote. Mganga Mkuu wa wilaya ya Ukerewe, Dr. Hassan Mattaka anasema kwamba, wataalam wa afya wanapitabidi kutoa huduma ya matibabu kwa wazee kama ilivyoliamishwa kwenye Sera ya Taifa ya Wazee. Hata hivyo anakiri kwamba zipo changamoto zinazochangia wakati fulani wazee kukosa matibabu wanayostahili. Basahi ya changamoto hizo anazitaja kuwa ni upungufu wa watufishi wa afya, ukosefu wa madaktari maalum kwa ajili ya kuhudugua wazee, uhaba wa dawa, kutokuwepo mifumo maalum wa kuwatambua wazee na suala la matibabu kwa wazee kutokutengwa bajeti maalum kama ilivyo kwa ugonjwa wa Ukimwi. Hata hivyo anasema kwamba, ipo mikakati inayoshughulikiwa na ngazi ya mkoa kupitia Mfuko wa Afya ya Jamii (CHF) ambayo kama itafanikiwa itapunguza kwa kiini kikubwa gatiizo la matibabu kwa wazee. Ili kukabiliana na changamoto katika mpango mrimu wa matibabu ya bure kwa wazee, anashauri kwamba, Wizara ya Afya ihakikishe vyo vya afya vinatolea elimu maalum ili kupata madaktari na wauzuzi