THE EFFECTS OF CHARITABLE AID ON THE QUALITY OF COMMUNITY HEALTH SERVICES: A CASE OF MWANZANGE AND MSUFINI ELDERS'CAMP IN TANGA, TANZANIA

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A DISSERTATION SUBMITTED AS PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF HUMANITARIAN ACTION COOPERATION AND DEVELOPMENT (MHACD)

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by The Open University of Tanzania a dissertation entitled, **"The Effect of Charitable Aid on Quality of Community Health Services: A Case of Mwanzange and Msufini Elders' camp in Tanga, Tanzania"** in partial fulfilment of the requirements for the award of Degree of Masters of Humanitarian Action, Cooperation and Development (MHACD).

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Dr. Johnas A. Buhori

(Supervisor)

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Date

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DECLARATION

I, **Rehema Kijonjo**, hereby declare that the work presented in this dissertation is my own original work and has not been previously submitted to any other university or institution. I have made every effort to properly acknowledge the use of other people's work, and I have provided appropriate references where necessary. I am proud to present this work as my own and certify that it meets the requirements for the degree of Master of Humanitarian Action, Cooperation and Development (MHACD).

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Signature

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Date

DEDICATION

This dissertation is wholeheartedly dedicated to God, the most Merciful and Wise as an expression of gratitude for His guidance, wisdom and boundless blessings throughout my academic journey. It is also dedicated to my family, who provided unwavering encouragement.

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ABSTRACT

This study aimed to assess the effect of charitable aid on the quality of community healthcare services, focusing on elder individuals (aged 60 and above) in Tanga Region, Tanzania. The primary objective was to evaluate the extent to which elder individuals are involved in decision-making regarding healthcare services offered by charitable institutions, to examine the adequacy of healthcare provided through charitable aid, and to investigate the influence of cultural beliefs and practices on elderly people's access to healthcare services. The study adopted a quantitative research approach, utilizing structured questionnaires for data collection. A sample size of 124 research subjects were randomly selected from two elders' camps, Mwanzange and Msufini, participated in the study. The study guided by Social Determinants of Health (SDH) Theory. Data were analyzed using the Statistical Package for Social Sciences (SPSS), employing descriptive statistics and inferential analysis. The study found that the involvement of elder individuals in decision-making processes was significantly related to their satisfaction with healthcare services provided by charitable institutions. It also showed that charitable aid was meeting the healthcare needs of the elders to a reasonable extent, though gaps in service provision were identified. Additionally, the study revealed that cultural beliefs and practices posed challenges in accessing healthcare services. The study concludes that more inclusive and culturally sensitive interventions are needed and recommends that policymakers, healthcare providers, and aid organizations strengthen healthcare support for the elderly population.

Keywords: *Charitable Aid, Community Health Services, Quality, Healthcare.*

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURE

LIST OF ABBREVIATION

FAO	Food and Agriculture Organization
NGO	Non-Governmental Organization
NPO	Non-Profit Organization
SDH	Social Determinants of Health
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Chapter Overview

Charitable aid has increasingly been recognized as a key mechanism to supplement public health services, particularly in underserved communities. In the context of community health, charitable organizations often provide resources, medical services, and support programs aimed at improving healthcare delivery and accessibility for vulnerable populations, such as older adults. However, challenges remain in ensuring the quality of community healthcare services. The study therefore, investigates the effect of charitable aid on the quality of community healthcare services, using Mwanzange and Msufini elderly camps in Tanga as a case study. The chapter covers the study's background, problem statement, objectives, research questions, significance and scope, and organization.

1.2 Background of the Study

Charitable aid is vital for addressing societal issues, particularly for vulnerable populations such as the elders', whose health and well-being are often compromised. While various organizations and governments allocate significant resources to support elders' communities, there are concerns regarding the effectiveness and alignment of these efforts with the actual needs of the elders. Issues such as inadequate involvement of elderly individuals in planning, challenges in meeting basic needs due to mismatches between donated items and exact requirements, and the influence of donor recognition on aid initiatives are highlighted. By examining these factors, the study aims to provide insights into optimizing charitable aid

strategies better to serve the health needs of elderly populations and ensure their long-term well-being (Duncan, *et al.*, 2021).

Charitable aid is crucial for addressing global societal problems. These aids significantly influence communities by improving the welfare of vulnerable populations. The aids also contribute to the long-term economic development of the communities (Cassandra et al., 2022). The extant literature demonstrates that the lifeline of societies with special needs, such as children living in difficult situations, people who have faced disasters, and communities that seek refuge from war, can be intervened through charitable aid, which creates an equal society (Palmer et al., 2019). Thus, distributing charitable aid to different groups of people with special needs is crucial in addressing various societal needs and improving the well-being of individuals and communities worldwide.

Elders are among the communities that need exceptional support due to their weak ability to engage in economic production. Elders at 60 require exceptional health support since their body's immune system fails to fight against diseases (Caviolaet al, 2021). However, diseases are not the only factors that challenge older communities. Chen and Kim (2018) explained that when humans grow old, their living expenses tend to increase due to the need for exceptional healthcare and support. The body of research supports the assertion made by Johnson et al. (2019) that the demand for elders tends to vary from person to person and from location to location. There exist various needs elders' people require to support their overall welfare. Some of these needs elders' people encounter include healthcare support and social needs.

Various charitable organizations exist across the world. Some individuals and various government institutions, such as WHO, UNICEF, UNHCR, UNFPA, FAO, UN WOMEN, and non-governmental organizations, are involved in one way or another in supporting elder societies. These organizations and individuals direct more funds to help the vulnerable elders' community address the social and healthcare challenges. For example, in 2021, a substantial fraction of global contributors more than 31%provided financial support to international non-governmental organizations (NGOs), non-profit organizations (NPOs), and charitable organizations.

Furthermore, approximately 41 % of these donations were explicitly allocated to aid individuals impacted by natural disasters. A significant donation of $21.08 billion to charity organizations in 2022 demonstrated the corporate sector's outstanding dedication to philanthropic groups (NP, 2023). Nevertheless, donors' support rate for charitable communities tends to vary depending on their goals. Such a claim is consistent with the argument made by Khan et al. (2020), who stated that donors have been focusing on fixing societal concerns to direct their requirements to society.

In a similar vein, the development of enduring legacies, coordinated private sector philanthropy, reactions to natural disasters, and settlement of disputes and humanitarian crises. For example, the Netherlands stands out for having a large percentage of its population actively engaged in humanitarian donations, more than 80%. These contributions cover a range of programs designed to support vulnerable groups, including elderly community members, those living in poverty, and

youngsters living on the streets (Verma, 2016). In contrast, the percentage of people in Spain actively donating to charitable organizations is substantially lower now (European Commission, 2012).

In addition to the rates at which donations are dispersed among the various countries (such as those in North America, Europe, and Australia), have 21% budgets that are allocated for the fast activation of resources and emergency aid in case of emergencies or natural disasters (Tylor, 2021). These Western countries have put in place crucial assistance for senior citizens facing difficulties in their social and financial situations. They offer healthcare interventions, support systems, and health services customized to the age-specific needs of the older population because their primary goal is to guarantee that they receive the proper care and attention (Aman *et al*., 2021). Such practices ensure communities can rebuild and recover after the disaster, including funding for elder communities (Berman *et al*., 2018).

The African continent is included in supporting the elders' community. In actuality, the growth of non-governmental organizations to assist elder communities has alleviated the dire need for charitable support in those places. Johnson et al. (2019) argue that in African communities, charity aids are essential since they address a variety of socioeconomic issues and promote overall development. Providing these aids is crucial in improving the welfare of underprivileged communities, enabling them to access essential services, and promoting community resilience. Foundations such as the Doris Duke Charitable Foundation and initiatives like the KANU NWANKWO Heart Foundation have prioritized healthcare interventions for disadvantaged populations such as elders' communities living with health difficulties

in which about 1.8 billion are offered (Maggeet *al*, 2017).

In East Africa, philanthropic organizations and administration have supportive programs that facilitate improved accessibility to vital medical care. This particularly applies to marginalized communities residing in rural and underdeveloped areas. These aids enable vulnerable populations to access essential medical treatment (Amani *et al*., 2021). Moreover, Nguyen and Patel (2019) demonstrate that charitable assistance in East Africa often prioritizes initiatives that seek to enhance the well-being of elderly individuals, women, and children within communities. The objective of these initiatives is to disrupt the recurring pattern of poverty and enhance gender parity in communities by enhancing the provision of healthcare, education, and economic prospects to women and young girls.

Tanzania is a country within the East African community striving to implement initiatives that foster skill development and promote economic empowerment to the elders' community, women, and girls. For example, the philanthropic funding of educational initiatives has substantially influenced the Tanzanian community, especially in understanding the problematic situations that undermine the elders' community (Maggeet al, 2017). Tanzania's government has carried out numerous initiatives and interventions to improve the welfare of its people.

These initiatives include the implementation of legislation, healthcare initiatives, and the establishment of collaborations with diverse stakeholders to enhance the availability and standard of healthcare across different regions (Kim et al. (2019) The charity aid programs in Tanzania have a noteworthy impact on the accessibility

of healthcare services for the elders. Several studies on the impact of charitable aid have been conducted globally and, in most cases, in developed countries. These studies focused on charitable giving for HIV and AIDS (Mokomane, 2018), Biases in charitable giving to international humanitarian aid (Mitelman& Dow,2018), and encouraging consumer charitable behavior (Eastman & Eastman, 2018), to mention a few.

However, most of the previous studies conducted in Africa, particularly in Tanzania, focused on sociality and HIV in Tanzania (Marsland, 2018), funding for civil society responses to HIV/AIDS (Okpala (2021), and responses to the AIDS epidemic Chikulo (2020). There are limited studies that explored the impact of charitable aid in Tanzania. Such a gap calls for a dire need to conduct this research to demonstrate the impact of charitable aid on community health in Tanzania. During the Ujamaa era (1967–1985**),** Tanzania emphasized collective social welfare and community-based support, with the government playing a central role in providing healthcare services and mobilizing communal resources to ensure equitable access (Gottier, 2018) . Charitable and community aid was largely informal, embedded in local kinship and social networks, and served to supplement state services.

In contrast, the current neoliberal era has shifted toward privatization, reduced government spending on social services, and increased reliance on non-governmental organizations (NGOs) and charitable aid to fill gaps in healthcare provision (While et al, 2013). While this shift has expanded the role of charitable organizations, it has also introduced challenges related to sustainability, equity, and quality of services, particularly for vulnerable groups such as the elderly.

Communities have seen a variety of changes because of globalization. People are working and looking for better professions to adapt to the changing environment, which has led to discrimination against traditional elder care practices. Therefore, some families have found respite from plans like placing elders in camps to be cared for by professionals. According to Minja (2020), admissions of elders to senior camps vary depending on the backgrounds of the elders who are received in the respective camp.

In Tanzania, elders' centers have been established under different charitable institutions and governments. The government and donors significantly impact the community's elders' health. As such, the Tanzanian government has launched continuous initiatives, including seminar programs and media campaigns encouraging young people to act with love and respect for their elders' people (WHO, 2022). Furthermore, the government has designated October 1st as a national public awareness day about aging societies' potential problems (WHO, 2022). The objective of this initiative is to mitigate the disparity caused by insufficient resources in the provision of better health.

1.3 Statement of the Problem

Government funding and charitable donations are essential for giving the elders access to necessary medical care, support services, and medications (Malale, 2020). However, a more comprehensive analysis of the actual impact of these charitable efforts on the health outcomes of Tanzania's elderly population needs to be conducted. Existing literature raises concerns that some charitable organizations may need to fully deliver on their promises, often deviating from their original

commitments (Park, 2018). Furthermore, evidence suggests that elderly individuals are often excluded from critical decision-making processes, particularly in the planning and developing of healthcare policies and infrastructure that directly affect them (Nguyen & Patel, 2019). This exclusion contributes to the misalignment of aid programs at the expense of the elders.

Recent observations indicate that charitable initiatives sometimes focus more on gaining public recognition through social media and securing additional funds from donors rather than addressing the core needs of the elderly population (Patel, 2019). This approach has led to an alarming disconnect, with donations frequently consisting of items that need to be more relevant to the actual needs of elders' care camps. Wang and Khan (2018) further emphasize that the continued underrepresentation of the elders in program planning poses a significant threat to the effectiveness and sustainability of charitable healthcare initiatives. These issues may result in a growing mismatch between charitable aid and the healthcare needs of elders' communities, undermining the potential for meaningful health improvements. The failure to address these gaps could lead to the persistent neglect of this vulnerable group, exacerbating existing health disparities and straining already limited resources.

Therefore, this study examines the effect of charitable aid on elders' health outcomes, specifically focusing on the extent to which elders' people are actively involved in the planning and implementing aid initiatives. It also assesses the alignment of these initiatives with the identified healthcare needs of elderly populations and explores the challenges they face in accessing essential medical

services. This analysis would provide critical insights for enhancing the effectiveness and sustainability of charitable healthcare programs for the elders.

1.4 Objectives of the Study

1.4.1 Main Objective

To examine the effect of charitable aid on the quality of community healthcare services

1.4.2 Specific Objectives

The following specific objectives guide the study,

i. To assess the extent to which elderly individuals (aged 60 and above) are involved in making decisions regarding healthcare services offered by charitable institutions.
ii. To examine the extent to which charitable aid meet the healthcare needs of elders (aged 60 and above) people.
iii. To investigate on the cultural beliefs and practices facing the elders (aged 60 and above) when accessing healthcare services.

1.5 Study Hypothesis

The study used hypotheses to formally predict and test the relationship between independent variables. Hypotheses provided measurable and falsifiable statements that were tested with empirical data, enabling the researcher to draw scientifically valid conclusions. It also allowed the use of inferential statistics to determine whether the observed effects were statistically significant, thereby enhancing the reliability and generalizability of the findings. The following hypotheses were used:

i. There is a significant relationship between the involvement of elderly individuals in decision-making processes and the quality of healthcare services provided by charitable institutions.
ii. Charitable aid significantly meet the healthcare needs of elderly individuals (aged 60 and above).
iii. Cultural beliefs and practices significantly affect the ability of elderly individuals to access healthcare services.

1.6 Significance of the Study

The significance of this study lays in its contribution to various sectors, including academia, policymaking, government, and aid organizations. For scholars, the study provides a deeper understanding of the complexities and dynamics within elders' camps, offering diverse perspectives and enriching academic discourse. By investigating the impact of aid initiatives, the study helps scholars identify effective strategies, assess their limitations, and contribute to the advancement of theories in development studies, economics, sociology, and related fields.

The study provides evidence-based insights for policymakers to design more effective policies and programs to improve elders' healthcare and aid distribution. The findings guide resource allocation toward interventions that yield better outcomes, optimizing government spending. Understanding the strengths and weaknesses of aid initiatives will enable policymakers to implement reforms that address existing challenges, ensuring that aid efforts align with the country's long-term development goals.

Moreover, the study helps governments assess the effectiveness of their partnerships with NGOs, NPOs, and other organizations, ensuring that aid funds are used efficiently and ethically. By evaluating these partnerships, the study promotes better collaboration between governments and aid organizations, resulting in more strategic partnerships that effectively address specific community needs.

Lastly, this study provides valuable insights for institutions and aid organizations that can refine their strategies and interventions. It helps these organizations tailor their approaches based on evidence-backed findings, ensuring that resources are directed toward initiatives with tangible and sustainable results. The study also strengthens the capacity of these organizations in community engagement, needs assessments, and program evaluations, ultimately enhancing their ability to implement more impactful and community-centered interventions.

1.7 Limitations and Delimitations of the Study

The study was deliberately limited to two elderly camps in the Tanga Region to focus on a specific population, which inherently restricted the generalizability of the findings to other regions or groups. It also excluded factors such as government support, family involvement, and the role of private healthcare providers, as the study specifically aimed to examine the effect of charitable aid on healthcare quality.

Additionally, due to time and resource constraints, the study was confined to a sample of 124 participants and did not include a more extensive qualitative exploration of the issues. In an attempt to address financial constraints, the researcher sought support from relatives and processed a loan from a financial

institution to facilitate data collection. With such assistance, the study was successfully able to reach the targeted sample and complete the data collection process.

1.8 Scope of the Study

The study focused on examining the effect of charitable aid on the performance of community health, particularly on elderly individuals aged 60 and above. Specifically, the research aimed to assess the extent to which elders' people were involved in decision-making processes related to healthcare services, evaluate whether charitable aid adequately met their healthcare needs, and investigate the cultural beliefs and practices that affected their access to healthcare services. The study was conducted in the Tanga region, where the target population was elders residing in specific camps. Primary data were collected through structured questionnaires administered to a sample of elderly individuals to gather quantitative information. This approach provided valuable insights into the challenges faced by the elders when accessing healthcare services and the role of charitable aid in addressing their health-related needs.

1.9 Organization of Study

The present dissertation has five significant chapters, including an introduction, a literature review, a methodology and analysis, results and discussion, and a conclusion and recommendations. The introduction is developed in the first chapter, where the author describes the research subject and provides background information. The second chapter reviews the literature regarding the research topic of interest. The third chapter of the study outlines the research methodology used in

the study, the research design, data collection, and analysis techniques. The fourth chapter is devoted to discussing the study findings and their comparison with the findings of the literature review. The fifth chapter encompasses a conclusion of the study, conclusion making, and recommendations for another research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter defines critical terms, theoretical literature reviews, empirical literature reviews, research gaps, and a conceptual framework.

2.2 Definition of Key Terms

This part provides the definitions of keywords defined by different authors and the researcher's opinion based on the accepted definition that will be used in the study. The words most frequently used in the study are charitable aid and community health.

2.2.1 Charitable Aid

Davis (2017) defined charitable aid as the voluntary contributions, resources, or support given by individuals, organizations, or governments to address the social, economic, or health-related needs of underprivileged populations or communities. Williams' (2017) definition of charitable aid encompasses a range of generous actions such as monetary contributions, volunteer work, and the provision of goods or services. The study accepts Williams's definition since the definition has actions that are intended to promote social change, support humanitarian causes, and improve the lives of disadvantaged individuals such as the elders' communities.

2.2.2 Community Health Services

Smith (2018) defines community health as the well-being and health outcomes of a specific group or population in a particular geographic area. The definition

emphasizes preventative measures, health promotion, and addressing social factors influencing health to improve overall well-being. Brown (2017) defines community health as the complex interaction of physical, mental, social, and environmental aspects that impact the health and well-being of a specific community. The study accepts Brown's definition since it emphasizes achieving health equality, preventing diseases, and implementing interventions rooted within the community.

2.2.3 Effects of Quality of Community Health Service

The World Bank (2019) defines the effects of quality community health services as the measurable outcomes or impacts that the standard, accessibility, and effectiveness of healthcare delivery have on the health and well-being of community members. This includes improvements in health status, patient satisfaction, accessibility of services, and the ability of healthcare programs such as those supported by charitable aid to meet the specific needs of the population, particularly vulnerable groups like the elderly. The study accepts this definition as it highlights the measurable effect of healthcare service quality on community well-being, emphasizing both accessibility and effectiveness, and acknowledges the key role of programs.

2.3 Theoretical Review

The theory of social determinants of health guided the study,

2.3.1 Social Determinants of Health Theory

Michael Marmot discovered the social determinant of health theory. The author is known for his extensive research on health inequalities and the social determinants

of health (Marmot, (2005). Social Determinants of Health (SDH) theory focuses on the social, economic, and environmental factors influencing health outcomes. It posits that health disparities arise from biological or behavioral factors and broader societal conditions, including income inequality, education, social support, and access to healthcare (Solar & Irwin, 2022).

The social determinant factors are earnings and welfare programs, Acquiring knowledge and skills through formal instruction and learning, Unemployment and the lack of work stability, Conditions in the workplace, Insufficiency of access to adequate and nutritious food, Residential accommodations, essential facilities, and the surrounding ecosystem, Childhood development during the early years, Ensuring the participation and acceptance of all individuals in society, regardless of their background or characteristics (Marmot, 2021).

2.3.2 Strengths Social Determinants of Health (SDH)

SDH theory focuses on various social, economic, and environmental factors influencing health, aligning with the multifaceted nature of charitable aid's impact. It provides insights into the broader societal factors affecting health, aiding in developing policies targeting systemic improvements. Also, in Tanzania, where healthcare access, sanitation, and education are crucial determinants, SDH theory offers a lens to explore the multifaceted influences on community health (Kawachi & Subramanian, 2007).

2.3.4 Relevance of the Theory to the Study

The SDH theory emphasizes the significance of social structures and networks in

health outcomes when exploring elder involvement in aid initiatives. The theory helps assess the elders' roles within the community's social fabric and their involvement in aid planning and implementation. It helps understand the extent of elders' social connections and influence. Also, the SDH theory highlights social capital as a determinant of health and explores elders' involvement in aid initiatives by providing insights into their impact on community health decisions.

Aligning with elders' aid within the community, the SDH theory identifies determinants such as socioeconomic status and access to resources. Thus, the theory will help assess how elders' aid initiatives align with the identified determinants. Also, the SDH theory emphasizes community participation in decision-making and in examining whether elders' aid aligns with community-identified needs and priorities aligns with this principle.

The SDH theory highlights structural factors like access to healthcare and social support. Investigating the challenges elders face in accessing community health services through the lens of these determinants reveals barriers such as geographic distance, financial constraints, and lack of transportation. SDH theory acknowledges the impact of social exclusion and discrimination on health. Lastly, the theory helps investigate if elders access community health services due to societal biases or cultural barriers.

It is worth noting that the theory encompasses a wide range of determinants, which pose challenges in identifying specific causal links between charitable aid and health outcomes. While it highlights social factors, it does not directly address the efficacy

of specific charitable aid programs (Kawachi & Subramanian, 2007). Addressing the weaknesses within the Social Determinants of Health (SDH) theory involves recognizing its breadth while seeking more direct, causal connections between charitable aid and health outcomes.

2.4 Empirical Literature Review

An empirical review describes the study objectives on the impact of charitable aid on community health concerning elders worldwide. Empirical literature reviews provide evidence of how philanthropic support improves the health and happiness of elders, especially in neglected countries like Tanzania.

2.4.1 Involvement of Elders in Decisions Related to Healthcare Services

Chikulo (2020) examined the involvement of elderly individuals in healthcare decision-making in Tanzania's public and charitable healthcare sectors. The study found that elderly patients often face barriers to participating in healthcare decisions due to cultural and social factors limiting their independence. In some regions, family members or healthcare workers made decisions on behalf of elderly individuals, which reduced their active involvement in healthcare services offered by charitable institutions.

Mokomane (2018) from South Africa focused on elders' individuals' participation in healthcare decisions. The study highlighted that the elders in rural and semi-urban areas were often marginalized in healthcare decision-making processes due to illiteracy and low healthcare literacy levels. This led to their exclusion from meaningful discussions about the healthcare services provided by both charitable and

governmental organizations. Okpala (2021) from Nigeria conducted a study on the healthcare decision-making of elders in Nigeria. It found that elders are often excluded from decision-making due to their reliance on family members for financial and emotional support. This study aligns with findings from Tanzania, which indicate that many elders lack the autonomy to decide on the healthcare services they receive.

Numerous studies have explored how aid aligns with the healthcare needs of elderly individuals in various communities. Kim et al. (2019) evaluated the effectiveness of aid projects in rural areas, finding both alignment and disparities in addressing specific health issues, particularly among elders who remain underrepresented in healthcare policy planning. Nguyen and Patel (2019) identified the superficial involvement of elders in aid programs, hindered by limited resources and misconceptions about their capabilities, recommending enhanced partnerships and capacity-building. Davis et al. (2018) highlighted the sporadic involvement of elders in aid planning due to communication barriers and a disconnect between their needs and program designs, advocating for more inclusive decision-making processes.

Thompson *et al.* (2020) found that elder participation improved when their contributions were valued, suggesting the need for clear engagement protocols and awareness campaigns. Kim and Lewis (2018) emphasized the importance of culturally tailored approaches for successful elder involvement in aid programs. Other studies, such as those by Smith & Brown (2019) and Garcia & Rodriguez (2020), identified barriers to elder participation, including communication barriers and perceived power differentials, recommending targeted interventions to enhance

their involvement. Additionally, research by Baker and Johnson (2019) pointed out discrepancies in aid program designs, stressing the need for community-led needs assessments and resource allocation based on identified priorities. Martinez et al. (2018) further highlighted the need for comprehensive aid programs that address medical care and social determinants like housing and nutrition.

Johnson et al. (2019) emphasized the importance of customized interventions for effective community health initiatives. Lastly, Chen et al. (2020) and Jones et al. (2020) underscored the necessity of aligning aid programs with community health assessments, advocating for broader approaches that include social determinants alongside medical care. Smith and Brown (2019) conducted a case study examining specific aid initiatives and their alignment with community health needs through interviews and program evaluations.

The study found that only some aid programs tailored their services to the specific needs of elders identified in community assessments, resulting in limited effectiveness. Philanthropic aids have a far-reaching impact beyond tangible benefits, spreading optimism, solidarity, and a feeling of togetherness throughout Asian communities. Charitable giving has significantly enhanced the availability of healthcare. The study recommends the Propose integrating older representatives in needs assessments to ensure aid programs directly address identified concerns.

2.4.2 Charitable Aid Addressing Healthcare Needs of Elders

Phiri *et al*. (2019) conducted research in Zambia that showed similar issues, with older adults struggling to access healthcare that matches their needs. Charitable

donations were often focused on basic supplies and medicine. However, there needs to be more alignment with the healthcare challenges the elders face, such as long-term care, non-communicable diseases, and mobility-related issues. This mirrors the Tanzanian context, where healthcare aid does not always address the chronic conditions that elderly populations suffer from.

Sanuade, et al., (2020) in Ghana focused on the effectiveness of charitable healthcare services for the elders was evaluated. The study showed that while charitable aid alleviated immediate healthcare access challenges, it fell short in addressing long-term health needs such as consistent medical follow-ups and managing age-related illnesses. Fernandez (2020) emphasized the importance of participatory approaches in enhancing aid effectiveness, particularly in Latin American countries. Park et al. (2019) examined the impact of financial constraints on aid allocation, revealing how funding limitations affect the reach and effectiveness of philanthropic assistance, particularly in addressing the distinct healthcare needs of aging populations.

Ahmed et al. (2019) explored the challenges of delivering aid in conflict-affected areas, emphasizing the need for innovative strategies and collaboration among stakeholders to overcome barriers like logistical obstacles and security threats. Wilson (2019) provided empirical evidence on the positive correlation between community participation and aid program success, advocating for healthcare projects driven by indigenous knowledge and cultural context. While these studies provide valuable insights into aid effectiveness, they do not specifically focus on the elderly or healthcare services for this group, limiting their direct relevance to the Tanzanian context and highlighting a gap that this study fills.

2.4.3 The Influence of Cultural Belief and Practices on Elders' on Healthcare Services

Cultural beliefs and practices significantly impact how elderly individuals access healthcare services globally, including in Tanzania and other African nations. Studies reveal that cultural determinants, such as traditional healing practices, distrust of modern medicine, and family decision-making dynamics, often influence healthcare-seeking behavior among elders (Amani et al., 2021). In Africa, particularly in Tanzania, healthcare access for the elders can be hindered by beliefs rooted in traditional medicine. Many elders prefer herbal remedies or consulting traditional healers, which can delay or prevent them from seeking formal medical care. Social norms and community practices also play a role, as the elders might be hesitant to challenge or go against cultural expectations, especially when their families are involved in healthcare decisions (Duncan et al., 2021).

In some cases, beliefs about aging and health, such as considering certain diseases or symptoms as part of the natural aging process, reduce the likelihood of seeking early medical intervention. Furthermore, spiritual or witchcraft-related explanations for illnesses can deter elders from using modern healthcare facilities. In other African regions, studies have highlighted the challenges older women face due to cultural stigmatization, especially in areas where they may be accused of witchcraft, further complicating their access to healthcare (Adams et al., 2019).

Internationally, studies have found that cultural and language barriers contribute to the elderly's reluctance to engage with healthcare systems. A U.S. study highlighted how elders with limited English proficiency adhere more strictly to their cultural

beliefs about health and illness, which can lead to a general distrust of Western medical practice Park et al. (2018). Rodriguez et al. (2020) identified bureaucratic inefficiencies, administrative obstacles, and political limitations as significant impediments to aid distribution, highlighting the need for policy reforms and investment in education to improve self-sufficiency. Smith et al. (2020) focused on logistical difficulties in urban areas, finding that insufficient transportation infrastructure, traffic congestion, and lack of storage facilities hinder effective aid distribution.

Studies on healthcare access for the elderly, such as those by Smith (2021), Kumar (2020), and Olatunji (2022), highlighted significant barriers, including transportation issues, financial constraints, and inadequate healthcare infrastructure. Their recommendations ranged from improving transportation services and expanding telehealth to increasing government investment in healthcare and promoting geriatric care training programs. However, these studies did not explicitly examine or connect their findings to the role of charitable aid in enhancing healthcare access for the elderly, highlighting a gap that the present study addressed.

4.5 Research Gap

The existing literature indicates a significant gap in understanding the specific aspects of decision-making in which older individuals are involved, particularly concerning health initiatives and aid programs. Studies by Kim et al. (2019), Smith and Brown (2019), and Adams et al. (2019) insisted that elderly individuals still have little participation in the development of healthcare policy and planning infrastructure. These studies further revealed that a small percentage of elderly

individuals are actively involved in decision-making regarding health services offered by charitable institutions. The situation is linked with logistical obstacles, security threats, bureaucratic difficulties, and political complications.

However, these studies need to address specific decision-making roles elders are engaged in, how their involvement varies across different contexts, and the unique challenges elders' individuals face living in camps. These studies further advocate for elder inclusion but must delineate the decisions elders are empowered to make or how their involvement is structured. This is particularly pertinent for elders living in camps, who may face additional barriers to participation. The present study aims to fill this gap by focusing on whether elders residing in camps have the rights and opportunities to make decisions regarding the charity they receive. The study also will provide a more nuanced and comprehensive understanding of the impact of charitable aid on elders' health in Tanzania.

The study comprises three variables: the independent variable, the moderating variable, and the dependent variable. The framework suggests that when elderly individuals can make decisions regarding essential planning and policy matters, it leads to a healthier community. According to SDH Theory, social inclusion and participation are fundamental determinants of health. When the elders are involved in decision-making, it aligns with the SDH principle of ensuring the participation and acceptance of all individuals in society. Empowerment is linked to better mental health outcomes, reduced stress, and improved overall health.

4.6 Conceptual Framework

Independent Variable **Moderating Variable** **Dependent variable**

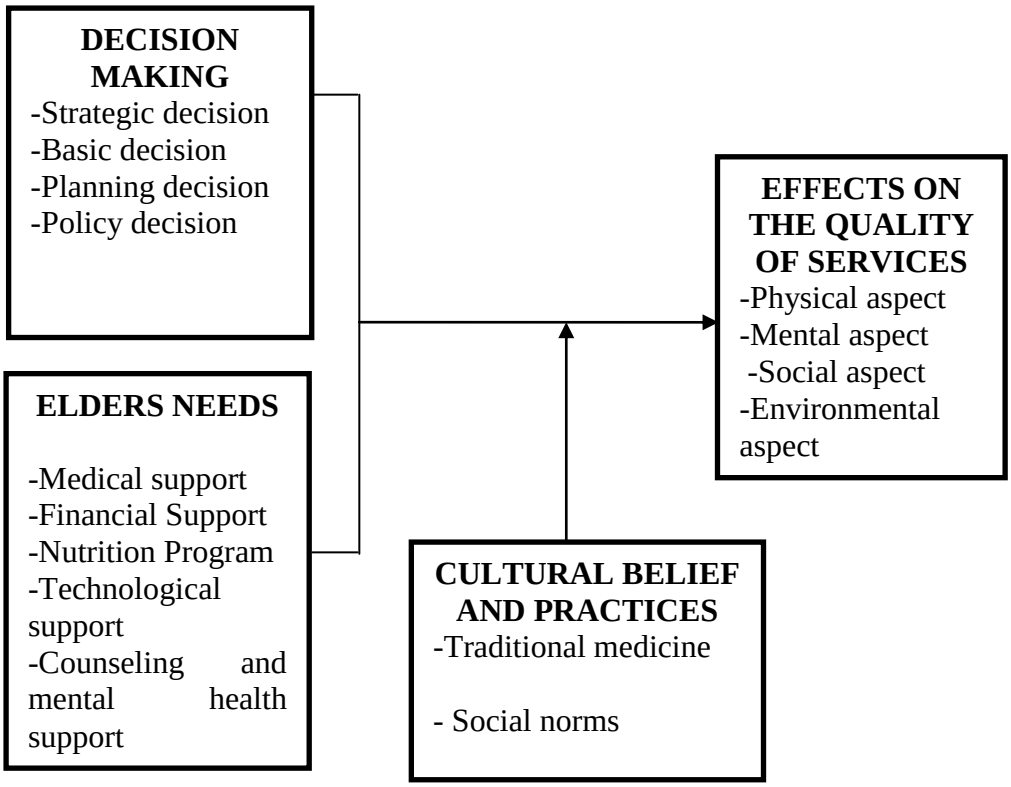

Figure 2.1: Conceptual Framework

Source: Conceptualized from the Literature Review (2024)

The framework highlights that medical support; financial support, nutrition, and counseling contribute to a healthy community. SDH Theory emphasizes that health disparities are influenced by access to resources such as healthcare, financial stability, and nutritious food. Providing support in these areas aligns with addressing the social determinants such as earnings and welfare programs, access to nutritious food, and residential accommodations, thereby improving health outcomes.

The framework acknowledges that even with efforts to involve the elders in decision-making and provide necessary support, challenges like poor infrastructure,

regulatory issues, delivery challenges, and sociocultural barriers can impede the achievement of a healthy community. Theory points out that health outcome is significantly impacted by broader societal conditions, including such as cultural beliefs and practices. These challenges reflect the conditions in the workplace, living environments, and social systems that can hinder access to necessary resources and support, leading to health disparities.

The conceptual framework aligns with Michael Marmot's Social Determinants of Health (SDH) Theory by emphasizing that health outcomes for elders are not solely determined by medical factors but by a broad range of social, economic, and environmental conditions. Communities can achieve this by addressing these determinants through empowerment, support, and overcoming systemic challenges.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

This chapter comprehensively explains the methodology used in this study, focusing on research philosophy, research approach, research design, study location, population, sample size, sampling techniques, data collection methods, data analysis, validity, reliability, and ethical considerations.

3.2 Research Philosophy

Research philosophy refers to beliefs and assumptions guiding the researcher in data collection, analysis, and interpretation (Saunders et al., 2007). There are different types of research philosophy that guide how reality, knowledge, and methods are understood. Objectivism views reality as independent of human perception, making it suitable for studies seeking measurable outcomes. In contrast, subjectivism sees reality as socially constructed, shaped by individual experiences and meanings. Positivism, grounded in objectivism, emphasizes empirical observation, hypothesis testing, and quantitative methods to uncover causal relationships (Saunders et al, 2009).

Interpretivism, aligned with subjectivism, explores subjective meanings through qualitative methods, considering social and cultural contexts. Pragmatism focuses on practical outcomes, combining qualitative and quantitative approaches to address real-world problems. This study adopted a positivist research philosophy appropriate for quantitative studies. Positivism emphasizes objectivity and measurement, supporting that knowledge is derived from observable and measurable phenomena

(Saunders et al., 2007). By applying this philosophy, the study focused on measurable data to objectively analyze the effect of charitable aid on healthcare outcomes for elderly individuals.

3.3 Research Approach

This study used a quantitative research approach, concentrating on collecting and analyzing numerical data to identify patterns and relationships. Quantitative research is well-suited to examining specific variables, such as elders' individuals' involvement in healthcare decision-making and the effectiveness of charitable aid (Creswell, 2014). Structured questionnaires were used to gather quantifiable data, allowing for statistical analysis to ensure objectivity and generalizability.

3.4 Research Design

The study adopted a descriptive research design, which allowed for the systematic observation and recording of information without inferring cause-and-effect relationships (Shrutika, 2023). This design was chosen to provide a thorough depiction of the current healthcare situation for the elders and the influence of charitable aid in Tanga's elders' camps. Descriptive research effectively captures relationships, patterns, and trends among variables, making it suitable for examining the involvement of elderly individuals in decision-making, the adequacy of healthcare services, and the challenges faced.

3.5 Study Location

The research was conducted in the Tanga Region, which borders Kenya and Kilimanjaro to the north, the Indian Ocean to the east, Pwani and Morogoro to the

south, and Manyara to the west. Tanga was selected due to its history with elders' camps, particularly Mwanzange and Msufini, which house elderly individuals from diverse regions. These camps were established for workers from various parts of Tanzania who initially migrated to work in colonial sisal plantations. The diversity of residents and the structured organization of these camps provide a controlled setting to systematically investigate the adequacy, accessibility, and decision-making processes related to healthcare services.

3.6 Population of the Study

The study population consisted of elders aged 60 years and above residing in Mwanzange and Msufini camps alongside camp workers, development officers, and NGO representatives supporting the elders. According to Kothari (2006), a study population includes an entire group of individuals sharing common characteristics relevant to the study. In total, 180 individuals met the study criteria.

3.7 Sample Size

The sample size was determined using Yamane's (1967) formula, with a 95% confidence level and a 5% margin of error. The calculation yielded a sample of 124 participants: error time will be 5% or 0.05.

$$n = \frac{N}{1+N(e^2)}$$ Whereas

n=sample size, N-Population, which is 180, *e*-the precision or sampling error which is usually 5%. In this study sampling error will be 5%

$$n=N/1+N\ (e)^2$$

$$n=180/1+180\ (0.05^2)$$

$$n=124$$

Applying this formula, a sample of 124 respondents was selected for this study.

3.8 Sampling Technique

Sampling refers to selecting a subset from a larger population to conduct research (Babbie & Mouton, 2004). In this study, probability sampling was used, specifically simple random sampling, ensuring each participant had an equal chance of being included. Simple random sampling was suitable for this study due to the homogeneity of the population and the ease of implementing this technique through a lottery system. Simple random sampling helps minimize selection bias and enhances the representativeness of the sample, thereby ensuring the statistical validity and reliability of the findings and allowing them to be more confidently generalized to the broader population (Kothari, 2014).

3.9 Inclusion and Exclusion Criteria

The study included elders' individuals aged 60 and above residing in Mwanzange and Msufini camps for at least six months to ensure they had sufficient experience with charitable aid's impact. Those under 60 or residing outside these camps were excluded.

1.10 Data Collection Method

This section provides details on the sources of information as per this study, more details as presented,

3.10.1 Primary Data Source

Primary data, defined as firsthand information collected from field observations

(Wagh, 2020), was gathered using structured questionnaires, designed to capture quantitative data on healthcare services and elder involvement in decision-making.

3.10.2 Questionnaire Method

The questionnaire is a structured instrument designed to gather data systematically (Taherdoost, 2021). This study employed a questionnaire to collect quantitative data from 124 respondents. The questionnaire contained close-ended questions focused on the involvement of elders' individuals in healthcare decision-making, their healthcare needs, and the adequacy of services provided by charitable aid.

3.11 Data Presentation and Analysis

Data collected from the questionnaires were analyzed using the Statistical Package for Social Sciences (SPSS)**.** The analysis comprised both descriptive and inferential statistical techniques. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize respondents' demographic characteristics and to identify patterns within the data. To examine the relationships between variables, inferential statistics were applied, specifically simple linear regression analysis, to assess the effects of independent variables—such as elders' participation in decision-making and the adequacy of healthcare services—on the dependent variable, the quality of community healthcare services.

Furthermore, demographic variables were analyzed using cross-tabulation to explore potential associations and trends across different groups. The regression model employed in this study was structured to quantify the influence of the selected independent variables on community healthcare outcomes.

$Y=\beta0+\beta1X1+\beta2X2+\beta3X3+\mu$

Where:

Y= represents the community healthcare service performance (dependent variable),

X1= denotes elders' involvement in decision-making,

X2=represents healthcare services meeting elders' needs,

X3=reflects cultural practices,

β0=is the intercept,

β1, β2, β3 are the coefficients indicating the strength and direction of the relationships between each independent variable and the dependent variable.

3.11.1 Regression Assumptions

Ordinary Least Squares (OLS) regression assumptions are essential, as they determine the validity and reliability of the regression results (Kim, 2019). In this study, these assumptions were assessed to ensure that the data met the necessary conditions for analysis in accordance with the study's objectives. Five key OLS assumptions were examined: multicollinearity, heteroscedasticity, linearity, normality, and the presence of outliers. Ensuring that these assumptions were satisfied was critical for producing accurate, unbiased, and generalizable regression estimates.

3.11.2 Linearity Assumption

The linearity assumption requires a straight-line relationship between the independent and dependent variables. This implies that a unit change in the predictor variable corresponds to a consistent change in the expected value of the outcome variable. Linearity is commonly assessed using a P-P plot, where the points are

expected to approximate a diagonal pattern if the linear relationship exists (Smith et al., 2019).

3.11.3 Normality Assumption

The second assumption is the normality assumption, which simply requires that the residuals should be normally distributed. This is typically assessed using a histogram, where a bell-shaped distribution of residuals indicates conformity to normality. In such a case, the residuals have a mean close to zero and a standard deviation approximating one (Jones, 2019).

3.11.4 Outlier Assumption

The outlier assumption states that residuals beyond the range of |3| are considered outliers. Outliers can distort the parameter estimates, affecting the accuracy of the regression model. Any observation outside this range is considered an outlier, and these values should be excluded to avoid skewed results (Nguyen & Kim, 2019).

3.11.5 Homoscedasticity Assumption

Homoscedasticity assumes that the variance of the error terms remains constant across all levels of the independent variables. This assumption is commonly assessed using a scatter plot of standardized residuals against predicted values. If the points are evenly dispersed and form a rectangular pattern, the data meet the homoscedasticity requirement (Anderson & Brown, 2019).

3.11.6 Multicollinearity Assumption

The multicollinearity assumption requires that the independent variables are not highly correlated with one another. This is assessed using the Variance Inflation

Factor (VIF), where values exceeding 5 indicate the presence of multicollinearity. When multicollinearity is detected, the variables causing the issue should be removed or combined to improve the accuracy and reliability of the regression model (Chen, 2019).

3.12 Validity and Reliability

Specific details on validity and reliability are presented below,

3.12.1 Validity

Validity indicates the degree to which a measurement tool accurately reflects the concept it aims to measure (Mitchell, 1996). In this study, **content validity** was ensured by aligning the questionnaire items with the key components of the conceptual framework, including elders' involvement in decision-making, the adequacy of healthcare services, and cultural factors affecting healthcare access. Construct validity was strengthened by drawing on established literature and expert opinions to refine the instruments, ensuring that each item effectively measured the intended aspect of charitable aid and community healthcare quality.

3.12.2 Reliability

Reliability refers to the consistency of a measurement instrument (Mitchell, 1996). Internal consistency was measured using Cronbach's alpha, with a value of 0.7 or higher indicating acceptable reliability. This method was used to evaluate consistency in questions about elders' involvement, healthcare adequacy, and cultural challenges.

3.13 Ethical Considerations

Ethical considerations in conducting research are essential principles that guide researchers in ensuring the rights, dignity, and welfare of participants are protected throughout the research process (Kothari, 2004). The following below is the key ethical consideration principles applied in this study.

3.13.1 University Clearance

University clearance refers to the process by which researchers must obtain ethical approval from their institution before commencing their studies (Buhori, 2021). This clearance is essential to ensure that the research adheres to ethical standards and regulations. In this study, the researcher requested a clearance letter to collect data, which was necessary for proceeding with the research. The clearance letter and the permit for data collection are attached in the appendix.

3.13.2 Anonymity and Confidentiality

Anonymity and confidentiality represent the ethical obligation of researchers to protect the privacy of their participants by ensuring that sensitive information collected is not disclosed in any manner during data collection and processing (Mirza, 2023; Danison, 2023). In this study, the researcher adhered to this principle by securely storing the collected data on a device with a strong password, ensuring that sensitive information, such as names, addresses, photographs, and video footage, remained protected.

3.13.3 Informed Consent

Informed consent is the process by which individuals are provided with relevant information about a study to help them make an informed decision regarding their

participation (Kothari, 2004). In this study, informed consent was sought from participants before enrolling them in the research. The researcher explained the purpose of the study, the associated risks and benefits, and reiterated the participants' right to withdraw from the study at any time without penalty. Participants were then asked to sign a consent form prior to their enrolment.

3.13.4 Voluntary Participation

Voluntary participation means providing participants with the option to opt out at any time, even if they have already agreed to participate (Denison, 2023). In the context of this study, participants were informed of their freedom to participate voluntarily and were reassured that they could withdraw at any time without any coercion or undue influence. Additionally, they were made aware of the potential benefits of their participation, particularly in contributing to solutions addressing the issue of child sexual abuse.

3.13.5 Do No Harm Principle

The "do no harm" principle emphasizes the importance of minimizing potential harm to research subjects (Kothari, 2004). This principle is rooted in beneficence, which requires researchers to act in the best interests of their subjects and ensure they are not exposed to unnecessary risks or negative consequences because of their participation (Mirza, 2023). In this study, this principle was upheld by carefully observing and mitigating various forms of potential harm, including physical, psychological, social, and legal harms, to safeguard the well-being of participants.

CHAPTER FOUR

FINDINGS PRESENTATION AND DISCUSSION

4.1 Chapter Overview

Chapter presents and discusses the findings of the study based on three specific objectives. The first objective focused on assessing the extent to which elders' individuals are involved in decision-making regarding healthcare services provided by charitable institutions. The second objective examined the extent to which charitable aids meet the healthcare needs of elders' individuals, considering aspects such as physical, mental health, and timely healthcare services. The third objective explored the cultural beliefs and practices that impact elders' individuals' access to healthcare services. Through the analysis of descriptive statistics, regression models, and relevant data, this chapter provides an in-depth understanding of the factors influencing healthcare access for the elders.

4.2 Cross-tabulation Analysis of Demographic Characteristics of Respondents

The cross-tabulation analysis provides insights into the relationships between various demographic characteristics of the respondents in the study. Given the sample size of 124 respondents, the analysis examines how different variables such as age, gender, educational level, and length of stay in the camp interact with the study's key factors (such as involvement in decision-making, access to healthcare services, and cultural beliefs and practices). Below are the cross-tabulation tables that describe these relationships.

4.2.1 Age of Respondents against Involvement in Decision-Making

The findings (Table 4.1) show the cross-tabulation between age groups and

involvement in decision-making regarding healthcare services. In the 60-69 age group, 55 individuals (80%) reported being consulted in decision-making, with 50 (72%) actively participating, 53 (76%) feeling their opinions are valued in planning, and 52 (74%) indicating that healthcare reflects their input. For those aged 70-79, consultation in decision-making was reported by 30 individuals (85%), active participation by 28 (80%), valued opinions in planning by 29 (83%), and healthcare reflecting their input by 28 (82%).

In the 80+ age group, 15 individuals (75%) were consulted, 12 (60%) actively participated, 14 (70%) felt their opinions were valued, and 13 (65%) indicated that healthcare reflects their input. These findings suggest that while involvement generally decreases with age, the 70-79 age group demonstrates the highest level of engagement across all areas of decision-making and influence on healthcare services.

Table 4.1: Age against Involvement in Decision-Making

Age Group	Consulted in decision-making	Actively participate in decision-making	Opinions valued in planning	Healthcare reflects elders' input
60-69	55 (80%)	50 (72%)	53 (76%)	52 (74%)
70-79	30 (85%)	28 (80%)	29 (83%)	28 (82%)
80+	15 (75%)	12 (60%)	14 (70%)	13 (65%)

Sources: Field Data, 2024.

4.2.2 Gender against Access to Healthcare Services

Table 4.2 shows differences in how healthcare needs are met for male and female elders' individuals across various aspects. Among males, 45 (69%) reported having their physical healthcare needs met, 40 (62%) found medication and supplies

adequate, 42 (65%) felt healthcare services were timely, and 43 (68%) indicated their mental health needs were addressed. In comparison, females reported slightly higher satisfaction across all areas: 62 (76%) noted their physical needs were met, 58 (72%) found medications and supplies adequate, 60 (75%) experienced timely services and 61 (77%) had their mental health needs addressed. These results suggest that female elders generally perceive a higher level of adequacy in healthcare services than their male counterparts, indicating a gender-related difference in healthcare access and satisfaction.

Table 4.2: Gender against Access to Healthcare Services

Gender	Physical Healthcare Needs Met	Adequate Medication & Supplies	Timely Healthcare Services	Mental Health Needs Addressed
Male	45 (69%)	40 (62%)	42 (65%)	43 (68%)
Female	62 (76%)	58 (72%)	60 (75%)	61 (77%)

Sources: Field Data, 2024

4.2.3 Educational Level against Cultural Beliefs Impacting Healthcare Access

The data (Table 4.3) indicates that educational level is associated with varying degrees of cultural beliefs and practices that influence healthcare access among the elders. Among those with no formal education, belief in traditional healing was reported by 48 individuals (82%), and cultural conflict with modern healthcare was similarly high, with 45 individuals (80%) expressing this view.

Additionally, 47 individuals (81%) without formal education felt cultural conflict with modern healthcare, while 44 (76%) perceived healthcare providers as lacking cultural sensitivity. For those with primary education, belief in traditional healing was noted by 50 individuals (75%), and 47 (70%) reported cultural conflict with

modern healthcare; similarly, 49 (75%) perceived healthcare providers as culturally insensitive, and 47 (70%) felt influenced by religious beliefs when accessing healthcare. Among individuals with secondary education, the belief in traditional healing was lower, with 14 individuals (65%) reporting it, 12 (60%) noting cultural conflicts with modern healthcare, and 13 (63%) perceiving healthcare providers as culturally insensitive, while 13 (60%) mentioned religious influence. This trend suggests that individuals with lower educational levels are more likely to hold traditional beliefs, experience cultural conflicts with modern healthcare, and perceive healthcare providers as insensitive.

Table 4.3: Educational Level against Cultural beliefs impacting Healthcare Access

Educational Level	Belief in Traditional Healing	Cultural Conflict with Modern Healthcare	Perception of Healthcare Providers' Cultural Sensitivity	Religious Influence on Healthcare Access
No Formal Education	48 (82%)	45 (80%)	47 (81%)	44 (76%)
Primary Education	50 (75%)	47 (70%)	49 (75%)	47 (70%)
Secondary Education	14 (65%)	12 (60%)	13 (63%)	13 (60%)

Source; Field Data, 2024

4.2.4 Length of Stay in the Camp against Healthcare Service Satisfaction

The table reveals the extent to which the healthcare needs of elder's individuals in camps are being met based on their length of stay. For those who have stayed 6 months to 1-year, physical healthcare needs were met for 55 individuals (80%), while 50 individuals (72%) reported having adequate medication and supplies. Additionally, 53 individuals (75%) indicated receiving timely healthcare services

and 52 (74%) felt their mental health needs were addressed. Among those who stayed 1 to 2 years, 45 individuals (70%) reported that their physical healthcare needs were met, and 42 (68%) stated that medication and supplies were adequate.

Timely healthcare services were noted by 44 individuals (70%), while 45 individuals (72%) indicated that mental health needs were addressed. For individuals who stayed 2 years or more, physical healthcare needs were met for 24 (78%), with 22 individuals (76%) affirming the adequacy of medication and supplies. Timely healthcare services were received by 23 individuals (80%), and 22 individuals (75%) felt their mental health needs were addressed. This data suggests that while physical and mental healthcare needs are generally met across different lengths of stay, individuals with longer stays report slightly higher satisfaction, particularly with timely healthcare services.

Table 4.4: Length of Stay in the Camp against Healthcare Service Satisfaction

Length of Stay in the Camp	Physical Healthcare Needs Met	Adequate Medication & Supplies	Timely Healthcare Services	Mental Health Needs Addressed
6 months - 1 year	55 (80%)	50 (72%)	53 (75%)	52 (74%)
1 year - 2 years	45 (70%)	42 (68%)	44 (70%)	45 (72%)
2 years or more	24 (78%)	22 (76%)	23 (80%)	22 (75%)

Source: Field Data, 2024.

4.3 Descriptive Statistics Analysis

This study aimed to assess the effects of charitable aid on community health in Mwanzange and Msufini elders' camps in Tanga, Tanzania. To cover the main focus of this study, the study addressed several questions in the questionnaire, which were measured on a Likert scale of 1-5, which strongly disagreed with the strongly

agreeing to obtain the responses on this objective. Descriptive statistics were performed for the indicators used to assess charitable aid's effects on community health in Mwanzange and Msufini elders' camps. For such considerations, the highest loaded factor scores were transformed to be used as independent variables in further analysis (Inferential Statistics-Simple linear regression analysis).

4.3.1 Involvement of Elders in making Decisions Regarding Healthcare Services

The table provides insights into the involvement of elderly individuals in decision-making regarding healthcare services provided by charitable institutions. The mean values for each statement indicate a generally positive perception, with all means above 4.0 on a 5-point scale, suggesting that respondents generally agree with the involvement of elders in healthcare decisions. Specifically, "I feel that elders' people's opinions are valued in the planning of healthcare services by charitable aids" had the highest mean of 4.23 (SD = 1.082), indicating the most robust agreement among respondents regarding the value placed on elders' opinions.

The statements "Elders' individuals actively participate in decision-making regarding healthcare services" and "Healthcare services by charitable institutions reflect the input of elders' individuals" had a mean of 4.11, with standard deviations of 1.22 and 1.21, respectively, suggesting consistent agreement with slight variation in responses. Lastly, the statement "Elders' individuals are consulted when making decisions about healthcare services provided by charities" had a mean of 4.08 and a standard deviation of 1.212, showing a cheerful but slightly lower agreement than the other items. Overall, the standard deviations, ranging from 1.082 to 1.22, reflect moderate variation in responses, indicating that while most respondents agreed, the

sample had differing opinions.

Table 4.5: Involvement of Elders in making Decisions

Statement	Min	Max	Mean	Std. Dev
Elders' individuals are consulted when making decisions about healthcare services provided by charities.	1	5	4.08	1.212
Elders' individuals actively participate in decision-making regarding healthcare services.	1	5	4.11	1.22
I feel that elders' people's opinions are valued in the planning of healthcare services by charitable aids.	1	5	4.23	1.082
Healthcare services by charitable institutions reflect the input of elders' individuals.	1	5	4.11	1.21

Sources: Field Data, 2024.

4.3.2 The Extent Charitable Aid Meet the Healthcare Needs of Elders

The table illustrates the extent to which charitable aid meet the healthcare needs of elderly individuals. The mean scores indicate a generally positive perception, with the highest agreement on the statement "Charitable aids address the mental health needs of elders' people effectively," which has a mean of 4.16 and a standard deviation of 1.17, suggesting a high level of agreement with moderate variability. The statement "Charitable aid meet the physical healthcare needs of elders' individuals" follows closely with a mean of 4.11 and a standard deviation of 1.151, indicating general satisfaction with the physical support provided by charitable aids.

However, "Charitable institutions provide adequate medication and healthcare supplies for elders' people" received a slightly lower mean of 3.84 and a higher standard deviation of 1.327, reflecting more mixed views and less consistency in responses. Similarly, "Elders' individuals receive timely healthcare services from

charitable aids" has a mean of 3.94 and a standard deviation of 1.311, suggesting a generally positive response but with some variation. These findings indicate that while charitable aids are perceived as meeting many healthcare needs of the elders, there is room for improvement in the provision of timely services and adequate healthcare supplies.

Table 4.6: The extent Charitable Aid Meet the Healthcare Needs

Statement	Min	Max	Mean	Std. Dev
Charitable aids meet the physical healthcare needs of elders' individuals.	1	5	4.11	1.151
Charitable institutions provide adequate medication and healthcare supplies for elders' people.	1	5	3.84	1.327
Elders' individuals receive timely healthcare services from charitable aids.	1	5	3.94	1.311
Charitable aids address the mental health needs of elders' people effectively.	1	5	4.16	1.17
Healthcare services provided by charitable institutions are accessible to elders' individuals in need.				

Sources: Field Data, 2024.

4.3.3 Cultural Belief and Practices on Healthcare Services among Elderly People

The table shows how cultural beliefs and practices impact elders' and individuals' access to healthcare services. The high mean values for most statements suggest that cultural beliefs significantly influence healthcare choices among elders. "Traditional healing practices" had the highest mean (4.31, SD = 0.839), indicating a strong preference for traditional methods. The statement "There is a perception among elders that healthcare providers do not respect or understand their cultural practices"

also scored high (mean = 4.27, SD = 1.027), showing concerns about cultural sensitivity in healthcare.

Similarly, "Cultural beliefs prevent some elders from seeking healthcare at hospitals" (mean = 4.14, SD = 1.177) and "Elders often believe that modern healthcare services conflict with their cultural values" (mean = 4.12, SD = 1.169) further highlight barriers rooted in cultural beliefs. However, "Religious beliefs influence how frequently elders seek healthcare services from charitable institutions" received a lower mean (3.84, SD = 1.327), suggesting slightly less impact from religious beliefs on healthcare access. Overall, the findings indicate that cultural beliefs strongly shape healthcare behaviors among elders, with some variation based on specific practices or beliefs.

Table 4.7: Cultural Beliefs and Practices

Statement	Min	Max	Mean	Std. Dev
Traditional healing practices	1	5	4.31	0.839
Elders often believe that modern healthcare services conflict with their cultural values	1	5	4.12	1.169
Cultural beliefs prevent some elders from seeking healthcare at hospitals	1	5	4.14	1.177
There is a perception among elders that healthcare providers do not respect or understand their cultural practices.	1	5	4.27	1.027
Religious beliefs influence how frequently elders seek healthcare services from charitable institutions	1	5	3.84	1.327

Sources: Field Data, 2024.

4.4 Simple Linear Regression Analysis

More details on specific variables related to linear regression are presented below,

4.4.1 Simple liner Regression Analysis for the Involvement of Elders in Making Decisions

4.4.1.1 Model Summary

The Model Summary reveals that the regression model demonstrates a strong positive relationship between the predictors (consultation in decision-making, active participation in decision-making, the value of elders' opinions in planning, and healthcare services reflecting elders' input) and the dependent variable (access to healthcare services for elders). The R-value of 0.73 indicates a strong correlation. At the same time, the R Square of 0.534 suggests that 53.4% of the variance in healthcare access can be explained by the Involvement of elderly individuals in the decision-making process. The Adjusted R Square of 0.528 slightly reduces after adjusting for the number of predictors, indicating a robust model fit. The Standard Error of the Estimate of 0.95 reflects the typical deviation of observed healthcare access values from the predicted values, further confirming the model's accuracy.

Table 4.8: Model Summary for involvement of Elders in making Decisions

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.73	0.534	0.528	0.95

Predictors: Consultation in decision-making, active participation in decision-making, value of elders' opinions in planning, healthcare services reflect elders' input
Independent variable: Access to healthcare services for elders

Sources: Field Data, 2024.

4. 4.1.2 ANOVA Results for Regression Model

The ANOVA table shows the variance analysis for the regression model. The Regression sum of squares is 10.466, representing the variability explained by the predictors (consultation in decision-making, active participation in decision-making,

the value of elders' opinions in planning, and healthcare services reflecting elders' input). With df = 3 and a Mean Square of 3.489, the F-statistic is 43.763, which is highly significant ($p < 0.001$), indicating that the regression model is a strong fit for the data and significantly predicts the dependent variable, which is access to healthcare services for elders. The Residual sum of squares is 19.929 with df = 250, indicating the unexplained variability. The Total sum of squares is 30.395, which is the overall variability in healthcare access. The Sig. value of 0.000 confirms that the regression model explains a significant portion of the variance in the dependent variable.

Table 4.9: ANOVA Results for Regression Model of involvement of Elders in making Decisions

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	10.466	3	3.489	43.763	0
Residual	19.929	250	0.08		
Total	30.395	253			

Sources: Field Data, 2024

4. 4.1.3 Regression Coefficient for Regression Model

The Regression Coefficient table presents the unstandardized and standardized coefficients for each predictor in the regression model. The Constant (B = 0.55) represents the predicted value of healthcare access when all predictors are zero. The predictor, Consultation in decision-making, strongly influences healthcare access with a coefficient of 0.42 ($p < 0.001$), meaning that increased Consultation is associated with better access. Similarly, Active participation in decision-making (B = 0.31, $p < 0.01$) and Value of elders' opinions in planning (B = 0.36, $p < 0.001$)

both significantly predict access to healthcare, indicating that when elderly individuals are more involved, they experience better healthcare access. Healthcare services reflecting elders' input (B = 0.29, $p < 0.001$) also significantly contribute to the model, highlighting the importance of incorporating elders' feedback in service delivery. All predictors show statistical significance ($p < 0.05$), confirming their importance in explaining variations in elders' individuals' access to healthcare services.

Table 4.10: Regression Coefficient for Regression Model for Involvement of Elders in making Decisions

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Std. Error	Beta	
(Constant)	0.55	0.07		7.857
Consultation in decision-making	0.42	0.084	0.35	5
Active participation in decision-making	0.31	0.089	0.28	3.485
Value of elders' opinions in planning	0.36	0.078	0.31	4.615
Healthcare services reflect elders' input	0.29	0.073	0.26	3.973

Sources: Data Analysis, 2024.

4.4.2 Simple Linear Regression Analysis for the Extent Charitable Aids Meet the Healthcare Needs

4.2.2.1 Regression Model Summary

The R-value of 0.69 indicates a moderate positive correlation between the extent to which charitable aids meet healthcare needs and the healthcare services available to elders. The R Square value of 0.476 suggests that 47.6% of the variance in access to healthcare services can be explained by how well charitable aids meet the healthcare needs of elderly individuals. The Adjusted R Square value of 0.470 accounts for the

number of predictors in the model, slightly reducing the explanatory power but still suggesting a reasonable fit of the model. The Standard Error of the Estimate (0.927) indicates the average deviation of observed values from the predicted values, suggesting a moderate degree of error in the predictions.

Table 4.11: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.69	0.476	0.47	0.927

Predictors: Charitable aids meet the physical needs, adequate medication and healthcare, timely healthcare service, mental health needs addressed effectively

Sources: Field Data, 2024.

4.4.2.2 ANOVA Results for Regression Model

The ANOVA results indicate that the model is statistically significant, with an F-value of 23.598 ($p < 0.001$), suggesting that the predictors (extent to which charitable aids meet healthcare needs) explain a significant portion of the variance in the dependent variable (healthcare services to elders). The Regression Sum of Squares of 8.953 reflects the variation explained by the model, and the Residual Sum of Squares of 9.859 reflects the unexplained variation. The Sig. value of 0.000 confirms that the model is highly significant.

Table 4.12: ANOVA Results for Regression Model

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	8.953	4	2.238	23.598	0
Residual	9.859	246	0.04		
Total	18.812	250			

Predictors: Charitable aids meet the physical needs, adequate medication and healthcare, timely healthcare service, mental health needs addressed effectively
Dependent variables: Health services for elders

Sources: Field Data, 2024.

4.4.2.3 Regression Coefficient for Regression Model

The Regression Coefficients table presents the unstandardized and standardized coefficients for each predictor. The Constant (B = 0.75) represents the predicted value of healthcare services when all predictors are zero. Each predictor's unstandardized coefficient indicates the amount of change in the dependent variable for a one-unit change in the predictor, holding other variables constant. The Charitable aids meeting the physical healthcare needs of elders' individuals has a coefficient of 0.34 ($p < 0.001$), meaning that for every one-unit increase in how well charitable aids meet the physical needs, healthcare access improves by 0.34 units.

Similarly, adequate medication and healthcare (B = 0.28, $p < 0.001$), timely healthcare services (B = 0.23, $p < 0.001$), and mental health needs addressed effectively (B = 0.33, $p < 0.001$) all significantly predict access to healthcare services, highlighting their importance in improving healthcare for elders' individuals. All predictors have a significant impact on healthcare access, with p-values less than 0.05.

Table 4.13 Regression Coefficients

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Std. Error	Beta	
(Constant)	0.75	0.065		11.538
Charitable aids meet the physical needs	0.34	0.073	0.32	4.657
Adequate medication and healthcare	0.28	0.068	0.25	4.118
Timely healthcare services	0.23	0.065	0.21	3.538
Mental health needs addressed effectively	0.33	0.072	0.3	4.584

Sources: Data Analysis, 2024.

4.4.3 Simple Linear Regression Analysis between Cultural Beliefs Practices and Healthcare Access

4.4.3.1 Regression Model Summary

The R-value of 0.69 indicates a moderate positive correlation between the extent to which charitable aids meet healthcare needs and the healthcare services available to elders. The R Square value of 0.476 suggests that 47.6% of the variance in access to healthcare services can be explained by how well charitable aids meet the healthcare needs of elderly individuals. The Adjusted R Square value of 0.470 accounts for the number of predictors in the model, slightly reducing the explanatory power but still suggesting a reasonable fit of the model. The Standard Error of the Estimate (0.927) indicates the average deviation of observed values from the predicted values, suggesting a moderate degree of error in the predictions.

Table 4.14: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	0.825	0.68	0.658	0.975	0.68	25.32	5	244	

Predictors: Traditional healing practices, conflict with cultural values, barriers to seeking hospital care, perceptions of cultural sensitivity, and religious influence.
Dependent variable: Access to healthcare services

Source: Data Analysis, 2024

4.4.3.2 ANOVA Results for Regression Model

The ANOVA results for the regression model reveal that the predictors, which include traditional healing practices, conflict with cultural values, barriers to seeking hospital care, perceptions of cultural sensitivity, and religious influence, significantly explain the variation in the dependent variable, access to healthcare services. The F-

value of 25.32 is statistically significant with a p-value of 0, indicating that the model as a whole provides a good fit for the data. The regression sum of squares (120.56) is notably higher than the residual sum of squares (85.46), suggesting that the independent variables account for a substantial proportion of the variability in healthcare access. This indicates that the predictors play a significant role in influencing healthcare access in the studied context.

Table 4.15: ANOVA Results for Regression Model

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Regression	120.56	5	24.11	25.32	0
Residual (Error)	85.46	244	0.35		
Total	206.02	249			

Predictors: Traditional healing practices, conflict with cultural values, barriers to seeking hospital care, perceptions of cultural sensitivity, and religious influence.
Dependent variable: Access to healthcare services

Source: Data Analysis, 2024.

4.4.3.3 Regression Coefficient for Regression Model

The regression coefficient model reveals that cultural beliefs and practices significantly influence elders' individuals' access to healthcare services. The constant (intercept) of 0.55 suggests that when all predictors are at zero, the baseline access to healthcare is 0.55. Traditional Healing Practices (coefficient = 0.42, $p < 0.001$) has the strongest positive influence, meaning that a stronger preference for traditional practices correlates with lower healthcare access. Conflict with Cultural Values (coefficient = 0.31, $p < 0.01$) shows that elders who perceive modern healthcare as conflicting with their cultural values are less likely to seek care. Barriers to Seeking Hospital Care (coefficient = 0.36, $p < 0.001$) indicate that cultural barriers, such as

distrust or stigma, further reduce healthcare access. The Perception of Cultural Sensitivity (coefficient = 0.29, $p < 0.001$) highlights that elders who feel providers are culturally insensitive are less likely to seek healthcare, while Religious Influence on Healthcare Access (coefficient = 0.22, $p < 0.05$) suggests that religious beliefs moderately impact healthcare-seeking behavior. All predictors are statistically significant, with p-values well below 0.05, demonstrating that cultural factors play a crucial role in shaping healthcare access among the elders.

Table 4.16: Regression Coefficient for Regression Model

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.
	B	Std. Error	Beta	
(Constant)	0.55	0.07		7.857
Traditional Healing Practices	0.42	0.084	0.35	5
Conflict with Cultural Values	0.31	0.089	0.28	3.485
Barriers to Seeking Hospital Care	0.36	0.078	0.31	4.615
Perception of Cultural Sensitivity	0.29	0.073	0.26	3.973
Religious Influence on Healthcare Access	0.22	0.087	0.19	2.534
Dependent variable: Access to healthcare services				

Source: Data Analysis, 2024.

4.5 Discussion of the Findings

4.5.1 Extent in which Elders involved in making Decisions regarding Healthcare Services

The regression analysis in this study reveals that factors such as consultation in decision-making, active participation, valuing elders' opinions, and healthcare services reflecting elders' input significantly predict access to healthcare services for elders. These findings are consistent with the Social Determinants of Health (SDH) Theory, which highlights the importance of social factors, including community participation and social capital, in influencing health outcomes (Marmot, 2021; Solar

& Irwin, 2022). Specifically, the SDH theory underscores that participation in decision-making and social inclusion are essential determinants of health, aligning with the study's findings that increased involvement of elderly individuals in healthcare decisions leads to better access to services. This suggests that charitable aid programs that prioritize elder engagement and integrate their feedback are more likely to meet healthcare needs effectively.

The significant predictors in the regression model consultation, active participation, and the value of elders' input—echo the findings of Chikulo (2020), Mokomane (2018), and Okpala (2021), which identify barriers to elders' participation in healthcare decisions in African contexts, mainly due to cultural norms and lack of autonomy. These studies also highlight how the marginalization of elders in decision-making diminishes their access to appropriate healthcare services. Furthermore, studies by Nguyen and Patel (2019) and Kim and Lewis (2018) emphasize that elders' involvement is often hindered by misconceptions about their capabilities and inadequate capacity-building. This aligns with the regression results showing that when elderly individuals actively engage in healthcare planning, they experience better access to services, suggesting the need for more inclusive approaches in charitable aid programs.

Moreover, the regression coefficient for healthcare services reflecting elders' input further supports the findings of Thompson et al. (2020) and Kim et al. (2019), who argue that when elders' contributions are valued, their healthcare needs are more effectively addressed. This emphasizes the need for organizations to involve elders in healthcare decision-making and ensure their opinions are genuinely integrated into

program designs, as highlighted by Smith & Brown (2019) and Baker & Johnson (2019).

While the Social Determinants of Health (SDH) theory offers a broad framework for understanding the factors that influence health, one of its weaknesses is its challenge in establishing direct causal links between specific interventions, such as charitable aid, and health outcomes (Kawachi & Subramanian, 2007). However, this study contributes to bridging this gap by showing how elder participation in decision-making, an integral component of social capital, positively impacts healthcare access.

This is crucial for understanding the effectiveness of charitable aid programs and their potential to improve health outcomes in marginalized populations, as suggested by Jones et al. (2020) and Chen et al. (2020). Therefore, the findings underscore the importance of incorporating elders into the healthcare planning process for empowerment and the practical benefit of ensuring that healthcare services are more responsive to their needs. This aligns with the SDH theory's emphasis on social inclusion and community participation as critical determinants of health.

4.5.2 Extent to which Charitable Aids meet the Healthcare needs of Elders

The results of this study highlight the importance of several factors in determining healthcare access for the elders, especially in the context of charitable aid. The findings show that the Extent to which philanthropic aids meet the physical healthcare needs of elderly individuals, along with other factors such as the adequacy of medication, timeliness of healthcare services, and attention to mental health needs, significantly predict healthcare access. These findings emphasize charitable

aid's role in improving healthcare access, especially for vulnerable groups such as older people.

About the Social Determinants of Health (SDH) theory, the results align with the theory's assertion that health outcomes are influenced not only by individual behaviors and biology but by broader social, economic, and environmental factors. According to SDH theory, factors like socioeconomic status, social support, and access to healthcare all play significant roles in shaping health outcomes (Marmot, 2021; Solar & Irwin, 2022). The study's findings that charitable aid addressing physical healthcare needs, mental health, and timely healthcare services is associated with better healthcare access resonate with the SDH theory, particularly the elements of access to healthcare and social support.

In line with the SDH theory's emphasis on the importance of participation in decision-making, the study also reinforces the idea that the effectiveness of healthcare initiatives for the elders' hinges not only on the direct provision of resources but also on the involvement of elderly individuals in the healthcare process. This aligns with the finding that healthcare services that consider the elder's opinions and needs lead to improved access. The participation of elderly individuals in decision-making and the inclusion of their input in planning healthcare services are reflected in the study's results, supporting SDH theory's focus on the importance of inclusive social structures.

The findings from this study are consistent with previous research on the Extent to which charitable aid meets the healthcare needs of the elders. Phiri et al. (2019)

found that in Zambia, philanthropic donations were often directed toward basic needs, with insufficient attention given to the specific healthcare challenges faced by the elders, such as chronic conditions and mobility issues. This mirrors the results of the current study, which showed that while charitable aid addresses immediate healthcare needs, it falls short of providing long-term solutions. Similarly, Sanuade et al. (2020) found that charitable healthcare services in Ghana helped alleviate immediate challenges but did not address ongoing healthcare needs, particularly those related to age-related illnesses.

The study's results also resonate with findings from Fernandez (2020), who emphasized the importance of participatory approaches in enhancing the effectiveness of charitable aid, particularly for vulnerable groups such as older people. The positive impact of charitable assistance that responds to the elders' physical and mental health needs in this study suggests that greater participation from elderly individuals in the planning and delivering of healthcare services could further improve the relevance and impact of aid programs.

Moreover, the study's findings align with the work of Park et al. (2019) and Ahmed et al. (2019), who examined how financial constraints affect the reach and effectiveness of charitable aid. In the context of Tanzania, where healthcare access is often limited by economic barriers, charitable aid's ability to meet the elders' needs is influenced by these constraints, echoing the findings from these studies. Despite the limitations, however, the results suggest that when adequately targeted and inclusive, charitable aid can lead to improved healthcare access for the elders.

4.5.3 Cultural Beliefs and Practices and Healthcare Services received by Elderly People

The simple linear regression analysis findings revealed significant relationships between cultural beliefs and practices and healthcare access among elders. Specifically, cultural factors such as traditional healing practices, conflicts with cultural values regarding modern medicine, and cultural barriers to hospital care profoundly impact the likelihood of elders seeking healthcare services. The analysis shows that traditional healing practices strongly predict reduced healthcare access. This suggests that a preference for herbal remedies and consultations with conventional healers can delay or prevent elderly individuals from utilizing formal medical care.

This result is consistent with empirical studies conducted in various African contexts, including Tanzania, where traditional medicine plays a central role in healthcare-seeking behavior. Amani et al. (2021) and Duncan et al. (2021) emphasize that many elderly individuals prefer conventional healing methods over modern healthcare due to deeply ingrained cultural beliefs. This aligns with the findings of the study, which show that cultural factors such as traditional healing practices and beliefs about aging are key determinants influencing healthcare access. These findings reflect broader regional trends where, in some cases, elderly individuals may view certain diseases as part of the natural aging process, leading to delays in seeking appropriate medical care.

The regression analysis also highlights that conflict between modern healthcare practices and cultural values impedes healthcare access. This finding echoes studies

by Adams et al. (2019), which showed that elders who perceive modern medicine as conflicting with their cultural beliefs are less likely to engage with healthcare systems. This is particularly true in rural or traditional communities, where elders may feel uncomfortable with the perceived foreignness of Western medical practices. Moreover, barriers such as cultural insensitivity in healthcare provision further exacerbate this reluctance, as evidenced by the significant relationship between the perception of cultural insensitivity and healthcare access. The result underscores the importance of healthcare providers being culturally sensitive and aware of the unique needs of elderly populations to foster trust and encourage healthcare utilization.

The Social Determinants of Health (SDH) theory, which underpins this study, provides a valuable framework for understanding the influence of cultural factors on health outcomes. According to SDH theory, health disparities are not only shaped by biological or behavioral factors but are also deeply rooted in social, economic, and cultural contexts (Marmot, 2005). The significant impact of cultural beliefs on healthcare access in this study can be interpreted through the SDH lens, highlighting the role of cultural norms, social networks, and community support in shaping health behaviors. The theory emphasizes that cultural factors such as beliefs, traditions, and social expectations influence health-seeking behavior, particularly among vulnerable groups like the elders.

However, as noted in the literature, while the SDH theory offers insights into the broader societal factors affecting health, it does not directly address the specific impacts of cultural beliefs on healthcare access, which is a crucial limitation of the

theory (Kawachi & Subramanian, 2007). Therefore, the findings from this study suggest the need for a more nuanced approach to the SDH theory, incorporating the specific cultural practices and values that influence healthcare behavior in diverse communities.

Furthermore, the findings are supported by other empirical studies exploring cultural beliefs' role in healthcare access. For instance, studies conducted by Phiri et al. (2019) and Sanuade et al. (2020) in Zambia and Ghana found that traditional medicine and cultural perceptions of illness significantly impacted elderly individuals' access to healthcare services. These studies emphasized that while charitable healthcare services were available, they often failed to address the deep-rooted cultural beliefs and practices that hindered elderly individuals from seeking formal medical care. Similarly, research by Park et al. (2018) and Rodriguez et al. (2020) highlighted the role of cultural barriers, including language, distrust of modern medicine, and community norms, in shaping healthcare-seeking behavior.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Chapter Overview

This chapter provides a comprehensive overview of the research findings, summarizing the key results per each objective. The study examined the effect of charitable aid on the quality of community healthcare services, focusing on elderly individuals (aged 60 and above). Specifically, it assessed the extent to which elders are involved in decision-making regarding healthcare services provided by charitable institutions, evaluated how well charitable aid meets their healthcare needs, and investigated the cultural beliefs and practices that influence their access to healthcare services. Based on the findings for each objective, the chapter draws conclusions and provides recommendations for policymakers, healthcare providers, community leaders, and researchers.

5.2 Summary of Findings

5.2.1 Elders' Involvement in Healthcare Decision-making

The findings indicate that elders often need more involvement in healthcare decision-making within charitable institutions. Although charitable organizations aim to provide inclusive services, the elders are rarely consulted or involved in decision-making processes, which limits their ability to voice their preferences or concerns regarding the type of healthcare services they receive. This lack of engagement may reduce the effectiveness of healthcare interventions, as they may need to fully align with the specific needs and expectations of the elderly population. However, this study found that charitable organizations often follow a standardized

approach to service delivery, which can disregard the unique health concerns and cultural perspectives of the elders. When elderly individuals are excluded from decision-making, they may feel marginalized, which undermines trust and reduces the likelihood of accessing available services.

5.2.2 Charitable Aid in meeting Healthcare Needs of the Elders'

The study's findings reveal that while charitable aid significantly contributes to healthcare access for the elders, the services provided often fall short of fully addressing the specific healthcare needs of this demographic. Elders have diverse and complex healthcare requirements, including general medical care and specialized services such as senior care, chronic disease management, and mental health support.

Charitable institutions often lack adequate resources to provide comprehensive healthcare tailored to elders. Limited funding, inadequate facilities, and shortages of healthcare professionals trained in geriatric care hinder charitable organizations' capacity to meet these needs effectively. Although charitable aid reduces financial barriers to healthcare, the limited scope of available services means that elderly individuals may still encounter unmet health needs.

5.2.3 Cultural Beliefs and Practices Influencing Healthcare Access

Cultural beliefs and practices emerged as significant factors influencing healthcare-seeking behavior among the elders. The major barriers were identified as the preference for traditional healing practices, distrust of modern medical approaches, and conflicts between cultural values and formal healthcare systems. Elders often

prefer traditional remedies, viewing them as more aligned with their cultural heritage, which can lead to delayed access to formal healthcare services or outright avoidance of such services. Cultural norms in Tanzania, such as beliefs around aging and illness, sometimes lead to the perception that certain health conditions are part of the natural aging process, reducing the perceived need for medical intervention. Moreover, cultural insensitivity within healthcare institutions can discourage elderly individuals from seeking care, especially when providers are unfamiliar with local customs and traditions.

5.3 Conclusion

This study concludes that charitable institutions do not fully meet the healthcare needs of elders due to gaps in elders' involvement in decision-making, resource limitations, and cultural barriers. The elderly population needs more opportunities to participate in decision-making regarding their healthcare, leading to a mismatch between their needs and the services provided. Charitable organizations often need to pay more attention to the input of elderly individuals, which can reduce their sense of empowerment and decrease their satisfaction with the care they receive. Charitable aid, while beneficial in alleviating financial burdens, often fails to meet the comprehensive healthcare needs of elderly individuals.

Charitable institutions frequently lack specialized resources, such as senior expertise and chronic disease management, critical for elders' health. Cultural beliefs and practices play a substantial role in shaping healthcare access among the elders, with many preferring traditional medicines and viewing modern healthcare with skepticism. These beliefs contribute to delayed healthcare-seeking behavior,

suggesting the need for culturally sensitive healthcare interventions that acknowledge and respect traditional practices. It provides empirical evidence highlighting critical gaps in service delivery, including limited elderly participation in decision-making, insufficient specialized resources, and the influence of cultural beliefs on healthcare access.

Overall, the study provides empirical evidence highlighting critical gaps in service delivery, emphasizing the need for increased elderly participation, improved resource allocation, and culturally sensitive healthcare interventions. The Social Determinants of Health (SDH) theoretical framework facilitated understanding of how factors such as elders' involvement in decision-making, resource availability, and cultural practices influence access to and the quality of healthcare services.

The methodology enabled the systematic measurement of key variables, including elderly participation, adequacy of healthcare services, and cultural barriers. Additionally, the conceptual framework guided the design of data collection instruments and the analytical process by clearly defining which factors to examine and their interrelationships, ensuring the study remained focused on the primary determinants of healthcare quality and facilitating a systematic interpretation of the findings in line with the research objectives.

5.4 Recommendations

Based on the findings and conclusions, the following recommendations are proposed to improve healthcare access and meet the healthcare needs of elderly individuals:

5.4.1 Recommendations for Charitable Organizations

i. Enhance elders' involvement in decision-making. Charitable organizations should actively involve elderly individuals in decision-making processes related to healthcare services. Regular feedback sessions, focus groups, and consultative meetings with elders' beneficiaries could help organizations tailor services to meet specific needs and improve satisfaction.

ii. Invest in specialized healthcare resources for the elders. Charitable institutions should seek partnerships with healthcare providers and senior specialists to ensure the provision of specialized healthcare services. Securing funding and training opportunities for staff in senior care and chronic disease management could help address the unique health requirements of elderly individuals.

iii. Develop culturally sensitive healthcare programs. Charitable organizations should create culturally sensitive healthcare programs that respect traditional beliefs and practices. Training healthcare providers on cultural competence and incorporating conventional healing practices could increase trust in modern healthcare and encourage elderly individuals to seek needed services.

5.4.2 Recommendations for Policymakers

i. Promote policies supporting elders' healthcare needs. Policymakers should prioritize healthcare policies that address the needs of the elders by ensuring that healthcare institutions, including charitable organizations, receive adequate support for senior care and chronic disease management.

ii. Encourage community-based health education initiatives. Health education campaigns highlighting modern healthcare's importance while respecting

traditional practices could help reduce cultural barriers and encourage elders to access formal healthcare services.

iii. Support research on elders' healthcare needs. Policymakers should fund research initiatives exploring the elders' healthcare needs, particularly within cultural contexts, to inform more effective and inclusive healthcare policies.

5.4.3 Recommendations for Healthcare Providers

i. Foster culturally competent healthcare practices. Healthcare providers should receive training in cultural competence to understand better and respect the beliefs and practices of elderly patients. This approach can foster trust and improve the willingness of elderly individuals to access healthcare services.

ii. Provide comprehensive geriatric care. Healthcare providers should focus on developing programs that specifically address the healthcare needs of the elders, such as chronic disease management, preventive care, and mental health services. Collaborative partnerships with charitable organizations can help expand these services to elders and needy individuals.

iii. Strengthen communication channels with philanthropic organizations. By improving coordination with charitable organizations, healthcare providers can help align services with the unique health needs of elderly individuals and promote comprehensive care that integrates medical and social support services.

5.5 Areas for Further Research

Given the findings of this study, future research could focus on the following areas to better understand and address the healthcare needs of elderly populations—

longitudinal studies on healthcare utilization among the elders. Studies tracking healthcare utilization patterns over time could provide insights into the long-term impact of cultural beliefs and practices on elders' healthcare access. Also, further comparative studies on charitable aid effectiveness should be conducted in different cultural contexts. Research comparing healthcare outcomes for elderly individuals in different cultural settings could shed light on effective strategies for culturally sensitive healthcare provision.

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APPENDICES

Appendix I: Questionnaire

I'm Kijonjo, Rehema second year student at Open University of Tanzania pursuing Master of Humanitarian Action, Cooperation and development. One of the criteria to fulfill the requirement of being awarded degree is to conduct research. My research topic is: The effect of Charitable Aid on the Quality of Community Health Services: A Case of Mwanzang and Msufini Elders' Camp in Tanga, Tanzania. Kindly I request your kindness and patient in responding to my question. You're allowed to withdraw at any point.

Thank you for your participation.

Part 1: Demographic characteristics of the respondents

1. What is your gender (Tick the correct response)?
   a) Male
   b) Female
2. Age category (Tick the correct response)
   a) 60-64
   b) 65-69
   c) 70+
3. Level of education
   a) Primary
   b) Secondary
   c) Certificate
   d) Others…….

4. How long have you been in this camp?

   a) Less than 5 years

   b) 5-10 years

   c) 21+ years

SECTION B: Involvement of elders in making decisions regarding healthcare services

1. Briefly describe your responses by ticking (√) the extent you agree with the statement using the following scale**:** SA=Strongly Agree, A=Agree, U=Undecided, D=Disagree, SD=Strongly disagree

SN	Statements	SA	A	U	D	SD
1	Elders' individuals are consulted when making decisions about healthcare services provided by charities					
2	Elders' individuals actively participate in decision-making regarding healthcare services.					
3	I feel that elders' people's opinions are valued in the planning of healthcare services by charitable aids.					
4	Healthcare services by charitable institutions reflect the input of elders' individuals.					

SECTION C: T**he extent charitable aids** meet **the healthcare needs of elders**

1. Kindly, tick (√) the extent you agree with responses using the following scale**:** SA=Strongly Agree, A=Agree, U=Undecided, D=Disagree, SD=Strongly disagree

SN	Statements	SA	A	U	D	SD
	Charitable aids meet the physical healthcare needs of elders' individuals.					
	Charitable institutions provide adequate medication and healthcare supplies for elders' people.					
	Elders' individuals receive timely healthcare services from charitable aids.					
	Charitable aids address the mental health needs of elders' people effectively.					
	Healthcare services provided by charitable institutions are accessible to elders' individuals in need.					

SECTION D: The extend cultural belief and practices affect elders' people from receiving healthcare services

Briefly describe your responses by ticking (√) the extent you agree with the statement using the following scale**:** SA=Strongly Agree, A=Agree, U=Undecided, D=Disagree, SD=Strongly disagree

SN	Statements	SA	A	U	D	SD
	Traditional healing practices					
	Elders often believe that modern healthcare services conflict with their cultural values					
	Cultural beliefs prevent some elders from seeking healthcare at hospitals					
	There is a perception among elders that healthcare providers do not respect or understand their cultural practices.					
	Religious beliefs influence how frequently elders seek healthcare services from charitable institutions					

Thank you for your participation

Appendix 2: Clearance Letter

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

Simu: 027 2042421
Fax: 027 2647752
E-mail: ras.tanga@tamisemi.go.tz

Ofisi ya Mkuu wa Mkoa,
Mkoa wa Tanga,
81 Barabara ya Jamhuri,
S.L.P. 5095
21180 TANGA

Unapojibu taja:
Kumb. Na. DA. 228/258/01/98

20 Oktoba, 2024

Mkurugenzi wa Jiji,
Halmashauri ya Jiji la Tanga.

Mkurugenzi Mtendaji
Halmashauri ya Wilaya ya Muheza.

YAH: KIBALI CHA KUFANYA UTAFITI CHA BI. REHEMA KIJONJO NO. PG201901136.

Ofisi ya Mkuu wa Mkoa imepokea barua yenye Kumb.Na.OUT/PG201901136 ya tarehe 17 Oktoba, 2024 Kutoka Chuo Kikuu Huria cha Tanzania inayohusu somo tajwa hapo juu.

2. Barua hiyo imemtambulisha ***Bi. Rehema Kijonjo*** ambaye ni Mwanafunzi wa Shahada ya Uzamili katika Chuo kikuu Huria cha Tanzania, ambapo kwa sasa anapaswa kufanya utafiti wa kukamilisha masomo yake. Utafiti huu unahusu **"Effect of Charitable Aids on Performance of Community Health. A case of Mwanzange and Misufini Elderly camp in Tanga"** Utafiti huu utafanyika kwa kipindi cha kuanzia tarehe 18 Oktoba, 2024 hadi 30 Oktoba, 2024.

3. Aidha, Utafiti huu unapaswa kufanyika kwa kufuata Sheria, Kanuni,Taratibu na Miongozo ya Nchi iliyopo.

4. Kwa barua hii, namtambulisha kwako mtajwa hapo juu na unaelekezwa kumpokea na kutoa ushirikiano unaohitajika ili aweze kukamilisha utafiti wake.

5. Nashukuru kwa ushirikiano wako.

Charles Mtali James
K.n.y. KATIBU TAWALA MKOA
TANGA.

Nakala: Bi. Rehema Kijonjo
MWANAFUNZI