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The Predicaments of the Rural Elderly People in Tanzania: Which Type of Support Do They Need Most? A case of Kasulu District in Kigoma Region, Tanzania

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This study focused on examining the predicaments faced by older people residing in rural areas of Kasulu District in Kigoma region, Tanzania. A mixed-methods approach was employed, utilising a cross-sectional and phenomenological research design. The population of interest encompassed all older people residing in three wards and six villages within the district. The study used a sample size of 379 respondents selected through a simple random sampling technique, and three key informants were purposively selected. Data collection involved structured interviews with respondents, unstructured interviews with key informants, and the use of focus group discussions to gather qualitative information from older people. Quantitative data underwent descriptive analysis, while qualitative data underwent thematic analysis. The study revealed that older people faced various predicaments in their daily lives, including lack of or insufficient income, inadequate access to food and medicine, lack of necessary farming implements and inadequate support from their families. Additionally, older people received limited benefits from support mechanisms such as TASAF (Tanzania Social Action Fund) and free healthcare policy. Based on the findings, the study recommends that government and non-governmental organisations reconsider their approaches to supporting older people. The government should revise policies to address the current needs of supporting families in caring for older people, such as establishing pensions for all older people to enhance their income status.

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INTRODUCTION

The global population of persons aged 65 and above will increase from 10% to 16% by 2050, and especially in developed countries continue to face three primary types of uncertainties: economic uncertainty, social uncertainty, and health uncertainty (UN DESA, 2022). The United Nations Human Rights offer older people access to adequate food, water, shelter, clothing, and healthcare. This could be achieved through various means, including income support, family and community assistance, and self-help initiatives (Borius & Mandoki, 2020). Nevertheless, older individuals across different populations worldwide encounter various predicaments, most notably physical inactivity and declining health as they age

In developed countries, older people face a range of predicaments that impact their wellbeing and quality of life despite well-established social security systems compared to developing countries. Older individuals in developed countries face financial insecurity caused by factors such as pension inadequacy, limited employment opportunities, and rising healthcare costs that lead to economic difficulties (Chhatwani, 2022). As such, some older people struggle to afford essential expenses like housing, healthcare, and nutritious food, negatively impacting their overall wellbeing. Also, because of the increased risk of health issues and chronic conditions, they face predicaments in accessing affordable and appropriate healthcare services. For example, long waits for medical appointments, limited availability of geriatric

specialists, and high medication costs hinder older individuals' ability to effectively maintain their health and manage age-related conditions (Rudnicka et al., 2022). Furthermore, they face social uncertainty by experiencing isolation and decreased social connections leading to mental health issues. Social difficulties may be caused by retirement, loss of loved ones, and physical limitations (WHO, 2021).

Like in developed countries, older people in developing countries face a set of predicaments that significantly impact their wellbeing and quality of life. However, the various difficulties reflect the low level of development (Deter, 2020). For example, many developing countries have limited social security systems leaving older individuals without sufficient financial support (Ugalgor, 2020). This lack of coverage results in economic insecurity, making it difficult for older people to meet their basic needs and essential services like healthcare. The situation manifests in limited healthcare infrastructure, a shortage of trained professionals, and inadequate healthcare financing. Older people struggle to access quality healthcare, leading to untreated health conditions and reduced quality of life (Mussie et al. 2022).

Furthermore, older people in developing countries are more likely to experience poverty because of low wages during their working years and limited access to the pension system. They may lack income security, making it challenging to afford necessities, including food, shelter, and healthcare (HAI, 2018). Additionally, older people in developing countries

may have limited family and community support systems. This is because of the migration of younger family members in search of work or the breakdown of traditional family structures (Mfungo & George, 2022). Older people may face social isolation and increased vulnerability without the support of their families and communities. They also lack comprehensive long-term care services, and a shortage of assisted living facilities, nursing homes, and home care services, making it difficult for older people who require assistance with daily activities to receive adequate care (Ohemeng et al. 2020). They also face stereotypes, prejudice, and exclusion based on their ages. Hence, they have limited opportunities for employment, social participation, and access to resources.

Only 4% of older people in Tanzania are covered by the social security system with the majority being former workers in formal employment (HAI, 2018). Consequently, despite the relatively low number of older people, a significant proportion does not receive adequate care to lead a dignified life (Ohemeng et al., 2020). Additionally, the number of older individuals with unmet care and support needs in developing countries is increasing substantially due to predicaments within the formal system comprising government initiatives and informal care systems encompassing families and communities (Abdi et al., 2019).

Recognising the predicaments older people face, including limited access to healthcare, low income, loneliness, and diminished respect from younger generations, the Tanzanian government highlighted these issues in the National Elderly Policy (2003) to address them. It also acknowledges that many older people cannot care for themselves due to physical weakness and thus need assistance (URT, 2003). This study aimed at exploring and describing the current state of predicaments facing older people to help refocus policy options and efforts towards addressing them by the government in collaboration with other stakeholders.

MATERIALS AND METHODS

Study Area and Study Sites

The study was conducted in a predominantly rural population of Kasulu District Council in the Kigoma Region in Tanzania to assess the predicaments of older people aged 60 years and above. The District Council is found in north-western Tanzania, near the international border with the Republic of Burundi, and its coordinates are latitudes 4.37940S and longitudes 30.36420E. The district shares a border with Burundi to the north, Kibondo District to the east, Uvinza District to the south, and Kigoma District to the west. It consists of lowland forests and highland grassland. According to the National Population and Housing Census of 2012, the district had a population of 425,794, of which the old persons were 19443. Economically, the district is found in the Kigoma region, rated as poor compared to other regions in Tanzania. About 56% of its population is multidimensionally poor (URT 2018) and older people are the most vulnerable group (Deter, 2020). Furthermore, geographically, Kasulu district is at the periphery of the major economic cities such as Dar es Salaam and other developed economies and service centres.

Study Design and Data Collection Methods

The study employed a mixed-methods approach and utilised a descriptive cross-sectional and phenomenological study design. The mixed method enabled both qualitative and quantitative data to be collected and analysed. At the same time, the cross-section approach was meant to enable data collection from all subjects at a single point in time and proceed with data processing. The phenomenological approach enabled collecting rich qualitative data from older people based on their lived experiences through focus group discussions (FGDs). The study was conducted from March 2021 to June 2022. To complement the survey on older people, the study employed qualitative methods involving interviews with three key informants: a

District Welfare Officer, a Ward Executive Officer, and an official from a non-governmental organisation. The selection of key informants was purposive, and their number was determined based on the principle of data saturation. Additionally, two focus group discussions (FGDs) consisting of six older people each were conducted with older people, focusing on their support and predicaments in daily life. The study employed various methods of data collection such as structured face-to-face interviews with older people, key informant interviews, focus group discussions, and documentary reviews. The study used data collection tools such as structured questionnaires, interview guides, document review checklists, focus group discussion checklists, voice recorders, and notebooks. The language used during data collection was Swahili, and the average interview duration lasted up to 45 minutes.

Sampling Frame and Sample Size

The sampling frame for the study consisted of a list of 1,101 older people obtained from Saidia Wazee Tanzania, an NGO that collaborates with the government to assist older people in the district. From this sampling frame, a sample size of 388 older people was determined using the formula for known populations, adapted from Cochran (1977). However, 379 respondents were available during interviews making a response rate of 97.7%. The sample size 379 was considered sufficiently large to attain a desirable level of precision in the study’s findings.

$$n = \frac{Z^2pqN}{e^2(N-1)+Z^2pq}$$

$$n = \frac{(1.96^2)(0.5)(0.05)(1101)}{(0.04^2)(1101-1)+(1.96^2)(0.5)(0.05)} = 388$$

The total sample was obtained based on proportional sampling from the six villages as shown in *Table 1*.

Table 1: Sample distribution of respondents by wards and villages

Ward	Number of villages in the ward	Selected villages	Number of Older Persons February 2021	Planned Sample size (elders)
Rungwe	2	Kaguruka	118	42
Mpya		Rungwe Mpya	370	130
Buhoro	5	Buhoro	209	74
		Kibirizi	116	41
Rusesa	4	Makingi	177	62
		Kakirungu	111	39
Total			1101	388

Sampling Approaches

Multi-stage sampling approach was used, involving the selection of wards, villages, and older people. In the first stage, three (3) wards, namely Buhoro, Rungwe Mpya, and Rusesa were selected using simple random sampling. In the second stage, six (6) villages were selected using simple random sampling and in the third stage, 379 older people were selected by using a systematic random sampling technique. This approach was used because the population of older people was assumed

to be homogeneous in their socioeconomic and cultural characteristics. Therefore, it enabled any of the households to have an equal chance of being selected, thus avoiding biases.

Data Processing, Analysis, and Presentation

The quantitative data collected were processed and analysed using SPSS IBM Statistics version 20. Descriptive statistics, such as frequencies and percentages, were calculated to illustrate the socioeconomic and demographic characteristics of the older people in the study area. For the qualitative

data, thematic analysis techniques were employed. This involved a series of steps including data transcription, coding, sorting, clustering into themes and subthemes, interpretation, and report production. The themes were developed based on the primary areas of focus in the study, specifically the assistance and predicaments experienced by older people and suggestions to address predicaments. The presentation of both quantitative and qualitative data and the study findings were in alignment with the study's objective and relevant literature, ensuring a comprehensive and coherent representation of the results. The data were presented using text and tables.

Data Validity and Ethical Consideration

Data triangulation from multiple sources and methods was conducted to ensure quality assurance and the opinions and reflections of study participants were included in the final report. The data collection instruments underwent appraisal by an expert in the field, and revisions were made based on expert feedback before actual data collection took place. Ethical principles were strictly adhered to, with a focus on respecting

participants' autonomy, protecting them from harm related to the study, and ensuring confidentiality. Approval from the Institute of Rural Development Planning and permission from Local Government Authorities, including the Kigoma Regional Administrative Secretary, Kasulu District Executive Director, Ward Executive Officers, and Village Executive Officers, were obtained before conducting the study. Data collection commenced only after official permission was granted and participants provided their informed consent to participate in the study.

RESULTS AND DISCUSSION

Socioeconomic and Demographic Characteristics of Respondents

The results in *Table 2* discuss the socio-demographic and economic characteristics of older people in the study area. These characteristics are important in the understanding of the predicaments facing older people. The variables include age, gender, marital status, health insurance, occupation, income-generating activities, and house ownership.

Table 2: Socio-demographic Characteristics of Respondents

Characteristic		Freq	Percent	Cumulative Percent
Age	60 – 69	160	42.2	100.0
	70 – 79	106	28.0	28.0
	80+	113	29.8	57.8
	Total	379	100.0	
Gender	Female	245	64.6	64.6
	Male	134	35.4	100.0
	Total	379	100.0	
Education	No formal education	127	33.5	33.5
	Primary	247	65.2	98.7
	Post-primary training	5	1.3	100.0
	Total	379	100.0	
Marital status	Divorced/separated	13	3.4	3.4
	Never married	40	10.6	14.0
	Widowed	130	34.3	48.3
	Married	196	51.7	100.0
	Total	379	100.0	
Health insurance	No	361	95.3	95.3
	Yes	18	4.7	100.0

Characteristic		Freq	Percent	Cumulative Percent
Total		379	100.0	
Occupation of a head of household	Farmer	131	71.2	71.2
	business (self-employed)	3	1.63	72.83
	Casual worker	26	14.13	86.96
	Unemployed	14	7.61	94.57
	Others	10	5.43	100
Total		184	100	
Having income generating Activity	Yes	17	4.5	4.5
	No	362	95.5	100.0
	Total	379	100.0	
House ownership	Yes	347	91.56	91.56
	No	32	8.44	100.0
Total		379	100.0	

Age Distribution of Respondents

The age distribution of the respondents is presented in *Table 2*. The findings indicate that 42.3% of the respondents were 60 to 69 years old. This group can be referred to as the ‘younger’ old, as they still possess energy and are capable of engaging in social and income-generating activities, as noted by (Mebane and Pezzuti, 2020). Approximately 28% of the respondents were between 70 and 79 years old, categorising them as the ‘older’ old. This age group typically experiences physical decline and may require partial assistance compared to the ‘younger’ old category. Lastly, 29.8% of the respondents were aged 80 years and above, comprising the ‘oldest’ old category. This group usually requires assistance for daily activities, and older people aged 80 years and above often reside in unfavourable living conditions (Nishanthi and Kumar. 2017).

Gender of Respondents

According to the findings presented in *Table 2*, a larger proportion of the respondents were female, accounting for 64.6% of the total, while male respondents constituted 35.4%. This distribution highlights the disproportionate sex ratio observed among older individuals. It was crucial to collect gender-disaggregated data because older women and men face distinct predicaments, as their gender status can influence the intensity of challenges faced. For instance, research indicates that older

women are more economically dependent compared to older men (Maniragaba et al. 2019). Additionally, studies have shown that older women in rural areas are particularly vulnerable to extreme poverty and have a higher likelihood of living alone in comparison to older men (Ohemeng et al., 2020).

Level of Education

Education serves as a significant factor in determining the living arrangements of older people. It acts as a gateway to enhancing living standards and expanding opportunities. In this study, the educational levels of the respondents were categorised into three groups: no formal education, primary education, and post-primary education. The findings presented in *Table 2* indicate that only 35.6% of the respondents had attended school. This suggests that a considerable proportion of older people in the study had not received any formal education, which may reflect the overall low level of development in the Kigoma region. According to Walsh (2020), older people who are less educated are likely to be deprived of material wealth. The Human Development Index (HDI) for Kigoma, with a value of 0.47, is lower than the national average of 0.518 (URT 2018). Additionally, among those who did receive an education, the majority had attained only a primary level of education, while a mere 1.8% had progressed beyond primary education.

Marital Status of the Respondents

The findings presented in *Table 2* demonstrate that a significant proportion of the respondents were married, accounting for 51.72% of the sample, while the smallest proportion consisted of divorcees at 1.58%. Additionally, the results reveal that widowhood was prevalent, with widows and widowers comprising 34.3% of the respondents. Existing literature suggests that widowed older individuals are more likely to live alone (van Eeuwijk and Obrist, 2014).

Occupation and Other Income-Generating Activities of the Head of Households

The findings presented in *Table 2* indicate that the majority of the head of households, accounting for 71.1%, were engaged in farming, which aligns with the predominant occupation in rural communities (URT, 2018). Less than 2% of the respondents reported involvement in non-agricultural activities, such as small businesses, while 14.5% engaged in casual work to earn a living, and the remaining individuals were not working. The agricultural activities carried out by most of the heads of households were subsistence-based, focusing on meeting their own consumption needs rather than generating income. This lower level of production may reflect the poverty situation older people live in and continuously remain dependent (HAI, 2020).

In addition, the study collected data on income-generating activities among older people because the predicaments faced can vary depending on their financial capabilities. Evidence shows that engaging in income-generating activities provides older individuals with confidence and autonomy in decision-making (Ohemeng et al., 2020). However, as shown in *Table 2*, only a small proportion, 4.5%, of older people had income-generating activities. The results further show that a significant proportion of older people do not possess National health insurance cards. This may imply that only a few older people have access to healthcare services

reflecting the poor coverage of social security systems in developing countries, as confirmed by the study in Eastern Nigeria (Samuel et al., 2021). The findings in *Table 2* have also revealed that older people lived in their own houses.

Predicaments Facing Older People

Exploring the predicaments facing older people was the major focus of this study. The challenges were summarised as per responses to open-ended questions of the structured questionnaire and were also complimented by views from focus group discussions. The findings show the diversity in common predicaments experienced by older people in the study area. They ranged from lack of income to meet various needs, food inadequacy, poor access to healthcare services, low agricultural production, poor shelter, and difficulty in managing activities of daily living (ADL) such as fetching water and inadequate support from family members, especially adult children.

Respondents were asked to mention the predicaments they faced in their daily life. This question had multiple responses because older people faced more than one challenge. *Table 3* summarises the responses given by the respondents. The result shows that the key predicaments reported were a shortage of money (60.1%), followed by diseases (44.0%), and a shortage of food (42.38%). Other reported challenges were poor shelter, poor access to health service, poor agricultural production resulting from a shortage of farm inputs, and long distances to walk to fetch domestic water. These findings are in unison with the study conducted in the Coastal region of Tanzania, which indicated that in rural areas, most of the older people were vulnerable to poverty and faced predicaments such as lack of financial support and poor access to proper health facilities (Mfungo et al. 2022). Furthermore, older people in rural areas live in poor housing conditions. These findings are also supported by a qualitative study which was conducted in Nigeria (Tanyi et al., 2018).

Table 3: Predicaments facing older people (multiple responses)

Challenge	Freq	Percent of cases
Difficulties in Fetching water	31	8.59
Diseases	159	44.04
Low crop production	28	7.76
Poor Healthcare service	38	10.53
Absence of Medicine	57	15.79
Inadequate Cash	217	60.11
Shortage of food	153	42.38
Lack of agricultural inputs	39	10.80
Indecent Shelter	82	22.71
Total	804	222.71

Financial Needs, Sources, and Predicaments

Older people need financial and non-financial assistance because they are either too physically weak to participate in any activities for daily living; or cannot produce enough for daily subsistence. The predicaments go in hand with the sources and their ability to provide support. The results reveal that older people get financial assistance from different sources, the large% of cases being from children (54.3%) and the Tanzania Social Action Fund (TASAF) (29.9%). Other sources of financial support mentioned were spouses (5.92%), grandchildren (5.26%), non-government organisations (0.66%), and others (3.95%). From the results, it seems that spouses, children, and grandchildren constitute the main source of assistance as family members of the older person. The findings confirm the great role played by families in providing care and support for older people (UN DESA. 2022). The results are in agreement with those of a study conducted in the Kilimanjaro region in Tanzania that the benefactors of financial assistance to older people are family members, followed by TASAF (Malima, 2020). Similarly, another study conducted in Zimbabwe on living arrangements observed that older people got assistance from family members (Ncube, 2017). These results also reaffirm the view of the government, as expressed in the Tanzania National Elderly Policy, that the family will remain the major caretaker of the older person, and the establishment

of older person homes would be the last resort (URT, 2003).

However, the results have revealed that the amount of money older people receive as assistance is not enough to meet expenditure needs. From focus group discussions in two villages, lack of money emerged as a major theme where older people expressed receiving little amount or not receiving at all. To address this challenge, they engage in casual labour to earn little money to buy their needs. For example, from Kakirungu Village, an older woman, 64 years old, was quoted as saying:

“On my side, I do not receive financial assistance from anyone. Instead, I engage in casual farm work on the streets to earn a small amount of money”.

The evidence continues to show that even those who receive financial support are not enough; older people who still have physical strength complement working on farms to increase their income. Another older woman of 67-year-old confirmed this by stating:

“I have children living in the village, but even if they give me some money, it is infrequent and very little”.

Similar studies indicate that support provision from families and community is declining, such as the study by Haberlein (2018) in Nigeria. According to the United Nations Living arrangement report of 2022, the reliance of older people on family support

has been proven inadequate and detrimental (UNDESA, 2022).

In the discussion, participants explained the reasons for not receiving or receiving insufficient financial support from their families, especially adult children. The reasons were mainly two; one was the inability to provide support as a result of the tough life of support providers and the second was the loss of sense of filial obligations among adult children. A male older person 69 years old stated not receiving any kind of support despite having children in the same village and in other regions; he said:

“Personally, I have children who live in different regions, but they do not provide me with any financial support. One of my children resides in the same village as me, but we have severed our relationship due to a conflict. We no longer communicate or visit each other”.

This statement may mean that some older people do not receive support from their children because of conflicts and poor relationships. Similar findings were reported in the study done in Nigeria, where the tension between the support provider and receiver affected the process support provision (Awuviry-Newton, 2021)

Other older people do not receive support from children but do not complain about it because their children's lives are economically difficult, and sometimes, they fail to meet their basic needs. An older woman of 70 years in Kakirungu Village was quoted as saying;

“Sometimes I attempt to ask for financial assistance from my son, but he usually explains that even his own life is difficult, and he can barely earn enough money to support his family”.

The findings conform to the study conducted in the Coastal Region of Tanzania, which found that adult children sometimes failed to support older parents because of the poverty they live in (Mfungo

&George, 2022). Furthermore, some older people do not ask for assistance despite being in need fearing igniting marital conflicts in their children's families. They reported that their married sons would be willing to provide support but are confronted by their wives. An older woman (66) stated;

“Whenever my son decides to help me, his wife becomes angry and threatens to leave him. Out of fear of causing marital conflicts, I refrain from asking for money”.

This may imply that sometimes older parents are mistreated by their children. Similar mistreatments have been experienced in many other parts of Tanzania and in other countries of East Africa (Mussie et al., 2022)

Non-financial Needs, Sources, and Predicaments

Findings revealed that older people need non-financial help. From the summary of statistics obtained from the descriptive analysis, major non-financial assistance received by older people were clothes (48.0%), food (46.9%) and others combined, constituting about 5.08%, including shelter, soap, fetching water, healthcare service, collecting firewood, and activities of daily living. According to a percentage of cases in multiple responses, the major sources of non-financial assistance were children (84.47%). Neighbours emerged as the second main source (4.6%), followed by relatives (3.18%) and religious organisations (2.73%). The support rate from other sources was (4.09%) including grandchildren and others. The findings in this context may mean that neighbours and relatives play a significant role in the provision of non-financial support to older people compared to financial support. The results also show the intervention of faith-based organisations in this role.

The findings align with the study conducted in Zimbabwe, which observed that the engagement of non-family members in assisting older people is also common in other areas (Ncube, 2017). The

findings of this study base on focus group discussion conform to the descriptive statistics. In the discussion in Buhoro Village, participants confirmed that it was a common practice for faith-based organisations to help older people, particularly those who live alone. The findings may further suggest that in some instances, families may be overburdened, and intervention of the community would give relief, especially in countries with poor coverage of the social security system. Similar suggestions were made in a study by Brosius and Mandoki (2020), who found that having a caring community was crucial in assisting families in the role of supporting older people. They are helped with food and clothes and the rehabilitation of houses. However, support is given to believers; those who do not go to church do not receive help.

Findings from focus group discussions revealed more concerns of older people regarding non-financial support. Food insufficiency and poor healthcare services were repeatedly mentioned as major predicaments. The findings align with the results of the study of action needed for Tanzania's older people in crisis by HelpAge International in Tanzania (HAI), which concluded that older people had poor food consumption and no diversity in diet (HAI 2022). The challenge of inadequate food was associated with declined production ability as a result of weak physical strength and lack of farm implements. According to the participants, they would go far away from home to cultivate large farms, but the weak bodies prevent them, and they eventually end up cultivating smaller areas around homes and harvesting small amounts of crops. The findings agree with the results from an ethnographic study conducted in Sumbawanga District in Tanzania, which found older people engaging in small farms and gardens around their homes (Deter, 2020). Further, they reported that a lack of farm inputs such as fertiliser and pesticides leads to low levels of production. An older man, 75 years old, stated that;

“The available agricultural lands for cultivation are far away from our homes, so I engage in small-scale farming near my residence”. However, due to the absence of fertilisers and the exhaustion of the land, my harvests are inadequate.”

Moreover, older people often suffer from illnesses, but they do not have access to quality healthcare services. Despite having old age identity cards that guarantee access to free health services, the experience of older people was that most of the time there was no medicine in government health facilities for them. One of the participants in the discussion, an old woman 70 years old in Kakirungu Village of 70 years, was quoted as saying;

“Currently, we possess these old age IDs, but when we visit the hospital, we are directed to purchase medicine from private pharmacies. I do not understand why these IDs were issued to us in the first place”.

The evidence from the study on the effect of the elderly exemption policy in Tanzania supports these findings. According to this study, exemption IDs only improved the attendance of older people at health facilities, but there was no improvement in health services provided due to a shortage of medical supplies and health personnel (Edward & Maluka, 2021). According to the participants for this situation, the consequence was the risk of death from untreated diseases. Although we have been given old age IDs for free treatment, hospitals often do not have the necessary medicine.

Further analysis of the focus group discussions revealed that there was a challenge of inadequate support from members of the family in activities of daily living of older people apart from financial needs. Older people did not receive adequate assistance with activities like collecting firewood, fetching water, rehabilitating houses, and ferrying crops from farms. An old woman of 72 years old in Buhoro village was quoted as saying;

“We don’t have people to assist with activities of daily living, we collect firewood and fetch water ourselves which is sometimes impossible.”

Participants in both groups echoed this challenge and suggested that it was caused by modernisation and declining traditional values toward older people. The finding agrees with a similar study in the Coast Region of Tanzania, which found that modernisation and urbanisation were the reasons for adult children to leave older parents alone in homesteads (Mfungo et al. 2022).

This assertion was echoed by an older woman (78) in Kakirungu Village who reported having grown grandchildren but would not help her with a collection of firewood and water. The findings may

indicate the declining intergenerational solidarity and family cohesion. Similar situations have been experienced in various parts of Africa where older people do not receive adequate support. In the phenomenological study conducted in Ethiopia, older people accused the young generation of failing to execute the filial obligation of taking care of them (Zelalem et al., 2020). They further explained that the existing relationship between parents and children is intimidating and embarrassing for older people.

Suggestions to Address Predicaments Facing Older People

Opinions were collected from the older people on how to improve or address the predicaments facing them and the results are summarised in *Table 4*.

Table 4: Suggested ways to support older people (multiple responses)

Support needed by older people	Freq	Percent of cases
Food assistance	72	20.75
Cash assistance	240	69.16
Improved shelter	59	17.00
Fertilisers support	33	9.51
Access to health services	14	4.03
Improve water access	17	4.90
Availability of medicine	140	40.35
Total	575	165.71

The results in *Table 4* show a large proportion of older people wanted to find ways to improve their income (69.16%) to be able to buy basic needs. This suggestion may imply that older people may need old age pensions for all, whether former employees or not, to ensure they get some income at regular intervals. A similar suggestion was made in the study on the coping strategies of the elderly against various insecurities in the Kilimanjaro region in Tanzania that the government, in collaboration with other stakeholders, must think of establishing a universal pension and improving the living environment (Malima, 2020).

Also, evidence from the study conducted in Cameroun on the determinants of active and healthy ageing agrees with this view that older people who

possess wealth, such as income, are likely to experience active and healthy ageing (Naah et al., 2020). The evidence from TASAF beneficiaries confirms the importance of cash transfers which enable older persons to afford basic needs. A study in Uganda also made a similar conclusion regarding the positive association between wealth possession and better physical health, and active ageing (Maniragaba et al., 2019). From focus group discussions in line with income, older people suggested being empowered to increase agricultural production to get sufficient food for domestic use and sell to earn cash. One older male, 65 years old, from Buhoro village, stated that;

“It is essential for us to have access to affordable fertilisers, enabling us to cultivate

crops for our sustenance. By selling a portion of the harvest, we can acquire funds to meet our other needs”.

The suggestion of enhancing agricultural production may imply older people do not wish to remain dependent on families. This is because it has been learnt that the support which is provided is inadequate due to the poor economies of adult children (Mfungo & George, 2022). Moreover, engaging in agricultural activities help may help older people to remain active in their old age. Their second major suggestion was the improvement of health services, especially by making medical supplies available such as medicines (40.35%). Poor access to healthcare services is among the study's serious problem, given that the majority are not members of any health insurance scheme, as in *Table 4*. In connection with access to health services, older people reported having old age exemption IDs, but sometimes they were not helpful as most of the time, older people were directed to buy medicines from private pharmacies. Additionally, it was learnt from the discussions that some older people had no exemption IDs, especially in Buhoro village, putting them at a disadvantage. One older person, 70 years old, was quoted as saying,

“We need improvement of healthcare especially to issue IDs to those who missed and make medicine available at the hospital for older persons”.

These findings conform to similar studies in Tanzania, such as the study conducted in Moshi Kilimanjaro (Malima, 2020).

CONCLUSION

The study explored the characteristics of older people in the Kasulu district. The findings revealed that a large proportion of older engages in subsistence farming which is characterised by low levels of production. Results have also indicated

that most older people have no formal education, few of whom have attained primary-level education. Furthermore, older women constitute a large proportion of older people.

The study has revealed the major predicaments facing older people in the study area, including lack of money, food shortage, and diseases. Other predicaments were poor health services exacerbated by the absence of medicines in health facilities. Apart from that, older people expressed the difficulties they get in performing activities of daily living because of weakening physical strength while having unreliable support from families. The study captured older people's feelings on suggested ways to address predicaments and improve their quality of life. Generally, most suggestions of older people were meant to address the predicaments and improve living situations, including food access and income.

Recommendations

First, the Kasulu district in collaboration with faith and non-governmental organisations, should update the statistics of older people so that they can all be recognised. This will enable all older people to be easily assisted by receiving benefits meant for them, including a health service waiver system. Also, this will enable the government to identify the most vulnerable individuals who should be included among beneficiaries of the TASAF programme.

Second, the Kasulu district should put in place strategies to address the issue of food insecurity. This can be done by making older people who still have physical strength benefit from fertiliser subsidies to enable them to produce sufficient food for consumption and earning income.

The district government, through the district welfare office in collaboration with faith-based organisations, should create awareness and encourage families to support older people in their families. This will help to instil a sense of filial obligations among young adults and maintain

traditional values and respect towards older people in society.

Lastly, the central government, through the Ministry of Community Development, Gender, Women and Special Groups, has to review the elderly policy to address the emerging predicaments as modernisation, urbanisation, and migration are disrupting the traditional family welfare system that is used to ensure support to older people. In line with this, the central government may think about how to provide pensions for all elderly, whether they worked in the informal or formal sector, to ensure a reliable flow of much-needed income at regular intervals

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