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Compliance on Ageing Policy and Free Health Care Policy to Elders in Tanzania: Experience from Geita Region, Tanzania.

Mtasigazya, P.
Lecturer department of Social Studies, The Mwalimu Nyerere Memorial Academy- Zanzibar Campus, P.O.BOX 307, Zanzibar, Tanzania. Email: p. anton75@yahoo.com

Abstract: This study discusses the extent to which Bukombe District Council comply with the directives of National Ageing Policy in Tanzania. The specific objectives were: to explore the extent at which Bukombe District council complies with the provision of free health services to elder people and to examine the extent to which economic and bureaucratic processes promote or hinder compliance on ageing policy in providing free health services to older people. The research questions which guided this study were: i. to what extent Bukombe District complies with the provision of free health services to the elderly? ii. How do economic and bureaucratic processes promote or hinder compliance on ageing policy in particular providing free health care services to the elderly in Bukkombe District? The study adopted a case study research design with a sample size of 80 respondents selected through purposive sampling technique. The methods of data collection were Interview and documentary review. Indeed, both qualitative and quantitative data were used. The study findings revealed that compliance on providing free health services to older people aged 60 years and above as it is stated in the National Ageing Policy of 2003 is not fully realized. The findings indicate that majority of the respondents both local government staff and elders perceived that health services were not freely provided such as consultations, laboratory test and the required medicine. Furthermore, 66.3% of respondents travelled a distance of one to five kilometers to the health facility but did not get basic health care services such as drugs as prescribed by the Medical doctors. On the other hand, bureaucratic and economic aspects hindered compliance on free basic health care services as stated in the National Ageing Policy because of delay health services to the elders and inability of the elderly to pay for health services respectively. In this regard, the study recommends that there should be commitment of the government on adherence and compliance on policy free health care services to the elderly and government should establish partnership with private hospital, health centre and dispensaries and pharmacies so that elderly people can get free drugs if they cannot be found in public hospitals/dispensaries and health facilities in Tanzania.

Keywords: *Ageing policy, health service delivery, health care and elders*

1.0 Introduction

Most scholars try to associate the old age with the retirement age in a particular country. Nevertheless, many people enjoy some of the longest life spans in the world: Average life expectancy at birth for the 53 countries in the European Region is over 72 years for men and around 80 for women. But the gaps in longevity and health experiences at higher ages continue to grow. The proportion of people aged 65 and older is forecast to almost double between 2010 and 2050, and no age group will grow faster than those aged 80 years and above (WHO, 2012).

It is also expected that by the year 2050, the number of older people for the first time in human history, will have increased and surpassed the number of children under 14 years of age. In the African continent alone, the number is expected to increase from the present 38 million to 212

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million (URT, 2003). In 1980, the basis for defining elderly in developing countries was provided by the World Health Organization (WHO, 1990). The WHO notes that any definition of old age should fall into three parameters such as chronology, change in social role that is change in work pattern, adult status of children and menopause as well as change in capabilities that is invalid status, senility and change in physical characteristics (WHO, 2012). In this study, ageing is broadly understood as the chronology perspective in which Tanzanian person is considered as old when she or he attains 60 years and above. This definition conforms to both the National Health Policy and the Public Service Act which recognize 60 years as retirement age (URT, 2003). For this case, an older person in this study is understood as an individual who is 60 years and above.

In Tanzania, old age population is estimated to be 2.7 million equivalents to 6% of the total population and is estimated to reach 8.3 million by the year 2050 (NBS, 2012). Approximately 80% of older people live in rural areas of the country and they are in abject poverty and they depend on family support networks (URT, 2012). Also based on the 2012 Population and Housing Census, out of 44.9 million people, 2.5 million (5.6%) are estimated to be aged 60 and above (1.2 million male and 1.3 million female). In addition to that, 40% of all orphans in Tanzania are cared for by older people, usually their grandmothers and 96% of older people in Tanzania do not have a secure income (ibid).

It is recognized that traditional social security systems are evolving, attenuating and rapidly disappearing due to pressures from urbanization, and rural-urban migration. This kind of modernization process led the older generation into lack of support and social protection from the young generation who immigrate into urban areas to look for jobs and leave the older with their grandchildren who are of less help (Rwegoshora *et al.*, 2003). Nevertheless, the National ageing policy in Tanzania started in 2003 but it was also influenced by international plan of action adopted by the UN in 1982 which was revised in 2002 to incorporate and reflects the needs of elder people in 21st century such as economic, political and social aspects because old age is associated with deterioration of heath, working capacities and inability to engage in economic conditions (URT, 2003). The National policy for ageing aims at ensuring that elder people are provided with free basic health services and opportunity to participate in daily economic and social activities. Among other things, these objectives are such as elders should be provided with basic health services using five strategies such as cost sharing shall be revised to consider 60 years and above, health personnel receive special training to handle old people, establishment of the mechanism to make follow up on health of older people, awareness creation to older people about national ageing policy and free basic health care (URT, 2003).

In 2016, on the third session of the united republic of Tanzania parliament, the Minister for health presented a provision for elderly that is in 2015/2016, the Ministry was well prepared to provide health services to elderly. So, all councils, referral hospitals and regions were urged to establish special window for elderly health service provision. And in March, 2016 a total of 24 special windows in regional hospitals were established and 133 in Councils' hospitals were established (Tanzania Parliament, 2016*;* Nzali, 2016). In April 2016, the minister of health through the National Health Insurance Fund (NHIF) launched a campaign known as elderly first so as to encourage health personnel to give priority to elder people in collaboration with regional administration and local governments so as to have a proper system in providing health insurance

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cards on the basis of community health funds in order to reduce the challenges facing the older people in accessing health services. The objectives of the campaign were in line with those of the National Ageing Policy (2003) stated as follows: i. To ensure that older people receive basic health services, ii. To initiate programmes that will provide an opportunity for older people to sustain good customs and traditions for the youth in the society. iii. To enact laws that promotes and protects the welfare of older people and iv. To recognize the older people as a resource.

Nevertheless, it is more than 15 years (2003-2019) since national ageing policy was introduced in Tanzania. One of the purposes was to make health services available to the elderly by exempting them from health user fees and private costs associated with accessing medical care. However, the evidence indicated that implementation of the policy to elderly people especially health care user fee exemption is still dismal. For instance, Sanga (2013:4) noted that Tanzania demographic and elderly health survey of 2010, 40% of elders did not get important medication in health facilities, also 25% of men who suffered from kidneys problems failed to get kidney surgery at health facilities due to high cost implications. Also, Nzali (2016) noted that poor health services were provided to the elderly in Iringa and Makete and most of the elderly became reluctant to attend health care services due to lack of care from health workers. It is further associated with Shortage of medical personnel specialized for elderly which continue to affect the survival of the elder because of illness and complications (Pastory, 2013). These evidences indicate that there is a need for examining the extent to which Bukombe District council comply with the directives of national ageing policy on elderly people in accessing free health services in public health facilities so as to plan for strategies for helping them by addressing the barriers facing them in health services. This study attempts to explore whether Bukombe district council comply with the directives of National Ageing Policy in providing free basic health care to elderly and the extent to which economic and bureaucratic processes promote compliance on ageing policy and free health services to older people in Bukombe District Council. This study thought to answer the following research questions: To what extent has Bukombe District complied with the directives of National Ageing Policy in providing basic health care to elderly? To what extent economic and bureaucratic processes promote compliance on ageing policy and free health services to older people?

1.1 Literature Review and Theoretical Framework

Studies on ageing policy implementation to the elderly are not heavily represented in the academic literature despite their important palace in policy making and evaluation. There are few studies which have been conducted in relation to health and ageing policy. In this paper, some studies were reviewed and discussed to establish a research gap. Sanga (2013) conducted a study in Moshi Municipality in Tanzania and it was about the challenges facing elderly people in accessing health services in government health facilities. The study found that elderly people would like to be involved in every stage of provision of knowledge on free medical treatment in health facilities. Also, the study noted that elderly people take longtime waiting for health services including the procedures of getting patients files. The researcher recommends that government should establish the specific windows for health services to the elderly people so that to reduce time wastage in health facilities. Another study was conducted in Bagamoyo and Mtwara by Munishi (2010) and noted that the communities were lacking knowledge about the exemption and waiver systems which could have enabled them to access health care services as well as to demand their entitlements. The major problem identified were lack of information,

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lack of monitoring and evaluation, difficulties in identifying the poor and poor quality of services. The study recommends that in order to strengthen exemption and waiver system, the challenges should be addressed. This study by Munishi (2010) was mainly based in Mtwara and Bagamoyo and it is nine years back since it was conducted as such it lacks the current experience on compliance on ageing policy and free basic health care in other district councils such as Bukombe District in Geita Region.

On the other hand, URT Report (2011) notes that the access to health services for elderly at five government health facilities, namely Nunge, Sabasaba, Kingolwira, Mafiga, and Morogoro Regional Hospital are improving. Based on the 200 people interviewed in Morogoro Municipality in the first quarter of 2011, it was confirmed that, in the project area, no elderly person paid a fee for consultation with a medical doctor. Furthermore, 97.5% of the respondents reported that the language used by the nurses and Doctors was polite and respectful (Help Age International, 2011). The findings indicate that there has been improvement in Morogoro Municipality on health care service delivery to the elderly especially polite language and elderly did not pay fees for consulting medical Doctors. Nevertheless, this study was based in Morogoro Municipality and it is almost 8 years have elapsed since the study was conducted. Furthermore, the findings cannot be generalized to other councils such as Bukombe District Council because they do not share the same administrative status i.e being municipal councils as such another study is needed to examine the extent to which Bukombe District Council comply on ageing policy of 2003 and free basic health care to the elderly. Furthermore, this study does not explain how bureaucratic and economic factors such as ability elders to pay for health services affect the compliance on policy directives in Bukombe District Council.

1.2 Theoretical Review: Compliance theories

Theoretical Perspectives on Compliance and Non-Compliance Policy makers and implementers should structure options in ways that will skew choices toward socially desirable outcomes. Two theories have dominated analyses of why citizens, government officials and politicians) comply or do not comply with government policies (Morgan and Meier, 1982). The first is the rational actor perspective. This theory states that compliance on policies is a rational response to incentives citizens, government officials and politicians get in a way that maximizes their self-perceived utility (McKinnon, 2013). The main policy implication of this approach is that it is critical to get the structure of incentives and sanctions to monitor and enforce compliance with the policy to ensure that those who comply are appropriately rewarded and that non-compliance punished. The incentive structure should be tweaked occasionally to take account for changes in behavior and changing public objectives. So the central propositions of rational actor perspective is that citizens, government officials and politicians comply with the government policies such as national ageing policy and national health policies because they can be rewarded if they comply appropriately and punished if they do not comply to the policy stance.

The second theory on compliance on policy directives comes from the discipline of behavioral economics, and it assumes that citizens, government officials and politicians have a limited capacity to process information, and biases built into their projections of pay offs from various choices may lead them to make choices that are not optimal, either in terms of their own self-interest or that of society (Morgan and Meier, 1982). The policy implications of the behavioral economics approach are as follows:- First, policymakers and implementers should structure

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options in ways that will skew choices toward socially desirable outcomes, if it is desirable to increase voluntary compliance on policy directives. For example, it would be wise to change the default by enrolling employees automatically in employer-administered voluntary retirement savings plans and requiring individuals to opt out, rather than making non-participation the default option. Secondly, instead of trying to maximize the number of options from which policy targets can choose, it is important to ensure sure that policymakers do not make options too numerous or complicated, or people will choose the default option, which is frequently the status quo. Third, individuals are susceptible to what a variety of social scientists call "framing effects" that emphasize the potential costs of non-compliance (Morgan and Meier, 1982). For instance, in two communities threatened by Hurricane Katrina, for example, first responders found that asking holdouts from a mandatory evacuation order to write their Social Security numbers somewhere on their body with a permanent marker so that it would be easier to identify their corpses after the hurricane hit worked well in persuading them that the threat was severe and that they should leave the area.

The rational actor theory has explained the anticipated options for compliance to the elderly group, citizens, government officials and politicians and thus it was applied in this study to examine how Bukombe through its workers such as Health staff, community development officers, citizens comply to the directives of the national ageing policy in particular providing free basic health care to the elderly in dispensaries, health centers and hospital in Bukombe District, in Tanzania. The rationale for using this theory is that it states the anticipated options for compliance on public policies such as incentives and punishment which may promote effective compliance on national ageing policy and free health service delivery to the elderly.

2.0 Methodology

In this study, Area of the Study is Bukombe District Council which is one of nine rural districts established by the government of Tanzania in July 1995.It is among six districts i.e Geita Town Council, Geita District Council, Bukombe District Council, Chato District Council, Mbogwe District Council and Nyang'hwale District Council constituting Geita Region and one of the Local Government Authorities in the same region. This district council was established in 1998. The district is sub-divided onto three divisions namely; Mbogwe, Masumbwe and Siloka, into which three are 14 wards and 120 villages. Population growth rate is 7.4% per annum. According to the 2002 population and housing results the district 395,298 people. It has fourteen wards namely; Bugelenge, Bukombe, Busonzo, Butinzya, Igulwa, Iyogelo, Lyambamugongo, Namonge, Ng'anzo, Runzewe South and East, Ushirombo and Uyovu. The reason for selecting Bukombe District Council as the case study area is that it has an increasing number of elders for the past five years, for example in 1998 when it was established, the elders were about 13543 but of the recent data elders are said to be more than 22000 which necessitate the selection of this area for the study. In this study, the sampling of the areas for the study was done using purposive sampling to select Bukombe District Council based on the increasing number of elders as well as number of health centres and dispensaries in the district.

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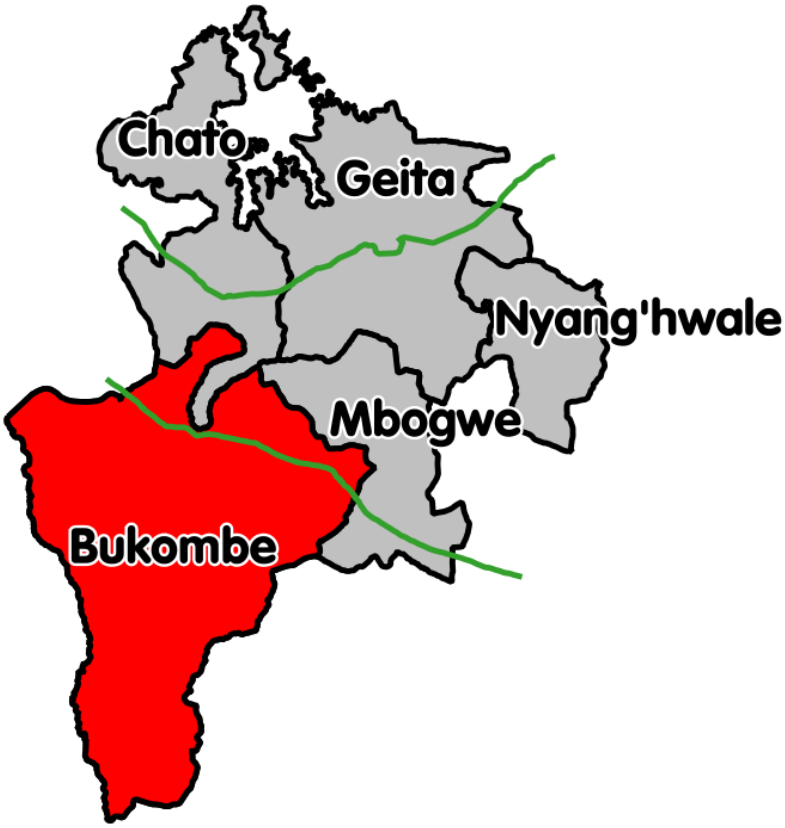


Figure 1: A map showing the location of Bukombe District Council in Geita Region.

2.1. Research Design

The study was conducted in Tanzania Mainland using the case study of Bukombe District Council. There are other research designs which this study could have made use of, such as survey research design and correlation research design to mention a few. Nevertheless, this study used the case study design to enable the researcher to deeply examine the topic and describe the units in detail. Indeed, a great deal can be learned from a few examples of the phenomenon through the case study. Also, the case study design was applied in this study due to its advantage of using different disciplines to investigate the subject matter. This method was preferred to the other research designs because it enabled a detailed investigation of the topic being studied in the specific institution of Bukombe District Council. Furthermore, case studies are used to provide a holistic perspective on causality because it treats the case as a whole. It therefore offers the possibility of investigating causal relationships between many relevant factors of the phenomenon under investigation. Also, Berg-Schlosser *et al.* (2009) noted that selection of the case study can be based on the performance outcome which includes case studies with both positive and negative performance outcomes to facilitate comparison on compliance on public policies in particular ageing policy and healthcare services to the elderly. A case study is selected looking at factors affecting compliance on ageing policy and free health services to the elderly in Bukombe District Council.

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2.2 Sampling procedures

In this study, the target population comprised of all local government staff in Bukombe District Council and well as elderly with 60 years and above. The choice was based on the fact that each category of respondent has a key role in implementing national ageing policy of 2003 especially the provision of free health services to the elderly in Tanzania.

Sampling frame is the complete list of the all the objects /elements in the population from which the sample was drawn (Kamuzora and Adam, 2008). In this study, the sampling frame was the current list of institutional leaders that include, local government staff, heads of Departments and, Councilors and elders with 60 years and above in Bukombe district council. This sampling frame is important in this study because it is from the respective District, all categories of respondents were selected.

Furthermore, a sampling unit is that element or set of elements considered for selection in multi stage sampling (Kothari, 2004). Or is a number of units selected in a sample. In this study, sampling units in Bukombe District were three wards which included Runzewe South and East where Ikuzi dispensary is situated, and Uyovu where Uyovu Health centre is found representing the health facility in peripheral areas of the district while Ushirombo ward representing the ward in downtown of Bukombe district where district hospital is situated and elders with 60 years and above used to attend for their health care services.

Furthermore, Kothari (2004) notes that a sample size is the exact number of items selected from a population to constitute a sample. Some authors such as Adam and Kamuzora (2008) recommends to use large sample size to be able to generalize your findings this is because the large the sample, the lower the likely error in generalizing to the population. But there is a trade off as the large sample size will also mean more resources such as money and time. In this study a sample size was 80 respondents as presented in Table 1.0:

Thus sampling method used in this study was purposive sampling applied for selecting elders with 60 years and above from the village in their respective wards and local government staff such as medical doctors, health attendants, councilors and community development officers.

Table 1: Sample Size and distribution

Category of the Population	Total Population	Sample of respondents selected
Community development and social welfare Department	20	04
Planning and Statistics Department	04	02
Nurses and Health Attendants	153	18
Health Department (Medical Doctors)	98	10
Councilors	15	06
Elders	22000	40
Total Number of Respondents		**80**

Selection of these respondents was based on the reason that the elders were attending heath care services at Uyovu Health centre, Ikuzi dispensary and Bukombe district hospital located at Ushirombo while local government staff had a statutory role of ensuring compliance on free health care services to the elderly as per National Ageing Policy of 2003. Another reason for

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using purposive sampling is the issue of extreme case whereby the researcher expected that the elders had rich information about elderly and free heath care services. This is because the researcher on his own judgment selected them accordingly as they pose some particular and appropriate characteristics required for the study objectives such as experience in attending elders who attended to health facility. Thus, in this study a sample size was 80 respondents selected through purposive sampling (Table 1.0).

2.3 Type and Sources of Data

The study will use two major sources of data which are primary and secondary sources i.e Primary sources which enabled the researcher to collect primary data gathered directly from respondents through interviews. Secondary data were collected from secondary sources i.e documentary review. It involved gathering data that already has been collected by someone else and it involves collection and analysis of the published and unpublished materials and electronically stored information such as books, records and reports from government. The documents reviewed included but not limited to health reports from 2003 when the ageing policy was established to 2019 so that to supplement the weaknesses of open-ended interviews. Deuscombe (1998) noted that documentary review include books, records, government publications and official statistics as far as this study is concerned, this method was employed to gather information from various government documents related to compliance on ageing policy and free basic health care to the elderly in Bukombe District Council.

2.4 Methods of data collection

This study used open ended interview in collection of primary data and According to Kothari (2004) interview is defined as the method of collecting data that involves presentation of oral verbal stimuli and reply in terms of oral verbal responses. Open ended interview on other hand enable the researcher to subject every informant in a study to the same stimuli. For instance, asking each informant similar questions. The reason for using open ended interview was that reliability of the information gathered is high because the informant is subjected to similar questions with others; they also give in depth information about a particular case. This method of data collection was used because the researcher intended to get insights, experiences related to compliance on ageing policy and free basic health care services to the elderly in Bukombe District Council.

2.4.1 Tool of data collection: Interview guide questions

Interview guide are written list of questions or topics that need to be covered by respondents in interview sessions (Kothari, 2004). In this study interview guide was used during the interview discussion because they are flexible as they consisted open ended questions and also they helped the researcher to gather in–depth information relating to compliance on ageing policy of 2003 and free healthcare services to the elderly in Bukombe District.

2.5. Data Analysis Techniques

Data collected from the field were analysed using content analysis. This is a method used for analysing data which were qualitative in nature, specifically data obtained from in-depth interviews and documentary review, such as field notes and local government reports on compliance on ageing policy and free basic healthcare services to the elderly. Content analysis consisted of reading and categorising the responses and transcribing them in a way that allowed

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identification of similarities and differences in order to develop themes and sub-themes relating to the research objectives, such as to examine the extent to which Bukombe District Council comply to the directives of National Ageing Policy in providing free basic health care services to elderly in Tanzania and the extent to which economic and bureaucratic processes promote compliance on ageing policy.For example, in examining economic and bureaucratic processes and how they promote compliance on ageing policy and free health services to older people, the data were categorised into their specific sub-heading on compliance of Bukombe District on ageing and free health care services to the elderly people.

Content analysis enabled the researcher to analyse primary data systematically and objectively so as to determine the pattern of responses and opinions given by the respondents in relation to the research questions. The data were then systematically classified into defined categories comprising patterns of related responses and information. This facilitated the making of inferences from the qualitative data and coherence of the research findings. On the other hand, with the help of the Statistical Package for Social Sciences (SPSS), descriptive statistics and cross-tabulation were used to analyze the quantitative data.The quantitative techniques were used mainly for descriptive purposes. The choice of SPSS for the merging of quantitative data was guided by the fact that Statistical information such as cross-tabulations and frequencies provided a summary of the findings, making it easier to understand and provide coherence for discussion.

3.0 Findings and Discussion

The characteristics considered were age, level of education, gender and working experience. In this study, the age of respondents was such as 20(25%) out of all 80 respondents were aged 18-39 years, 10(12.5%) were aged 40-59 years and 50(70%) respondents were aged 60 years. In similar case, the level of education of the respondents was as follows: respondents with postgraduate were 10(12.5%), bachelor degree were 15(18.8%) respondents with diploma were 10(12.5%) while 5(6.3%) were secondary education leavers and the majority of 40(50%) respondents were standard seven leavers. On the other hand, 40(50%) of respondents were female while 40(50%) respondents were male. The diversity in terms of age, gender and level of education ensured that the results of this study were not biased as they included all the views of the elderly, service providers and supervisors in provision of basic health care services to the elderly and hence there were unbiased findings.

3.1 Compliance on Accessibility to free health care services to the Elders in Bukombe District

To this effect, respondents were asked if they could easily access medical services, the main variables which were examined included distance from the place of domicile to health facility, ability to pay for transport to the health facility and availability of drugs. The responses on the distances from residence to hospital/ health Centre/dispensary are presented in Table 2.0.

The findings presented in Table 2.0 shows that out of all 80 respondents, 53 respondents (66.3%) had to travel from their residents a distance ranged from one to five kilometers, followed by 27 (33.7%) respondents who said that elders travelled a distance of 5 and above kilometers in order to get a dispensary or hospital for their basic health care services. The findings corroborate with URT (2013:18).

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" The long distance to the health facilities, lack of transport and the perceived poor quality of care disappointed elderly in Bukombe hospital and uyovu health center."

Table 2: Responses on the distance elders travelled to the medical facility in Bukome district (N=80)

Categories of Respondents	(1-5 KM distance)	Percentage	(5 and above KM distance)	percentage
Medical Doctors N=10	5	50	05	50
Nurses N=10	6	60	04	40
Respondents from Community Development and social welfare N=6	3	50	03	50
Councilors N=6	4	75	02	25
Elders N=40	30	75	10	25
Village Executive Officers N=6	04	75	02	25
Planning and Statistics Department N=2	01	50	01	50
Total Number of Respondents	**53**	**66.3**	**27**	**33.7**

The findings give the impression that majority of old people were travelling long distance of one to five kilometers which incapacitated the elderly in getting the basic health care at Bukombe District Council. This is because long distance hindered the accessibility of basic health care services to the elderly due to long distance between health facility and their places of domicile in Bukombe District Council because some of the elder people had no fare given the fact that old age is associated with degeneration with production capacity of the workforce.

Furthermore, the findings indicate that some of the health facilities were not accessible, thereby limiting elder people and reducing free health care services provision as they had to incur cost of travelling only to find health facility. One of the reasons this study noted was that the government had no enough money for establishing dispensaries and hospitals as such in some areas, it took six hours for elders to get health facility. As a result, many elders in local government councils opted to go to the private hospital while they were sick which undermined the compliance on free health care services to the elderly contrary to what is stated in National Ageing Policy of 2003.

3.2 Compliance on free provision of Health Services to the Elders in Bukombe District

The study findings show that when respondents were asked as to whether free health services were provided to older people in Bukombe District. The study findings indicate that 55(68.8%) respondents out of all 80 respondents said that there are no free health services to older people from 60 years and above and 25 (31.2%) respondents responded that there were free health services to older people. Most of the respondents who gave the answer on the availability to free health services were health service providers who were aware that health services were obliged to be provided freely to older people aged 60 years. Nevertheless, older people who remain in rural areas may receive remittances from migrant relatives, but these are not necessarily adequate to cover their needs. The findings indicate that in Bukombe District, some of older people still live in rural areas, largely as landless labourers, surviving on day-to-day earnings, without any long-term savings. Elderly are severely disadvantaged by economic hardships, unresolved chronic health problems, functional impairment and illiteracy. Older people living alone in rural areas find it impossible to cope and move into the town to be near family members. Thus, even those elders supported by their relatives for sometimes may not afford to pay for health services

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because the funds given to them may not be sufficient all the times. The findings on whether health services were freely provided are summarized in Table 3.0 below.

Table 3: Response on whether health services were freely provided to the elderly in Bukombe (N=80)

Categories of Respondents	Health Services were freely provided	Percentage	Health services were not freely provided	Percentage
Medical Doctors N=10	4	40	6	60
Nurses N=10	4	40	6	60
Respondents from Community Development and social welfare N=6	3	50	3	50
Councilors N=6	3	50	3	50
Elders N=40	7	17.5	33	82.5
Village Executive Officers N=6	3	50	3	50
Planning and Statistics Department N=2	1	50	1	50
Total Number of Responses	25	31.2	55	68.8

3.3 Economic ability of the elders and its effects on compliance on free health care services in Bukombe Ditrict Council

The findings indicate that 60(75%) respondents out of all 80 respondents said that they had not been able to pay for health services which were barrier to access medical services and hindered compliance on free health care services to the elderly in Bukombe District. The findings revealed that older people with little or inability to pay were frustrated having traveled a distance only to find a health centre, the cost of drugs were very high for example it was mentioned by one of older person through open ended interviews that: "I do not have money to buy some medicines as such I did not get any medicines because I did not have money" (Interviews, October, 2018).

The above findings indicate that elder people could not afford to buy any drug which exceeded Tshs. 6000/= because of their poor economic conditions. The researcher was interested to find out, what could be done to overcome such problem given the fact that the government had already committed itself to provide free basic health care services to the elders. The findings give the impression that there is a mismatch between what is stated in the ageing policy of 2003 and what seems to be really happening in the policy implementation as majority of the elderly do not get the free medical services to the hospitals and other medical facilities which implies policy implementers who are local government staff do not give due attention on compliance on free basic health care services to the elder people in Bukombe District Council contrary to what the Ageing policy of 2003 advocates. The findings suggest that there is need to establish a system in which elderly people can get drugs in private pharmacies in case drugs are not available and the government would be responsible to pay for the drugs obtained by the elders from the private pharmacies if an older person had incurred any cost to pay for medical service should be refunded by the government.

3.4 Awareness and compliance on existence of National Ageing Policy in Bukombe District

The general impression from the findings is that the majority of respondents 50 (62.5%) out of all 80 respondents were not aware of the existence of the policy and 30 (37.5%) respondents were aware. Respondents who were not aware when asked to explain the reasons of not being aware they said that their leaders at village and ward levels had never informed them about the

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existence of the ageing policy. The respondents who indicated that they were aware about the policy indicated that they heard about the policy from the media. One of the respondents for example said he heard from media programmes such as television and radio though he was not specific about the name of the media.

The findings imply that when government officials were celebrating older people's day, they however indicated that policy documents were neither available at village level nor at ward office. It was however noted that respondents who were aware of the policy were either retired public servants who were living in semi-urban areas such as Ushirombo and Uyovu Centres, or those who are working with the Non-Governmental Organization which is dealing with older people and the majority were literate. The level of education was therefore another factor which inhibited the accessibility of the information about the policy. According to Help Age International Report (2011), in area where older people were aware of the existence of the policy and they organized themselves and demanded their entitlements from the relevant authorities such as community development department at district level. The findings demonstrate that that the level of awareness among the general public was so limited due to illiteracy or laxity of the government officials to educate the elderly about the policy. The question of awareness was further extended to local government leaders who included village leaders (i.e. chairperson of the village, village executive officers and ward executive officers) among other things there were expected to be well informed with various policies which are important at the grassroots level. They need to possess these policy documents but also have a general knowledge about these policies. These leaders were asked to explain about their awareness of the policy and whether they had this policy document, the response from the village leaders indicated that some of them have heard about the policy but they did not have the policy document. In fact, some of the leaders have never come across with such document and so even the content of the policy was not well known to them hence even the implementation of the policy was in vain. Cementing to these findings one village leader in Msonga ward in Runzewe East in Bukombe District noted that:

"I have never seen these documents about free medical services to the elders, even the medical officers at different dispensaries such as Ikuzi village they never tell us. I actually do not know what the cause is, may be the laziness of some of the medical personnel" (Interview, October, 2018).

A similar response was presented by the ward leaders who also had the same sentiment having not seen the document and comprehending on the content of the policy. It implies that as the government tries to formulate policies, the understanding of these policies was not given the due consideration because it needed resources to be implemented but there was resources limitation and laxity of the medical personnel and local government staff to discharge their role which in long run hinder the compliance on ageing policy in particular free basic health care services to the elderly in Bukombe District Council.

All in all, the role of leaders was not well seen because when they have heard about the policy but never made any effort to seek information or to get the policy document. The implication from these findings is that there were respondents who were not aware of the policy but also they were not sure of the content and what is to be done about the policy which contributed to poor

Received 05 December 2018
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Available online 02 June 2019

compliance on ageing policy in particular free basic health care services to the elderly. There is also lack of initiatives to look for the policy document as such older people and some of the government officials do not know rights and privileges of elders as far as free health services are concern. In connection to that, due to lack of awareness of the government officials and elders about the national ageing policy, some of the old people were not identified so as to be provided with the identification cards for free health services as the policy states. These findings corroborate with Help Age International Report (2011:16) which notes that:

"Lack of official identification documents is also a major barrier. For example, older people in Tanzania often do not benefit from the Community Health Fund (CHF), a government health matching fund designed to provide increased quality health services. This is partly because they are unable to contribute to the CHF but also because they are not aware of their entitlements."

3.5 Bureaucratic Procedures and its Effect on compliance on Free Health Services to the Elders

Bureaucracy refers to the system of official rules and ways of doing things that a company or an organization has especially when these seem to be too complicated, while procedure; simply means a way of doing things; especially the usual or correct way. Bureaucratic procedures are inevitable as it helps officials in government or in organization to have a systematic way of performing their duties so as to avoid nepotism and favoritism. Bureaucratic procedures seem to be an obstacle when they hinder smooth provision of the public services such as of a particular group such as elderly people. When older people fall sick and go to attend medical treatment they expect to be given a special care and attention because apart from being sick they are old. In order to investigate the effects of bureaucratic procedures to effective provision of free health services to older people, respondents were asked to state whether there were any bureaucratic procedures: the available bureaucratic procedures and procedures were uniformly mentioned which are registration, doctor consultation, laboratory test and drug services, the researcher wanted to know how did they affect the elderly by asking how long does it take for older people to receive medical treatment when they fall sick. The findings show that 25 (31.2%) respondents out of all 80(100%) said that elderly spend 3 to 6 hours a day, followed by 15(18.8%) respondents said that they spend 1to 3 hours, the last group of 40(50%) respondents out of all 80(100%) respondents stated that elderly spent 7 and above hours waiting for medical services. The researcher wanted to investigate if there are any administrative arrangements in place to ensure smooth provision of free health services to the older people, respondents said that there was no any arrangement in place for the time being but for future plan they think of having special room to provide health services to older people. Older people were also interviewed if the bureaucratic procedures available were smoothening the provision health services to the elderly in Bukombe District. Respondents stated that it is a barrier to smooth health service delivery because of delay in providing health services to the elders caused by bureaucratic procedures.

The findings give impression that bureaucratic procedures were seen as inefficient and barriers to health service to the elderly because it took a time to decide upon coming to the hospital to get treated because of the bureaucratic procedures which delayed health services delivery to the elder people in Bukombe District. The findings indicate that elders complained that they spent six to seven hours waiting for health services which undermined the smooth compliance on ageing policy particularly providing free health care services to the elder in Bukombe District

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Available online 02 June 2019

Council . The findings corroborate with the Help Age International Report (2011) which notes that: -

"The process of getting identification cards to the elderly is complicated by a means testing process which requires birth certificates and related evidence for older people, the majority of whom have never obtained these documents. The age range covered by schemes can be too limited."

4.0 Conclusion and Recommendations

Based on the objectives of the study, analysis and discussion of findings, it can be concluded that compliance on ageing policy in provision of free basic health care services to the elders in Bukombe District Council was not fully realized because there was laxity by local government staff in ensuring that elders get such health services freely and timely. There were issues which hindered compliance on ageing policy and free health care services to the elders in Bukombe District such as waiting health services for a long time and travelling a long distance seeking for medical services which costs a lot of money to reach the health service facility such as dispensary or hospital. Furthermore, lack of awareness of both elders and local government staff on the existence of the national ageing policy and free heath cares services to the elderly hindered compliance on free health care services to the elders in Bukombe District Council. There is therefore a need to reconsider the implementation of the National Ageing Policy so as to enable elderly to get these services freely and timely as the policy states.

This study recommends that if the government is committed to provide free health services to elders, it needs to establish a system in which elderly people can get drugs in private hospital, dispensary and health centres so as to increase their service choices and in case drugs are not available public health facility and the government would be responsible to pay for the drugs obtained by the elders from the private hospital and pharmacies if an older person has got any medical services from them. Furthermore, inadequate funds to establish hospital and dispensaries was mentioned as an obstacle to compliance on frees health care services to the elders, thus this study recommends that the government should set adequate funds for establishing adequate hospital and other health facilities so that elders cannot travel long distance to get free basic health care services as it is the case at Bukombe District Council where they travelled long distance to get free health facility.

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