
PART II:

MKUKUTA CLUSTER II

QUALITY OF LIFE AND SOCIAL WELL-BEING

PRIMARY AND SECONDARY EDUCATION

The VoP (2007) examined the state of education especially from the perspective of children and young people. Adults also included responses about education to more general questions about the state of social services. In addition to their educational experiences, school children were asked about their household and extra-curricular activities, their community involvement, and their hopes for the future. The MKUKUTA monitoring process focuses on quantitative, physical measures - classrooms, textbooks - as well as enrolment and examination results. The 'Views of the Children' provided an opportunity also to explore more qualitative aspects of pupils' experiences with learning and teaching, which will be reported below.

The following sections report the responses of the survey of young people 15-24 who were still in school. A later section reports on the views of younger primary school pupils.

A total of 561 school goers aged 15 and above were interviewed on a range of educational themes; there were slightly more males interviewed than females. The majority of rural students were in primary school, most urban students were in secondary.

8.1 Getting to School

Ninety percent of primary school children 15 years and older said that they walk to school, as do nearly half the secondary school students in the sample. Nearly a third of all students in Dar es Salaam take public transport to school. Because primary schools are closer, 75% of primary school pupils take less than half an hour's time getting to school, while 40% of the secondary students take more than half an hour, even though more of them travel by bus.

Table 8.1 Getting to School

Mode of Transport to School	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
Walk	88	92	49	47	68
School bus	3	5	29	35	19
Private transport	6	2	14	12	9
Public transport	3	1	8	7	5

8.2 Classrooms

Slightly more than a half of the young respondents still in school thought that there were enough classrooms. The perception of shortages of classrooms is similar between primary boys and girls with about a quarter of the sample lamenting the need for more classrooms. However, secondary school girls complained more than boys about shortages.

Shortages of desks followed the same pattern as shortages of classrooms, with more shortages noted by urban and secondary school respondents, especially by the female students.

Table 8.2 Adequacy of Classrooms

Adequacy of Classrooms	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
Yes, there are enough	61	58	55	45	55
Some streams are in the same class	14	14	18	20	17
Most streams are in the same class	4	7	8	8	6
No, we need many more classrooms	22	21	19	27	22

More than half, 54%, of the students interviewed saw improvements in classroom conditions, and 34% perceived the conditions to be the same as before (Table 8.3). Primary pupils saw greater improvements than secondary students.

Table 8.3 Changes in the Condition of Classrooms

Condition of Classrooms	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
Classrooms are nicer than before	58	62	48	48	54
Classrooms the same as before	28	26	39	42	34
Classrooms worse than before	11	9	9	5	8
Don't know/No opinion	3	2	4	5	4

8.3 Textbooks

About 66% of the young people at school said that textbooks were few or that they rarely use them and 16% of secondary school boys and 19% of secondary school girls claimed that they learn without access to textbooks at all. Textbooks are in shorter supply in rural than in urban areas, but even in Dar es Salaam, 61% of respondents were dissatisfied with the textbook supply situation.

Table 8.4 Availability of Textbooks

Availability of Textbooks	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
Plenty of textbooks	23	26	23	17	22
There are a few textbooks	52	51	40	41	45
We rarely use textbooks	20	16	21	23	21
There are no textbooks	4	7	16	19	12

8.4 Toilets

Toilets were not generally reported to be in short supply, in either primary or secondary school, though in rural areas the situation was worse than in town. In most cases, toilets were considered clean; with secondary school toilets slightly cleaner than primary school toilets.

Table 8.5 Adequacy of School Toilets

Adequacy of Toilets	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
There are plenty of toilets	47	48	36	40	43
There are quite a few toilets	36	36	45	46	41
There are only 1 or 2 toilets	12	10	19	11	13
There are no toilets	4	7	0	3	3

8.5 Computers

Information on availability and use of computers in schools was also sought. The use of computers was very low, particularly in primary schools, where 90% said that there were no computers in their schools. More than half of the surveyed secondary school pupils, 55%, said there were no computers in their schools, and those who reported having computers in their school, the computers were said to be used mostly for administration and not available to students.

Table 8.6 Availability and Use of Computers

Availability and Use of Computers	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
For all students	2	3	14	12	8
Only for the older students	1	2	9	5	5
Only for the administration	8	3	20	27	15
There are no computers	88	91	58	55	72
Don't Know/No response	1	1	0	1	0

8.6 Pupils' Attendance at School

Children reported that they rarely miss school. Over 70% of the in-school youth said that they "rarely" or "never" miss school, and only 20% said that they do "sometimes", 9% said "often". There were no significant differences between female and male students. When they do miss school, "personal sickness" was by far the major reason for absenteeism for both older primary and secondary students,

Table 8.7 Reasons Given for Absenteeism by Pupils

Reasons for Absenteeism	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
Sickness	61	60	64	58	61
Marriages, funerals	36	33	31	41	36
No money for fees	23	14	41	33	28
Caring for a sick person	13	11	16	12	13
Helping on family farm (<i>shamba</i>)	9	7	8	6	8
Personal hygiene	9	9	4	3	7
Helping with housework	7	3	7	4	6
Helping with family business	5	5	7	5	6
Playing truant	7	6	7	4	6
Working to earn money	6	7	6	1	5

about 61% of respondents, with a higher incidence in rural than urban areas. “No money for fees” was the third most cited reason, reported by 36% of secondary school students, whose costs for schooling are higher than those for primary. Exigencies of marriages and funerals also take a toll on students' time, cited by 41% and 31% of secondary school girls and boys respectively.

8.7 Teachers

Teachers are critical to educational performance, and VoP asked about different aspects of teachers' interaction with their pupils. Nearly 60% of the pupils said that teachers were rarely or never absent. Teacher absenteeism was reported to be slightly higher in rural than in urban areas, but there is no significant primary/secondary difference or difference in the reported of female and male students.

Table 8.8 Absenteeism by Teachers

Teachers' Absenteeism	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
Teachers are never absent	27	32	33	23	29
Teachers are rarely absent	31	26	31	31	30
Teachers sometimes absent	40	37	33	42	38
Teachers are often absent	1	5	3	4	4

Teachers were more generally considered gentle than rough towards their students. Over 60% said that all, most or some of their teachers are gentle, but 40% of students considered 'some' or 'most' teachers to be rough, slightly more in primary than secondary school, and more commonly reported by females students than by males (Table 8.9). In a follow-up question, students were asked about the incidence of corporal punishment. Only 20% of students reported no corporal punishment. In 16 % of cases, 'all or most' teachers were reported to use physical punishment such as caning their students. Primary pupils were more likely to report the use of physical punishment than secondary students, and primary girls more than primary boys (Table 8.10).

Table 8.9 Teachers' Attitudes to Students

Teachers' Attitudes	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
All/most of them are gentle	30	25	38	32	32
Some of them are gentle	28	27	30	30	29
Some of them are rough	34	34	27	25	30
Most or all of them are rough	8	14	5	13	10

Table 8.10 Teachers' Use of Corporal Punishment

	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
None of them cane/hit us	15	10	30	23	20
A few of them cane/hit us	45	38	29	42	38
Some of them cane/hit us	25	31	27	21	26
All or most of them cane/hit us	16	21	14	14	16

A large majority of both primary and secondary students said that some or most of their teachers encouraged them to ask questions in class. Overall, 84% gave these responses. Slightly more secondary students gave these responses. Girls were somewhat more likely than boys to say that teachers did not encourage them to ask questions.

Table 8.11 Teachers' Encouragement of Students to Ask Questions

Encouragement to Ask Questions	Primary		Secondary		All %
	Male %	Female %	Male %	Female %	
Most	47	50	55	51	51
Some	37	26	35	33	33
A few	11	16	6	14	11
None	6	8	4	3	5

8.8 The 'Views of the Children' Survey

The views of 512 younger primary school children aged 7 to 14 were also sought. Their perceptions of education and their role in society are included in the forthcoming 'Views of the Children in Tanzania'; they are summarised below.

The experience of learning, as described by the younger primary school children, 7-14 years, is one of heavy reliance on notes copied from the blackboard and on textbooks. The need for teachers to have good handwriting on the blackboard was frequently mentioned by the children, showing how important it is to the children that they are able to read the writing. Textbooks are highly valued and liked by the children, but also a source of frustration, because whilst the supply is generally improving, there are still far too few to go around. Children would like to be able to read books in their own time, but books are generally collected at the end of each lesson.

The children also made clear the qualities they want in a teacher. A teacher should be someone who really wants to teach, likes children, makes an effort, and ensures pupils understand. It was clear from the survey that some children did have teachers of this calibre. However, every school in the sample reported problems which amount to teachers not meeting basic contractual obligations, or at best having poor professional standards. Teachers failing to attend lessons is a significant issue. Children talked about teachers who gave notes, but didn't explain what they meant, or told them just to ask an older pupil if they don't understand. The fear of corporal punishment - engendered, for example, by teachers who carry a stick in class - was expressed by the children as a significant obstacle to learning.

The overall picture emerges of schooling being a rather limited closed exercise with teachers explaining a fixed body of knowledge to a largely passive body of children. The children in the study were not familiar with active teaching learning methodologies.

Communication between schools and parents was weak.

Contributions in cash and kind were expected in all the schools in the sample, and children are being excluded from lessons for non-payment.

The children held a wide variety of opinions in whether education overall was better last year than this. The vast majority of children felt that the best way to improve education is to increase the supply side of inputs, including infrastructure, teachers, school supplies. They also wanted to have better teachers, a more diverse curriculum, and other services in school (such as health). The children from Dar es Salaam who participated in the survey were assertive in saying that increasing their own commitment to study and listening to teachers and parents would also be a factor to improving their education.

HEALTH

People's health status is based on a number of factors, including nutritional status, lifestyle and the cleanliness of the environment. Basic health services can be both preventive and curative, but most health spending is on curative services, i.e. treating sick people. The survey examined people's overall health status and their perceptions of the availability, quality, access and cost of basic health services provided by the state. This chapter contains the reports of adults and children. Particular health issues of the elderly are reported in chapter 11.

9.1 Health Conditions and Related Problems

Adults in the survey were asked about their recent health history; if they had been sick in the past year, and if so, from what and how frequently. Two-thirds, 66%, of adults reported that they had suffered from one or more bouts of malaria during the previous year, 60% from a cough, cold or flu, and 32% suffered from diarrhoea. Few respondents, 5%, had suffered an accident during the year.

Malaria was reported more commonly in urban areas, diarrhoea in rural. About three-quarters, 73%, of respondents reported that they used mosquito nets, the majority of which were said to have been treated with insecticide, though overall, this meant that only 42% of respondents said they had an treated net. Mosquito net use was much higher in urban than rural areas.

Table 9.1 Health Problems and Use of Mosquito Nets during Previous Year

	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Episodes of Illness				
Malaria	76	63	63	66
Cough, cold, flu	62	57	60	60
Diarrhoea	29	24	35	32
Accident	5	4	4	5
Use of Mosquito Nets				
Treated	56	45	34	42
Untreated	32	34	27	31
None	12	21	39	27

9.2 Healthcare Services

Asked about the most important issues for the health services, 32% of the adult respondents identified the quality/availability of the service, 16% said distance, 13% said availability of drugs and medicines and 10% their cost. Over a quarter of the respondents had no response to this question.

Of the adults who had used health facilities, almost two-thirds cited the cost of medical treatment and drugs to be a major problem. Over two-fifths of adults, 44%, also complained about the availability of drugs. More urban respondents, more than 50%, complained about waiting times, while more rural residents, 42%, complained about access to health facilities. Few respondents complained about the politeness of health facility staff, 18%, availability of maternity services, 13%, and immunisation services, 2%, and cleanliness of facilities 10% (Refer to table 9.2 overleaf.).

Table 9.2 Problems Encountered with Healthcare Service

Major Health Related Problems	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Cost of treatment and drugs	62	69	61	62
Availability of drugs	50	56	45	44
Time waiting to be served	55	52	42	43
Accessing health facility	34	35	42	35
Politeness of health staff	25	23	16	18
Availability of maternity services	13	14	13	13
Cleanliness of facility	10	10	10	10
Immunization availability	3	3	2	2

9.3 Health and Schooling

Primary school children were asked about health services at their school, including the availability of first aid, or ease of getting permission to go to hospital (and how far away that was). Half the schools sampled had some kind of first aid provision. In other cases, a sick child is sent to a nearby hospital or dispensary. Dar es Salaam had the most comprehensive provision, with children mentioning receiving inoculations, dental checks and toothpaste at school. One school was able to ensure that children in standard one were treated without charge, and in the school in Lindi older children remembered that in the past, if you went with the school's '*daftari la wangonjwa*' (patients' register book) you could get free treatment, but they reported that now there is a fee of Tshs 1,000. Only one school apparently had no provision for sick children.

Children's responses to provision of health services at school show that they are aware of the importance of good nutrition and school feeding as well as access to clean water as important components of their health. The survey looked at nutritional issues among its 512 child respondents. Only in three schools out of the ten in the sample was food reported to be provided on a regular basis for children - one high income and the others middle income - and even in the latter the programme seemed to be in abeyance. In two other schools (in Arusha and Dar es Salaam) it was pointed out that food is available for sale from small shops and kiosks *dukas* in the vicinity of the school. One other school has a nursery attached and provides *uji* soft porridge at a cost of Tshs 1,500 a month.

When asked about their eating habits, only about a third, 35%, of school-goers in the 15 year old and above sample said they always ate before going to school, ranging from a quarter, 26%, of rural students to a half 48% in Dar es Salaam. 15% of students said they ate snacks during breaks at school, while a large majority, 85%, said that they ate when they came home from school.

9.4 Road Safety

Because of the current trends in road accidents as reported in different media, adult respondents were asked whether a close friend, relative or neighbour had been killed or seriously injured during the previous three years as a result of a road accident.

Table 9.3 Incidence of Road Deaths and Serious Injuries (friends, relatives, neighbours)

Incidence of Road Accidents	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Killed	17	13	11	13
Injured	19	16	11	14
Total	36	29	22	27

Over 40% of the accidents causing death or injury occurred to people using public transport. A quarter of the victims were on foot when the accident occurred. Riding a bicycle or motorcycle accounted for 19% of reported accidents, while the least accidents were experienced by people travelling in private cars. More accidents were reported by respondents in Dar es Salaam than by those in other towns and rural areas. The reported accidents affected mostly commuters in Dar es Salaam, accounting for nearly half of fatalities or serious injuries in the town. A large number of accidents also affected pedestrians in Dar es Salaam, accounting for 29% of responses. About 25% of rural fatalities and serious accidents were among bicycle and motor-cycle *piki-piki* riders.

Table 9.4 Cause of Death or Injury

Deaths and Injuries When Travelling	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Public transport	46	40	41	42
Pedestrians	29	25	22	25
Bicycle/motor-cycle	9	21	25	19
Private vehicle	16	15	12	14

SUPPLY OF WATER

A safe domestic water supply and a sanitary environment are preconditions for healthy living and avoiding water-borne diseases that kill and incapacitate children and adults. Information was collected from adult respondents on trends in water supply and sanitation.

10.1 Sources of Water for Households and Mode of Payment

Tables 10.1 and 10.2 describe how respondents access and pay for water. Between 80 and 90% of adult respondents access their drinking water from community or neighbours' water points. Even in urban areas, only 16% - 20% have piped water into their own home or yard. While 73% of rural adults do not pay for their water, water is free for only 8% of Dar es Salaam respondents - 77% of Dar es Salaam residents pay private providers (pump attendants, kiosks, neighbours or water vendors). Only 13% are billed by the public utility (DAWASCO).

Table 10.1 Main Source of Drinking Water

Sources of Drinking Water	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Community/private water point	41	55	89	70
Piped to neighbour's plot/yard	42	23	5	18
Piped into house/yard	16	20	3	10
Other	1	2	3	2

Table 10.2 Mode of Payment for Drinking Water

Mode of Payment for Drinking Water	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Don't pay (water is free)	8	38	73	49
Pay cash (pump/kiosk/neighbour)	64	36	17	33
Billed by the water company	13	19	3	9
Pay cash (water vendor)	13	6	4	6
Other	1	1	3	3

10.2 Trends and Problems with Water Supply

Table 10.3 (next page) reveals trends in water supply over the previous twelve months. The most common response was that respondents saw no change; about 70% said there was no change in distance, cleanliness, cost or queuing time, and 49% said there was no change in the quantity of water supply. Among those who did see a change, overall, more respondents saw deterioration rather than an improvement in water supply, cleanliness, cost and queuing time, although there have been some perceived improvements in reducing the distance to supplies in urban areas (including Dar es Salaam).

Table 10.3 Trends in Water Supply

Trends in Water Supply	Dar es Salaam %		Other Urban %		Rural Areas %		All %	
	Better	Worse	Better	Worse	Better	Worse	Better	Worse
Shortages	20	33	27	26	20	29	21	29
Distance	17	13	17	11	9	14	13	13
Cleanliness	15	17	17	14	7	22	11	19
Cost	8	32	14	16	12	8	11	16
Queuing time	12	26	17	14	12	13	12	17

Dry season water shortages were reported to be common in both urban and rural areas. Rural respondents in particular complain about dirty and untreated water. Distance to the water source is a more serious problem in rural areas, while urban respondents complain more about queuing and cost (a major concern in Dar es Salaam).

Table 10.4 Water Supply Problems

Major Water Supply Problems	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Dry season shortages	54	59	68	63
Dirty/untreated water	31	35	54	45
Distance to supply	16	21	35	28
Queuing time	41	20	20	26
Cost	54	25	10	25

10.3 Water and Schooling

Water availability and cleanliness are not just domestic problems. Primary school children are also aware of the importance of clean water, both for washing/hygiene and for drinking. The importance of water increases significantly when children are walking long distances to school, and consequently get very thirsty. However, only two of the sampled primary schools (in Mwanza and Tanga) had safe drinking water available for the children. The acting head-teacher in the school in Mtwara mentioned cholera and diarrhoea as problems occurring in the school from time to time due to water problems. In Dar es Salaam, children either brought water with them from home or bought it at kiosks near the school. In Mtwara, children only had water if they went home during break times or at lunchtime. Otherwise they had to wait till they went home at the end of the school day before they could drink safe water.

In the school in Tanga, boiled water for drinking was available in the teachers' office and in the library although some children just drank straight from the tap. Providing boiled water would appear to be an example of good practice, which could be more widely replicated especially if children are already in the habit of bringing firewood to school (as is the case in the school in Lindi), which could be used for boiling the water.

Access to clean water in school was a major problem for rural youth respondents who were still in school, 64% of whom reported having no water at school. In Dar es Salaam, 58% said they had plenty of water in school, and only 7% said there was none.

Table 10.5 Water Availability at School

Availability of Water in Schools	Dar es Salaam %	Other Urban %	Rural Areas %	All %
Yes, plenty	58	31	12	26
Yes, there is some	24	17	15	18
There is only a little water	10	26	8	13
There is no water at school	7	27	64	44
Don't Know/No response	1	0	1	0

THE ELDERLY

Vulnerability reflects the life-cycle, with young children and the elderly at particular risk. The state, communities, churches, NGOs and charities may help adults care for the young and the old, and other at-risk groups, but the main care-giver is the immediate family. In this chapter older people's sources of livelihood, the help they provide to others, and which they receive from others, and their views on community values and the pains and pleasures of ageing are examined. Further, their health status and health-seeking activities, and water needs are also explored.

Just over 60% of the 855 elderly respondents in the survey were male and 80% were heads of household. More than half of the sample, 57%, lived with their spouse, 33% were widowed, and 10% were separated.

11.1 Livelihood Sources for the Elderly

While the majority of older women depend on their immediate family for their subsistence, 34% of men and 20% of the women declared that they are still working full-time. Very few respondents were receiving a pension. Assistance from Civil Society Organisations (CSOs), Faith Based Organisations (FBOs), Non Government Organisations (NGOs) and Community Based Organisations (CBOs) was also very limited. Box 7 later in this chapter provides some sentiments of the elderly on their inability to provide for themselves.

Table 11.1 Main Sources of Subsistence for the Elderly

Main Sources of Subsistence for Elderly	Male %	Female %	All %
Children/family around me	34	60	45
Full-time work	34	20	28
Remittances	20	22	21
Part-time work	8	3	7
Pension	7	1	5
FBOs, NGO/CBO, neighbours	1	2	2

Note: Multiple responses were allowed.

11.2 Sources of Help for the Elderly

The elderly also provided their perceptions on who is likely to help them when they have serious problems. 88% said that their immediate family members are likely or very likely to help; while 38% said that friends and neighbours would help out. About 11% foresaw no help forthcoming from any source (Refer to table 11.2 overleaf.).

Table 11.2 Source of Help for the Elderly

Source of Help when Having Serious Problems	Male %	Female %	All %
Immediate family	88	88	88
Friends and neighbours	38	38	38
Clan, peer group	35	29	33
Religious leaders/bodies	22	18	21
Local government	13	10	12
Older people's group	12	10	11
Nobody	10	12	11
Local NGOs/CBOs	5	6	5

11.3 Water and the Elderly

Elderly respondents were asked how they obtained domestic water and what problems they encountered. Few old people, 28%, collect water for themselves; the majority have it collected for them by a relative or a domestic worker - 68%. More older women collect water by themselves compared to older men.

Asked if they have any problems with their water supply, elderly respondents encountered some of the same as the problems that were identified by adult respondents reported in chapter 10.

11.4 Health and the Elderly

Two-thirds, 65%, of older people said they had health problems which require regular attention, 62% of men, and 68% of women. The most commonly reported problem concerned mobility, reported by 42% of both men and women who had health problems.

Two-thirds of the over sixties had sought medical treatment during the three months prior to the survey, with significantly more women than men seeking treatment. Of those seeking treatment, 35% paid for it themselves, 27% had costs paid by family members, 15% received free treatment, and 14% did not undergo any treatment. Nearly half, 44%, went to a government health facility, 27% bought medicine in a pharmacy, and a quarter, 24%, went to a private facility.

Table 11.3 Paying for Healthcare

Payment for Treatment	Male %	Female %	All %
I paid myself	43	27	35
My family paid for me	18	41	27
I received free treatment	15	14	15
I received no treatment	13	16	14
Other	8	9	8
Health insurance	2	3	2

Critically, nearly half of the over 60s, 48%, did not know that they were entitled to free treatment in government facilities (42% of men and 58% of women). In addition, approximately one-fifth, 18%, of respondents said that they had been refused treatment in a government facility because they could not afford to pay for services, and 13% indicated that they had been refused free treatment due to lack of proof of their age.

Table 11.4 summarizes problems encountered by elderly in seeking health care. While the majority of the elderly who sought treatment said they had no problems in obtaining it, 38% said that their major problem was that there had been requests for payment.

Major Problems in Obtaining Treatment	Male %	Female %	All %
Requests for payments	40	36	38
Availability of drugs and materials	30	28	29
Distance/time to get there	25	25	25
Waiting for consultation/treatment	14	15	14
Respect shown by facility staff	11	10	11

In many of the study sites the elderly know they are entitled to free medical services, however the policy is sometimes ignored in practice. This experience was similar in both rural and urban communities. Box 7 presents some perceptions on difficulties in accessing free health care by the elderly.

BOX 7 DIFFICULTIES IN ACCESSING FREE HEALTH CARE BY ELDERLY

“Kwenye redio wanasema akina mama, wazee, na watoto wadogo wanapewa huduma bure lakini kwa eneo hili ni kitendawili na haijawahi kutokea.”

Meaning: ‘Through the radio they say that women, the elderly and young children should be given free treatment, but in this area, that is a paradox; it has never happened.’

- Women’s Focus Group, Korogwe

“Msamaha wa matibabu wa wazee huku ni kama haupo, ukienda na barua utaambiwa hakuna dawa. Maduka ya dawa tunayoagiziwa ni ya madaktari wenyewe.”

Meaning: ‘Exemption from medical costs for the elderly is non-existent here, if you go with a letter you are told that that there are no drugs. The pharmacies we are sent to consult are owned by the doctors themselves.’

- Elderly Focus Group, Tanga

“Kuhusu matibabu ya bure kwa wazee bila kunyanyaswa... tunaambiwa tu, lakini inatakiwa pesa mfano unaweza ukaambiwa nenda huko walikotangaza matibabu bure... Umesikia wapi matibabu bure?”

Meaning: ‘About exemption from medical charges ... we are just told, but payments are demanded, for example you may be scoffed and told to go where they announced free medical care, where did you hear about free medical care?’

- Elderly Focus Group, Dar es Salaam

“Alienda kupata huduma akaulizia sera hiyo akakataliwa huduma mpaka atoe pesa. Jibu la wauguzi wanasema hawajui. ... Vikongwe wanahudumiwa na pesa.”

Meaning: ‘He went to get treatment and asked about the [exemption] policy – he was denied treatment until he paid. The attendants’ response was that they don’t know [about exemptions]. The elderly get served if they pay.’

- Focus Group, Lindi

11.5 Elderly as Caregivers

Having to care for grandchildren in their old age is quite common for many elderly. Nearly 40% of the elderly respondents reported that they were caring for a grandchild, most commonly because of the death or sickness of the child's parents. In caring for their grandchildren, almost three-quarters said that they were helped by their immediate family.

11.6 The Concerns of the Elderly about their Future

Respondents were also asked about their concerns for the future. Security in their old age is a big concern among the elderly, with 75% of respondents concerned about losing the strength to work as

they grow older, and 66% fear hunger and poverty, and losing their independence through ill-health. These concerns are the same among older men and women. Table 11.5 also points out other crucial human right issues such as fear of being accused of practicing witchcraft which was reported by 25% of the men and 32% of the women in the survey. The Tanzania Participatory Poverty Assessment also echoed accusations over witchcraft as one of the concerns of the elderly (Tz-PPA ESRF, 2004).

Table 11.5 Concerns of the Elderly about their Future

Concerns	Male %	Female %	All %
Not being able to work	76	74	75
Losing independence through ill-health	67	64	67
Hunger, poverty	69	66	66
Loss of social status, role	53	47	50
Losing respect in society	48	43	46
Being lonely, isolated or neglected	47	40	45
Being attacked, robbed	43	36	40
Having to care for orphans	38	40	39
Conflicts within the family	33	31	33
Being accused of practicing witchcraft	25	32	28
Losing property if spouse dies	27	21	25
Being the victim of witchcraft	27	24	25

Losing respect and social status are concerns for about half those interviewed. However, this does not mean that younger people no longer respect the old. Significantly more respondents, 60%, believed that young people treat them with respect than those who believe they do not. In some societies, for instance in Mwamanoni Ward (Shinyanga), there is cooperation between youth and elderly and this cooperation has a traditional name “*Ukombakomba*”.

Finally, two open-ended questions probed respondents’ views on the pleasures and concerns of growing old. Over a third, 36%, of the elderly saw no pleasure in growing old, while 28% considered growing old an inherent pleasure. Gaining respect and wisdom were less important sources of pleasure than living with grandchildren. Although 20% of old people found nothing to complain about in growing old, 33% complained about losing their strength and therefore their ability to work. Frequent illness was the major concern of a further 22% of old people. More of the older men were worried about losing their strength and ability to work while more of the older women were worried about illness.

Table 11.6 The Worst Thing about Ageing

Worst Thing about Ageing	Male %	Female %	All %
Lose strength, ability to work	37	26	33
Frequent illness	19	25	22
Nothing	18	20	20
No response/other	12	15	12
Abuse, lack of respect	5	7	6
Loss of memory	1	1	1
Become dependent on others	6	4	5
Suspected of witchcraft	1	2	1

COMPARISON OF OTHER SURVEY RESULTS FROM 2003 AND 2007 ABOUT SERVICE PROVISION

Broad comparisons between these survey results and those from the Policy Service and Satisfaction Survey (2003) (PSSS) and Afrobarometer⁵ on quality of life and social being show some similarities (Table 12.1). Just as in the 'Views of the People', these previous surveys show popular appreciation of the government's efforts to improve education. This current survey confirms popular appreciation of the government's investment in educational infrastructure, but also raises the continued shortages of textbooks at both the primary and secondary levels.

For the past several years, the government has committed a growing budget to basic services, but there is mixed evidence that increased spending translates into more and improved services. When asked whether basic services were improving or getting worse, many more respondents said they were improving 44% than said they were worsening 9%. However, the cost of medical treatment was reported to be a major problem for slightly over half the PSSS sample (2003), and for 62% of the VoP 2007 survey respondents. Similarly, concern with the cost of drugs is higher among VoP 2007 respondents, 44%, compared to the PSSS respondents 35% four years ago. Many senior citizens have difficulties accessing free health services. Domestic water supply continues to be a chronic problem in both urban and rural areas, with an overall deterioration in perceptions on water availability and cleanliness. For urban respondents, increased cost was also mentioned.

Table 12.1 Major Problems in Social Services in 2003 and 2007

Dar es Salaam		Rural Areas		All	
2003	2007	2003	2007	2003	2007
Medicines	Household water	Household water	Household water	Medicines	Household water
Household water	Medical treatment	Medicines	Medical treatment	Household water	Medical treatment
Schooling	Schooling	Schooling	Medicines	-	Medicines
-	Medicines	-	-	-	-

Notes: 'Medical treatment' refers to the cost of medical treatment

'Medicines' refers to the availability and cost of medicines

PSSS (2003) surveyed heads of households; VoP (2007) surveyed adults and youth

⁵ Various studies, refer to www.afrobarometer.org

