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The (Missing) Social Protection for Older People in Tanzania

A Comparative Study in Rural and Urban Areas

Final Report

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Abbreviations

ACP	Africa-Caribbean-Pacific Region
ADA	Austrian Development Agency
AFRAN	African Research on Ageing Network
AIDS	Acquired Immuno Deficiency Syndrome
CHAWALI	Chama cha Wastaafu na Wazee Lindi (Lindi Retired and Older People's Association)
EU	European Union
HAI	HelpAge International
HIV	Human Immunodeficiency Virus
KEF	Kommission fuer Entwicklungsfragen (Commission for Development Studies), Austria
MDGs	Millennium Development Goals
MKUKUTA	Mkakati Wa Kukuza Uchumi Na Kupunguza Umaskini Tanzania (National Strategy for Growth and Reduction of Poverty)
NGO	Non Governmental Organization
NHIF	National Health Insurance Fund
NSPF	National Social Protection Framework
NSSF	National Social Security Fund
OEAD	Oesterreichischer Austauschdienst (Austrian Agency for International Cooperation in Education and Research)
PPF	Parastatal Pension Fund
PSPF	Public Servants Pension Fund
SOC-PRO AGED	Social Protection for the Aged
SPSS	Statistical Package for the Social Sciences
TASAF	Tanzania Social Action Fund
Tsh	Tanzania Shillings
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children Education Fund

Foreword and acknowledgements

This study on (the missing) social protection for older people in Tanzania (referred to as the SOC-PRO AGED study in this report) derives from a partnership program between the Institute of Social Work in Dar es Salaam and its Austrian partner, the Carinthia University of Applied Sciences. Both institutions have a strong focus on social work and started an official partnership in 2007. The partnership program comprises both students and staffs exchange elements as well as cooperative research projects and other joint activities within the framework of EU-ACP policies. The SOC-PRO AGED study is an interlinked component within the overall structure of this partnership. The focus of the study was on a comparative analysis on the lives of older people residing in rural and urban settings in Tanzania taking social protection as an analytical framework. The research was funded by KEF (Commission for Development Studies, Austria) which was formerly based under the umbrella of the Austrian Academy of Sciences. Since January 2009 KEF is hosted by the Austrian Agency for International Cooperation in Education and Research (OEAD).

The authors wish to express their gratitude to a big number of people who in various ways contributed to the successful completion of this study. Special appreciations are directed to the representatives and members of the two age care organizations CHAWALI in Lindi and Social Concern Agency in Dar es Salaam for their continuous support. We thank Mrs. Margreth Yegela, Mr. Abdallah Majumbah, Mr. Mwankanya and Mr. Abdallah Madebe for their valuable co-operation during the whole research process. Without their assistance and commitment we would not have been able to meet such a big number of older people in both research sites. The team also appreciates the contributions and professional advice it received from staff from HelpAge International, particularly from the former Country Director Abdul Jetha and the Social Protection Program Manager Smart Daniel. Gratitude also has to be expressed towards the co-operation and support coming from District Community Development and Social Welfare Officers and – above all – the District Commissioner and Executive Directors of the respective study locations for granting the permission for the study to be undertaken. Daud Chanila, Furaha Dimitrios, Azieli Elinipenda and Adrophina Salvatory served as research team who spent weeks in the field conducting the interviews and provided field reports from Lindi and Temeke. We are also thankful for the support of Mr. Amana Mbise and his competency in processing SPSS-data, as well as for the professional assistance provided by Dr. Barbara Hönig who went through the final draft of the report and provided valuable input.

Last not least it is our explicit wish to thank the more than 400 Tanzanian older women and men who participated in this study. The interaction between them and the research team was very inspiring. The Austrian Project Manager will never forget his encounters with the Tanzanian *wazee*¹, bearing one meeting essentially in mind. When the research team visited an old woman of 87 years in Temeke she welcomed him with the following words: “*Have you come to marry me?*” This and so many other statements and responses from the older people themselves gave evidence of their resourcefulness, their wisdom, their capacities and their sense of humour, and above all their willingness to contribute as much as they can for the well-being of their beloved and for their own quest for survival.

There are specific challenges and certain constraints in such a cross-cultural research co-operation. It was our objective to provide a meaningful contribution to the crucial issue of social protection of vulnerable groups in Tanzanian society. What we have seen and learned is that too many older people live and are forced to survive far beyond social protection. Our international research efforts prove to be successful if we managed to highlight some steps towards bridging the gap to the so far missing social protection for the elderly.

This report gives an overview of the framework and key findings of our study. A more comprehensive conceptual and empirical insight will be provided in a separate publication (forthcoming 2010).

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¹ *Wazee* [plural] is a Swahili-term for older people indicating respectfulness.

Background and objectives of the study

Demographic and structural changes and the need for social protection

The global demographic picture shows that the world population aged 60 years and above is increasing enormously. In most African countries an almost unnoticed but dramatic demographic change will take place in the next decades. In some countries the older population will increase six-fold by 2050. For the United Republic of Tanzania it is estimated that the absolute number of older persons will increase from 1.95 millions in 2005 to 7.16 millions in 2050. This equals with an increase of 270 %. The percentage of older people in the population of Tanzania is currently the highest in the East African region (5.1 % in 2005) and will increase up to 10.7 % in 2050 (Aboderin & Gachuhi 2007; United Nations Population Division 2007).

However, in most African countries these demographic projections do not correspond with the plans and existing programs to address the needs of older people. As a consequence the majority of older people continues to live at risk in the face of abject poverty and lacking social protection. Social and economic disintegration processes tend to exclude a high number of older people from social participation and expose them to highly vulnerable living conditions. Rapid modernization processes such as urbanization, rural-urban migration, coupled with the breakdown of traditional family support networks and the devastating effects of the AIDS-pandemic and chronic poverty in the country pose a real and important challenge which the Tanzanian society and government has to face and address immediately. The effects of the AIDS-pandemic are devastating on sexually active age groups but little has been done to explore its effects on older people. Yet the older generation plays a particularly important role caring for people affected with HIV in general and orphaned children in particular. In Tanzania 64 % out of a total number of 2.5 million orphans are living in a household headed by a person over the age of 55, and there is a strong tendency that the number of children living with grandparents increases in relation to those living with other relatives (HelpAge International 2004). For sub-Saharan Africa it is estimated that at least six million children are cared for by their grandparents (Gorman 2004).

The international community set a milestone when the United Nations gave birth to the International Plan of Action on Ageing emanating from the Second UN World Assembly on Ageing in Madrid 2002. Through this document a policy framework coupled with concrete recommendations to adequately address the forthcoming demographic and structural developments has been designed. However, it has to be noted that older

people are not explicitly mentioned in the Millennium Development Goals (MDGs) setting the aim of halving the world's population living in extreme poverty by 2015. Yet the link between social protection and the achievement of the MDGs is evident since the key objective of social protection is to reduce the vulnerability of the poor (Devereux & Sabates-Wheeler 2004; Schubert & Beales 2006).

The African Union has also put ageing issues on the agenda and recommends its member states to develop and implement strategies that extend the coverage of formal and informal social security systems for their older populations (African Union/HelpAge International 2003). In 2006 an agreement made among 13 African countries² in Zambia ("Livingston Call for Action") recognized social security as a basic human right and cash transfers as a highly effective yet under-used development resource in the region (Schubert & Beales 2006).

The United Republic of Tanzania (2003) responded to the given challenges by creating a National Policy on Ageing to set a base for promoting health care, participation and income security for its older population. After Mauritius it is the second country in Africa to have set such a concrete policy on ageing. The National Strategy for Growth and Reduction of Poverty, mainly referred to as MKUKUTA, now also involves the needs of the elderly. In one out of 9 operational targets for adequate social protection and rights of vulnerable and needy groups set in MKUKUTA (Cluster II) the Tanzanian government heads for 40 % of eligible older people that should be reached with effective social protection measures by 2010 (The United Republic of Tanzania 2005b).

In addition there is a continuing initiative towards a National Social Protection Framework (NSPF) which clearly exhibits the existence of political will to address the question of social protection. This multi-sectoral initiative will build on, complement and help to coordinate existing social protection related policies, plans and programs in order to ensure that all poor and vulnerable groups are covered in a comprehensive manner. However, it remains to be seen whether the Tanzanian government will adopt broad-based social protection measures to reduce poverty of vulnerable groups, including older people, and strongly advocate for the provision of universal and non-contributory pensions as a right of older people.

Despite promising political documents it can be said that so far it is mainly non-governmental agencies that operate towards an implementation of older people's issues in development programs on different levels and regions of the country. Generally speaking, the existing programs which are mainly

² The African countries include Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.

under the umbrella of HelpAge International, as well as other small-scale initiatives both by the government and other partners are not likely to be able to deal with the impoverishing factors that affect older people to the required proportion, mainly because of their limited scale and scope (Lerisse et al. 2003).

Until now substantial action by the Tanzanian government to assure social protection to people in their old age is still to come.

Issues of definition of old age and social protection

Who is an older person?

Given the fact that the average life expectancy in a country like Tanzania is said to be 51 years (UNDP 2007) it might not be surprising that from a European point of view sometimes the question is raised whether there are older people in Africa at all. We argue that when discussing issues and concepts of ageing and old age in a sub-Saharan context, some words of caution and sensitivity have to be raised. In general it can be said that a universally applicable definition of what constitutes old age is notoriously elusive (Heslop & Gorman 2002). The concept of chronological age as applied undisputedly in industrialized countries has far less importance in “developing” countries. Although the process of ageing is a biological reality it has as well to be seen as a term that is socially constructed and determined by the cultural fabric of a given society. While both the United Nations as well as the Tanzanian government define older people as those aged 60 years and above, we, however, decided for the purpose of this study to set the definition with 50 years of age and above in order to not only consider chronological parameters but also functional and social aspects of age that seem to be more appropriate for an African context. Such aspects can be the seniority status of a person within his or her community, the roles assigned to older people, or perhaps even more importantly the loss of roles accompanying physical decline or other changes in status such as widowhood, which are of local significance (HelpAge International 2001; Heslop & Gorman 2002). For example, in some Tanzanian cultures a woman who is no longer able to give birth is considered to be old, irrespective of her chronological age.

As was shown in our study sometimes birth registration is poor, especially in rural areas, and many older people do not know their age in exact terms of years. Rather physical features or historical facts are used to estimate a person’s age. Therefore it is of great importance to critically reflect on the problem of the definition of old age since it consequently affects older people’s access to services and policy and resource allocations (HelpAge International 2001).



Picture 1: Some older people having informal communication in Kineng'ene



Picture 2: Old couple in Kingugi

Definition of social protection

When it comes to the definition of social protection it can be said that there is a lot of confusion, overlap and contradiction in terms of conceptual and operational terminology among academics and policy makers.³ It already starts when a brief look at the available literature reveals that the terms “social protection” and “social security” are sometimes used interchangeably and without further conceptual reference. As Devereux and Sabates-Wheeler (2004) put it, social protection might be largely mainstreamed in development discourse but remains quite unfamiliar to many people and carries a range of definitions, both in the development studies literature and among policy makers responsible for implementing social protection programs.

Some scholars as well as international organizations view social protection as public action or public measures towards various risks and contingencies. E.g. Norton et al. (2001) define social protection as “the public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society”. The International Labor Organization views social security as “the protection which society provides for its members through a series of public measures” (Kaseke 2005). Such perspectives view social protection as a public concern and obligation of the state while disregarding private initiatives. Due to the economic status of most African countries it can be stated that current formal state-regulated

³ In this report we only give a brief overview on the complex issue of social protection. A more comprehensive theoretical discussion will be provided in our forthcoming publication.

forms of social protection are rather poorly developed and cover only a small fraction of the population and never reach the urban or rural poor (Kaseke 2005; Cohen & Manken 2006). It is therefore suggested for the purpose of this study to rather use a more open definition that takes into account the fact that in sub-Saharan Africa the majority of the population relies on non-formal and non-state-regulated forms of social protection, the major source being the existing support structures of the extended family system and the communities. A suitable definition for such a framework is provided by Devereux and Sabates-Wheeler (2004) who call their concept “transformative social protection”:

“Social protection describes all public and private initiatives that provide income and consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups.”

From our point of view three features have to be highlighted when taking this definition into consideration:

The definition views social protection as a set of both formal and informal initiatives. Devereux and Sabates-Wheeler (op. cit) argue that social protection in poor countries needs to be conceived of more broadly and creatively than in industrialized countries. This argument calls for the important role of non-formal systems of social protection, for instance, those based on kinship and traditional institutions of reciprocity and dependency. These support mechanisms through family and kinship networks, self-help, religious and women’s groups as well as other forms of mutual assistance and practiced solidarity in daily life are a vital element in fostering social protection in a country like Tanzania (Steinwachs 2006).

The definition locates social protection at the intersection of a needs-based and a rights-based approach. From a needs perspective the concern revolves around material deprivation and the risk of becoming unable to secure adequate food, shelter, health care etc. Thus social protection is an instrument towards food security and a more durable enhancement in future livelihood capacities. From a rights perspective freedom from hunger and destitution is an inalienable human right that should be legislated as such by national governments and delivered as a legal obligation of the state (Ellis et al. 2009).

The definition combines economic and social vulnerability. As such a rather narrow perspective that mainly focuses on “economic protection” through resource transfers to vulnerable population groups is transferred to a broader view that takes into account social risks such as discrimination (ageism with regard to older people), marginalization and social exclusion. The combined features of being economically at risk and socially vulnerable can be essentially applied to the life circumstances of a wide range of older people in African

contexts. The definition is “transformative” in a way that it refers to the need to pursue policies that relate to power imbalances in society that encourage, create and sustain vulnerabilities. Thus it extends social protection to areas such as equity, empowerment of people and economic, social and cultural rights, rather than confining the scope of social protection to targeted income and consumption transfers (Devereux & Sabates-Wheeler, op. cit).

Whilst for the purpose of this study a definition of social protection is applied that covers both formal and informal perspectives, this does not indicate that the government has to be discharged from its responsibility to care for its vulnerable citizens. On the contrary it has to be stressed that the government should play a central role in providing and facilitating the provision of social protection. This is of particular relevance in situations of widespread poverty, where insurance mechanisms of the poor are ineffective, and there is likely to be under-provision by private providers. Hence, the case for public intervention by the state is strong (Devereux & Sabates-Wheeler, op. cit).

Social protection for older people in Tanzania: A distant dream?

When it comes to the context of Tanzania, the overall picture illustrates that only 2.5 % of the total population are covered by one of the existing social security institutions. This figure presented by Dau (2003) refers to the most prominent institutions like the National Social Security Fund (NSSF), the Parastatal Pensions Fund (PPF) and the Public Service Pension Fund (PSPF) and does not include the population covered by the National Health Insurance Fund (NHIF). Other authors estimate that the formal security schemes cover only 6 % of the population and about 5 % of the active labor force (including NHIF) (Mchomvu et al. 2002). In terms of gender, the majority of the people covered are men since women only constitute a very small minority of the workforce in the formal economic sector (ibid.).

It has to be noted that in Tanzania only a limited share of the labor force work within the context of formal employment. The majority of the population is engaged in activities beyond the formal economic sector, which mainly refers to informal sector activities without a legal base and to mainly unpaid work in rural agriculture on a subsistence level. It is estimated that 89 % of economic activities in Tanzania are held extralegally within the sphere of the informal economy (Skof 2008). This is an important feature of many African countries, leaving millions of people with work in an informal (or semiformal) working environment without proper legislative regulations, thus also without a chance of being covered by one of the existing formal insurance schemes. With regard to activities in the rural agricultural sector it can be said that poverty rates in Tanzania are widespread. It is estimated that 87 % of the rural population are subjected to poverty (National Bureau of Statistics 2002),

again with no legal framework to be envisaged by a formal social protection scheme.

The general performance of the existing social security institutions is rather poor in terms of coverage, provision of quality benefits and efficiency (Dau 2003). Tanzania does not have a general social pension program, and there is no reliable data available with regard to the coverage of older people by one of the existing schemes.⁴ Our study findings revealed that out of 400 older people only 22 (5.5 %) turned out to be beneficiaries of a formal pension scheme, only 4 of them being female.

In terms of health care for older people it can be said that the National Health Policy (ratified 2007) addresses issues of access equity for rural and urban older people and possible measures to redress this (Aboderin & Gachuhi 2007). Both in the National Ageing Policy as well as in MKUKUTA older persons aged 60 years and above are entitled to free health care services. Again, when it comes to implementation there are a number of constraints such as poor administrative structures and procedures, bureaucratic hindrances, unavailability of proper medical services and medication, as well as reluctance of health care staff and local government officials to adequately deliver older people their entitled services.

There are a number of initiatives to integrate older people's issues into local development agendas and plans (HelpAge International 2008). However, in general it can be stated that the Tanzanian government is yet to transform most of its policy statements into action. One promising approach seems to be through activities set by Tanzania's Social Action Fund (TASAF), an initiative which has been established in 2000 as one of the tools for executing the country's National Poverty Reduction Strategy.⁵ TASAF is supposed to provide direct support through non-government and community-based organizations to improve the living standards of vulnerable and marginalized groups including orphans, widows, older people and people with disabilities (Save the Children UK et al. 2005). In its second phase (TASAF II) a pilot project on conditional cash transfers in 40 communities has been launched. Although the amount of money given to extremely vulnerable people seems to be very low (6,000 Tanzania Shillings a month⁶), this pilot scheme is a first but very important step towards a social policy framework aiming at universal social protection for vulnerable and needy groups including older people. Unfortunately, this claim for widespread social protection coverage is just in its infancy.

⁴ So far there are only 7 sub-Saharan African countries that have social pensions: Botswana, Lesotho, Mauritius, Namibia, Senegal, South Africa and Swaziland (Ellis et al. 2009).

⁵ <http://www.tasaf.org/>

⁶ 6,000 Tsh are approximately 3,60 Euro.

Whilst the government currently fails to allocate sufficient budgetary means to adequately meet the needs of older people, it stresses on the families to provide care and support for their older kin. It can be stated that the family still provides the main source of support for older people materially, physically and emotionally – but that in poor communities the multiple effects of decreasing natural resources, international market competition and urban migration seriously undermines the capacity of the family to sustain this function (Heslop & Gorman 2002). In African context both nuclear and extended family systems provide income security to their members by an obligation to support each other. The family is seen as a channel through which individuals can fulfill their needs. Here children have an important part to play since they are seen as a source of security or protection in old age (Kaseke 2005). If these familial and intergenerational obligations get ruptured, then social protection for the most vulnerable is exposed to unforeseen risk.

A 60 years old woman in a rural research site in Lindi District had this to say:

“Older people do find their own means on how to survive. But no one helps them. Most of them do manual labor in order to get money.”

If both the formal social protection system is in a state of crisis and the informal support networks are in a continuous process of being weakened and deteriorated, how then is the survival of a growing number of older people likely to take place? This is the point where our study started.

The call for research

It can be stated that in the sub-Saharan African region there are major gaps in research, understanding and knowledge on issues of ageing in general and social protection for older people in particular, hence a vital need for more and enhanced research has to be highlighted (Aboderin 2005). In other words research on ageing in Africa is still very much in its infancy (Cohen & Manken 2006). The UN Programme on Ageing in conjunction with the International Association of Gerontology and Geriatrics (2007) identified formal and informal social protection systems as one specific priority area for research on ageing in the Sub-Saharan Africa region. There is a need for detailed country-specific analysis on the nature of both formal and informal schemes, the size and frequency of transfers, and the redistributive effects of transfer payments on the health situation and well-being of older people and related household members (Cohen & Manken 2006).

For Tanzania it is claimed that more qualitative and locally-specific analysis is needed in areas where there are especially vulnerable people, thus quantitative national data sets can be complemented (United Republic of Tanzania 2005a). It is within this framework that the SOC-PRO AGED study is located.

Project purpose and study objectives

The research project is a co-operation between the Carinthia University of Applied Sciences, School of Social Work, and the Institute of Social Work, Dar es Salaam. The two partner institutions developed the framework and objectives for the proposed SOC-PRO AGED research project in a process of mutual exchange of ideas based on the formulation of the research requirements from the point of view of the Tanzanian partner. Thus we were able to fulfil what Monica Ferreira, Director of The Albertina and Walter Sisulu Institute of Ageing in Africa, University of Cape Town, demanded for collaborations between African researchers and partners from industrialized countries, namely that such joint research ought to be “Africa-appropriate and Africa-led” (Ferreira 2005).

The study is based on three major hypotheses revolving around issues of rural-urban differences, concepts of ageing and gender aspects.

The first hypothesis refers to the issue of socio-geographical location and suggests that poor social protection mechanisms impact differently on older people in rural and urban settings. Thus a continuous analytical perspective on rural-urban disparities is an integral part of the entire study.

The second hypothesis identifies lack of social protection in linkage with old age per se. Compared to children, youths and women the elderly in Tanzania are the least supported, yet are the most vulnerable because unlike children who may grow up into dependent persons they are not likely to improve with time (Lerisse et al. 2003) and are thus more prone to be afflicted with hardship, social exclusion and discrimination.

The third hypothesis refers to gender issues and assumes that gender discrimination has a tremendous effect on the well-being and social protection of older women who may suffer from the outcome of cumulative lifetime disadvantages (Heslop & Gorman 2002). This phenomenon seems to be particularly true for the context of the Tanzanian society where discrimination of girls in early childhood tends to create a lifelong vicious cycle trapping them into dependence, disadvantage and deprivation (Mabala & Kamazima 1995).

The purpose of this research project was threefold:

- a) To undertake a comparative analysis on the lives of older people residing in rural and urban settings so as to assess the impact of the missing social protection on their living conditions and survival mechanisms and thus suggest measures for improving their situation.
- b) To contribute towards poverty eradication for older people as a long term purpose. It is envisaged that the study findings shall become a source of

information for proposing long-term strategies and programs for social protection of older people at local, regional and national level.

- c) To further contribute with recommendations on how to improve the lives of older people in general, and come up with a concrete follow-up development project on social protection in a selected region (see the section on follow-up activities).

The specific objectives of the study were:

- a) To examine both formal and informal social protection systems and their impact on older people living in rural and urban settings in Tanzania.
- b) To explore main problems that limit provision of adequate social protection for older people.
- c) To assess the coping mechanisms employed by older people to address problems associated with poor social protection.
- d) To analyze gender differences in old age with regard to the provision of social protection mechanisms.

Methodology

Research design

This study adopted both qualitative and quantitative approaches. Qualitative information was important to capture the respondents' feelings, views and sentiments on the nature, forms and limitations of existing formal and informal social protection measures through semi-structured interviews and focus groups. A quantitative approach was used to capture the number of older people who are more vulnerable by gender, their number of dependants, the income level of households headed by older people, the average amount of cash needed to sustain an average household and the amount of cash transfers. This was done through applying a guided questionnaire. Qualitative and quantitative data were used in tandem to complement each other. In view of this, the study was largely exploratory, descriptive and analytical in an attempt to assess the impact of the missing link of social protection for older people in Tanzania.

Study areas

The study was conducted in Dar es Salaam and Lindi Region. Metropolitan Dar es Salaam was purposefully selected because of its position as one of the large commercial cities which attracts people from different parts of Tanzania. It was its heterogeneous character which attracted the researchers to see to what extent the social and cultural settings were likely to affect the nature of social relations and coping mechanisms of older people in the city. However, since it was impossible to study the entire region of Dar es Salaam, Kingugi village in Temeke Municipality was selected as a representative research site.

Temeke Municipality is characterized by a social mix of people from different parts of the country. The majority of residents who dwell there have a relatively low average economic and educational status as compared to other parts of Dar es Salaam⁷. Kingugi village has characteristics of both a semi-urban area as well as elements of a typical slum setting with poor housing conditions, lack of accessible water and inadequate sanitation facilities.

On the other hand the choice of Lindi Region was influenced by different factors, one being the low level of social and economic development. Lindi is regarded as one of the most neglected and poorest regions in Tanzania, when using food availability and basic needs indicators⁸. In particular Kineng'ene village was selected as a study area. Previous social studies in this area,

⁷ Other municipalities in Dar es Salaam include Ilala and Kinondoni.

⁸ http://www.lindi-mtwara-regions.com/eng/lindi/lrural/d_info1.html

particularly on villagers' perception of poverty, indicate that the unique characteristic of the village is that it is regarded to be "exceptionally poor" compared to other regions in the country (Killian 1998). The most important economic activity in the village is subsistence farming.

Another influential factor for selecting Lindi District is the lack of data concerning the living conditions of older people. The coastal regions south of Dar es Salaam have been neglected in previous studies on older people (e.g. HelpAge International 2004), and there is substantial lack of scientific records. Hence, another motive behind our selection of Lindi as a study area was to bridge this gap.

Study population

In conducting the study, different groups of people were involved. These included older people themselves, government officials, leaders of non-governmental age care organizations, local government leaders, social workers working in older people's camps and religious leaders.

Study respondents were selected by using two main sampling procedures as elaborated below:

Purposeful sampling: The respondents involved in the focused groups were purposefully selected on the basis of their knowledge, expertise and experience in working and living with older people in rural and urban areas. These included government officials (such as Social Welfare Officer, Community Development Officer), local government leaders (such as Ward Executive Officer, village leaders), religious leaders and staff and members of NGOs dealing with older people in areas under study.

Random sampling: A random sampling technique was used to select older people from Kingugi in Dar es Salaam and Kineng'ene village in Lindi District. The sampled respondents were reached by the researchers through a guide of Social Concern Agency (Dar es Salaam) and of three local leaders and an official from CHAWALI⁹ (Lindi) who helped to locate the respondents.

The study covered a total of 432 respondents. 200 older people were surveyed through a guided questionnaire in each study location, out of which 40 were selected for further qualitative in-depth interviews. 32 different stakeholders participated in focus groups. The distribution of respondents by category, location and gender is shown in table 1 and 2.

⁹ Both organizations are NGOs working with older people.

Table 1: Distribution of questionnaire and interview respondents by location and sex

Questionnaire respondents				Semi-structured interview respondents			
Sex	Location		Total	Sex	Location		Total
	Kingugi	Kineng'ene			Kingugi	Kineng'ene	
Male	94	73	167	Male	10	10	20
Female	106	127	233	Female	10	10	20
Total	200	200	400	Total	20	20	40


40 out of 400 questionnaire respondents 

Table 2: Distribution of focus group respondents by category, location and sex

Category of respondents	Location				Total
	Kingugi		Kineng'ene		
	Male	Female	Male	Female	
Social Welfare Officers	1	0	0	1	2
Community Development Officer	0	0	1	0	1
Local Government Leaders	4	1	3	0	8
Ward Executive Officers	1	0	1	0	2
Village Leaders	4	1	0	0	5
Non Governmental Organizations	3	3	2	4	12
Religious Leaders	1	0	0	1	2
Total number of focus group respondents	14	5	7	6	32

Preliminary steps to data collection

Prior to the actual data collection process the research team held several meetings with different key stakeholders in both research sites. The team managed to talk to staff from HelpAge International, Social Concern Agency, Social Support Fund, as well as Municipal authorities, namely the Temeke Municipal Community Development Officer and the Social Welfare Officer. In Lindi similar meetings were held with representatives of the local collaborator CHAWALI as well as other key stakeholders like the Community Development Officer, Social Welfare Officers and the District Commissioner in order to get the necessary permission to conduct the survey. It was learnt from these government officials that a lot is yet to be done to seriously address the needs of older people since there are no budgetary allocations. The respective departments are under-staffed and equipped with insufficient resources to adequately meet their official tasks. E.g. in Temeke there are only three Social Welfare Officers who are in charge of approximately 800,000 people. Practical experience of the officials met showed that older people are generally expected to be taken care of by their families. Exceptions are those

who are really in need and left without family support. Such older people could be taken to specific institutions found in Dar es Salaam (like the “destitute camp” in Nunge) or Lasbula in Lindi.

Preparatory field visits were made in both research sites. In Temeke four households of older people were visited, and in Kineng’ene village another four home visits to older people and their families/dependants were made. These visits helped to pre-test the research tools and gave additional information for their final version.

Additionally, in Kineng’ene village a preparatory meeting with a total of 188 older people was conducted. The purpose of the meeting was to introduce the research idea to the targeted population of the study. According to officials from CHAWALI this number of participants was higher than at any other community meeting ever conducted in the area. The meeting was also attended by the Ward Councilor, the Ward Executive Officer and the Street/Mtaa Executive Officers of the area.

Between April and June 2008 several meetings were held by the research team to develop the research tools and translate them into Swahili. As a result, the data collection exercise officially started in July 2008 and was completed by the end of August 2008.

Methods of data collection

Five different methods were used to collect data from the field. These included a review of secondary sources of information, questionnaires, semi-structured interviews, focus groups, and transect walks.

i) Review of secondary data: Reviewing and making analysis of different relevant governmental documents (such as policies and strategies) was important to set the background information on social protection provisioning. Further, reviews of existing documents, surveys, reports and laws were made with a view of establishing the nature and forms of social protection at different levels, formulating hypotheses and sharpening our understanding on social protection in Africa and in Tanzania in particular. The review of existing data also helped to identify the knowledge gap which this study is attempting to fill.

ii) Questionnaire: Guided questionnaires were conducted in the two study areas targeting exactly 400 older people (233 female, 167 male) in order to generate statistical baseline data. The questionnaire was composed of 28 closed questions with provisions for additional qualitative information where it was deemed to be essential. Due to the fact that respondents were older people, with a probability of impaired eyesight and a high likeliness of being

illiterate, all questionnaires had the character of a guided questionnaire, i.e. researchers asked questions to each respondent and recorded the responses. In fact it turned out that 61 % of the total respondents were illiterate older people who never attended any kind of formal education.

iii) Interviews: 40 semi-structured interviews were conducted with older people (20 female/20 male) in order to generate in-depth qualitative data concerning existing forms of social protection, coping mechanisms of older people, the kind of assistance received from relatives and community members etc. Respondents to be interviewed were identified during the first exercise of administering questionnaires; thus respondents who seemed to have more information were invited for an interview. The field researchers used an interview guide which was designed to enable a deepening insight into issues already raised in the questionnaire. The interviews were held in Swahili and lasted between 45 minutes up to 1 ½. The interviewing process was tape-recorded and subsequently transcribed whilst translating the results from Swahili to English. It was the responsibility of the field researchers to make sure that the statements and terms used by the interviewees were put into accurate English terminology. The analyzing process was done through an approach of qualitative content analysis (Babbie 2004) so as to compare and complement the findings with the results of the questionnaire survey.

iv) Focus groups: Three focus groups (one in Lindi, two in Dar es Salaam) with key stakeholders were conducted in order to integrate perspectives of a wide range of stakeholders including civil society, charity organizations and political representatives. Focus groups were attended by an average of 8 participants. One of the main purposes of this approach was to get feedback from key stakeholders in order to gather additional input and verify generated data.

v) Transect walks: Guided transect walks were made in the respective research sites to attain visual impressions of the living conditions of the target groups and to observe, talk and learn about issues of local importance. This was done in order to know the resources available in the research area. The activity entailed walking through the respective area cross-sectionally recording all the resources that could be seen on either side of the road. E.g. in Kineng'ene among the resources found was a mosque, a church, a dispensary, a market, a primary school and recreation centers where people go to take local beers. In Kineng'ene no water sources were found in the research site. Where appropriate and where consent has been given some photos of the sites were taken.



Picture 3: Interview situation in Kineng'ene



Picture 4: Interview situation in Kingugi

Stakeholder feedback meeting

In April 2009 a big stakeholder meeting was held in Dar es Salaam. The one-day workshop was an integral part of the implementation activities in the research project. The meeting was purposely intended

- to disseminate and share the research findings on the study of the (Missing) Social Protection for Older People in Tanzania with key stakeholders, and
- to gather additional comments and inputs from different resourceful persons which could be used to enrich the final version of the research report.

The organizers invited participants from various governmental and non-governmental organizations that are directly dealing with older peoples' issues. A total of 27 participants from Social Welfare and Community Development Departments, HelpAge International, age care organizations like CHAWALI, Social Concern Agency, Good Samaritan Agency, local government authorities as well as staff members from the Institute of Social Work participated in the workshop.

The response to the research findings was generally very positive and participants came up with a number of specific suggestions which have been incorporated in the final report. With regard to the current National Social Protection Framework (NSPF) in Tanzania, the SOC-PRO AGED study was expected to contribute to these efforts with a particular view of the situation of older people. As one participant put it: *"The study has come at the right time."*

Ethical issues in research with older people

The SOC-PRO AGED study was essentially inspired by the notion that social research with a vulnerable population group such as poor older people in an African context has to take into account certain ethical considerations. A

guiding principle was the obligation that social research should never injure the people being studied, regardless of whether they volunteer for the study. Thus a “no harm to the participants”-approach was applied (Babbie 2004). This implies sensitivity in personal contact with older people and their social surroundings.

During the process of undertaking this study every respondent was provided room to give or withhold his or her consent. Researchers obtained this by explaining clearly to respondents the aim and importance of the research. All respondents (100 %) gave their consent to take part in the research.

When the budget for the research project was sketched we allocated a certain amount of money for each respondent to compensate for the time and effort given to our study as suggested by HelpAge International (2002). Every older person involved in the study was given 5,000 Tanzania Shillings¹⁰. This was highly appreciated given the fact that most respondents live at an economic level lower than the extreme poverty line. Although such an approach might be disputable in scientific terms researchers felt that the provision of this fund was an important ethical consideration as they asked themselves: How is a researcher supposed to ask questions on survival mechanisms while the interviewee sits with an empty stomach?

¹⁰ 5,000 Tanzania Shillings are equivalent to approximately 3 Euro.

Key study findings

Introduction

In this section we present, discuss and comparatively analyze the key findings of the SOC-PRO AGED study. As a first step some demographic characteristics of the study population will be illustrated and linked to the overall question of social protection. Thereafter the analysis will revolve around the (missing) link between education, formal employment and social protection in old age. In a third section we highlight some basic crucial problems older people have to face in both urban and rural context. The focus will be on poor living conditions, lack of access to water and health facilities, challenges older people face with regard to HIV/AIDS, lack of government and donor support, as well as issues of marginalization, discrimination and social exclusion. As a next step informal social protection mechanisms and associated problems that limit their adequate provision will be discussed. We also look at different coping mechanisms that older people apply in their struggle for survival and a decent living. A last aspect concerns the level of knowledge the study population has shown on specific rights, entitlements and policies on older people.

As a cross-cutting approach these areas of interest are matched against the hypotheses and objectives of the study as previously shown, the main focus being an analysis of rural-urban and gender differences. It has, however, to be noted that a more detailed analysis in conjunction with conceptual considerations and their implications for social policy planning will be outlined in our forthcoming publication on social protection for older people in Tanzania.

Demographic characteristics of the study population and their linkage to social protection

In each study location 200 people aged 50 years and above were involved in the questionnaire survey.¹¹ Whereas in Kineng'ene (Lindi) 127 respondents were female and 73 male, in Kingugi (Temeke) 106 respondents were female and 94 male. It was however striking for the researchers to note that out of 400 respondents 16 % of older people were not able to state their exact age in terms of years. Whereas 28 % indicated that their age ranged from 50 to 59, 28 % ranged from 60 and 69; 16 % ranged from 70 and 79; 9 % ranged from 80

¹¹ With regard to the semi-structured interviews respondents were aged between 60 and 80 years. Gender ratio was 10 female and 10 male respondents per study location. The statistics in this section of the report only refer to the questionnaire respondents.

and 89; 2 % ranged from 90 and 99; another 4 respondents (1 %) were above 100 years of age (see table 3).

Table 3: Demographic characteristics of respondents by location, age and sex (in absolute numbers; n=400)

Age in years	Location					
	Kingugi			Kineng'ene		
	Male	Female	Total	Male	Female	Total
50-59	37	42	79	11	23	34
60-69	37	20	57	20	34	54
70-79	6	19	25	19	21	40
80-89	8	3	11	8	15	23
90-99	0	1	1	6	2	8
100+	1	2	3	1	0	1
Not known	5	19	24	8	32	40
Total	94	106	200	73	127	200

The age-groups in our study were within a very broad scope, thus represent different categories of older people with different needs and facing different challenges and risks. It can be assumed that due to biological changes that naturally accompany the ageing process a certain decline in physiological functions and abilities will lead to more dependence and vulnerability with growing age. As the conventional wisdom suggests, the older you become the less energetic you get and the less income you earn, hence very old people are faced with a limited capacity to cope with their difficult life circumstances. It has become clear in interviews and focus groups that a proper understanding of the particular living conditions of different age groups is an essential prerequisite to consider adequate and meaningful interventions towards social protection.

With regard to the marital status of the respondents the following observations could be made (see table 4): 42 % of female respondents and 83 % of male respondents were still living with their married partner(s).¹² In both study locations a big gender difference has become evident, indicating that a significant higher number of older men compared to older women live in marriage. On the other hand the number of widowed female respondents (27 %) was contrasted by only 7 % male widowers. This gender difference can be

¹² In Lindi as well as in other parts of Tanzania polygamy is still practiced. For the purpose of this study it was not possible to indicate whether an old man was married to only one wife or to several wives, or if he was probably still married with one wife while another one already passed away.

explained from a traditional point of view whereby men in African societies have more possibilities of re-marrying when the first spouse dies. This means the chance of men being in a marriage status is much more obvious when compared with women who find it difficult to re-marry particularly at old age. Another explanation that can be related to this difference is that in most cases widowed older women find it difficult to re-marry due to reasons that they want to maintain the properties they had acquired or were entitled after their spouses' death. If widows choose to marry again they – based on specific customary law regulations – may lose what they had already acquired as they would be forced not to bring the property of one clan to another. Widowed older women might also fear limitations of being entitled to any property in the second marriage especially when they marry at an age at which they can no longer give birth. One female respondent in the focus group in Kineng'ene commented that:

“Women are more affected due to the tendency in life. When people get married to each other they work together and produce wealth, but when they divorce a woman takes nothing, everything is left to the man. A woman can get married to the second man, but if they divorce again the wealth is left with the man. So this is a problem to women when they get old.”

**Table 4: Marital status of respondents by location and sex
(in absolute number and in per cent; n=400)**

	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Married	79	84,0	36	34,0	59	80,8	62	48,8
Single	1	1,1	3	2,8	8	11,0	29	22,8
Widowed	7	7,4	46	43,4	4	5,4	18	14,2
Divorced	4	4,3	13	12,3	1	1,4	17	13,4
Separated	3	3,2	8	7,5	1	1,4	1	0,8
Total	94	100,0	106	100,0	73	100,0	127	100,0

In general it can be stated that widows are disadvantaged in many ways and sometimes face the additional burden of having a low status in society. Interviewees in both study sites reported that widows were denied the right to inherit common assets such as a house or land.¹³

¹³ CHAWALI as an age care organization operating in Lindi and Mtwara regions was running a program of building capacity of older people on women inheritance rights. The organization managed to train a total of 742 community paralegal advisors to address inheritance problems in the area (CHAWALI 2008).

One respondent put it like this:

"There are older people who are killed because of inheritance."

(66 years old woman, Kineng'ene)

The figures on respondents' marital status can also be viewed in terms of rural-urban comparison. In the rural setting Kineng'ene almost every second older woman (49 %) was married, while 4 out of 5 older men lived in marriage (81 %). This situation suggests that these women lived without support from their partner. In other words, half of older women (51 %) living in this rural setting were forced to fight for their survival without assistance from a legal marital partner, may they live as a single, be widowed, divorced, or separated.

In the urban site Kingugi only 34 % of older women still lived in a marriage, while the ratio of married older men was 84 %. Thus 66 % of older women were forced to earn their living without being supported by a legal partner. The high number of older women living as a single (which does not mean that they do not have dependants) is sharply contrasted by a series of problems and burdens they have to face in their daily lives as has been verified in the focus groups and qualitative interviews. Among these burdens are the hardships of agricultural and household chores which are traditionally associated with female responsibility, fetching of water for long distances, taking care of their grandchildren and their own sick children, and the like. Older women are also much less covered by formal protection schemes than older men as will be seen below. This situation calls for immediate action towards proper legal provisions and social services to equate gender imbalances in old age. In Kineng'ene a divorced woman of 70 years put it into these words:

"Sometimes you find yourself having nothing and there are no means to get it. So you just wait until a Good Samaritan comes to help you."



Picture 5: Old woman in Kineng'ene



Picture 6: Old woman in Kingugi

The (missing) link between education, formal employment and social protection in old age

In our study educational levels of the respondents were also investigated since it was assumed that in Tanzanian context there is a correlation between the level of education and the economic status of a person or household. The educational level also entails how socially secured a person would be. For instance the less educated a person is the less likely he or she would be a beneficiary of any social protection program and the more likely he or she would be living in abject poverty. The study findings indicated that there is a high number of respondents who never attended school: In Kineng'ene 87 % of older women and 58 % of older men never went to school, whereas in Kingugi 64 % of female respondents and 30 % of male respondents had not acquired any formal education. Here a big gap across gender and rural-urban differences becomes evident. While educational levels seem to be generally much higher in the urban context, older women in the hinterland are the ones who have been literally caught in illiteracy and cut off of their educational opportunities.

If we match the high number of illiterate older people (61 % of all respondents) with the findings about beneficiaries of a formal pension scheme, we get a sharply contrasted picture. The number of beneficiaries turned out to be extremely low. Out of 400 older people only 22 (5.5 %) were beneficiaries of such a scheme, out of which only 4 were female.¹⁴ All beneficiaries showed a certain level of school education (11 primary school, 8 middle school, 2 secondary school, and 1 college).

Table 5 presents a synopsis of the highest educational level, the former employment status and the present situation in terms of being a beneficiary of a formal protection scheme or not.

¹⁴ These beneficiaries either belonged to National Social Security Fund (NSSF), Parastatal Pension Fund (PPF) or Public Servants Pension Fund (PSPF).

Table 5: Synopsis of highest educational level, former employment and beneficiary status (in absolute numbers; n=400)

Highest level of education	Beneficiary of a pension			Non-beneficiary of a pension		
	Has been employed in the formal sector	Has never been employed in the formal sector	Total	Has been employed in the formal sector	Has never been employed in the formal sector	Total
Not attended	0	0	0	19	224	243
Primary school	11	0	11	41	62	103
Middle school	8	0	8	9	3	12
Secondary school	2	0	2	4	2	6
College-diploma/degree	1	0	1	0	0	0
Adult education	0	0	0	3	11	14
Total	22	0	22	76	302	378

Being a beneficiary of a formal protection system depends on whether one was employed in either the public or private sector. On the other hand, eligibility of being formally employed depends on the educational qualifications possessed by an individual. In trying to search for this linkage study respondents were asked whether they have been formally employed. The overwhelming majority of older people (76 %) indicated that they have never been employed in the formal sector. Half of the respondents earned their living through agricultural activities (78 % in Kineng'ene as opposed to only 21 % in Kingugi). In Kingugi 28 % of the older people were working as "businessmen" (which also applied to female respondents), thereby referring to labor outside the sphere of formal employment (the so-called informal sector). In Kineng'ene none of the respondents associated him- or herself as having worked in that sector, here the majority of older people (78 %) were engaged in agricultural activities, i.e. subsistence farming.

Out of the 400 respondents a total of 96 older people (24 %) stated that they were formally employed: In the rural study area it were 12 %, while in the urban context of Kingugi it was three times higher (36 %). 62 older people have been employed in the government sector and 34 in the private sector. If we look at these figures in terms of gender the findings reveal a big gap: In Kineng'ene only 2 older women of the total 127 female respondents (1.6 %) have been formally employed as opposed to 22 older men (30.1 %). In the urban study setting 13 of the female respondents (12.3 %) and 59 of the male respondents (62.8 %) were formally employed. These figures suggest that a significantly higher number of older men compared to older women in both study sites were working in the field of formal employment, thus indicating their much higher chance of benefitting from a pension scheme after retirement.

Though, if we link the very low number of 22 older people who were beneficiaries of a pension scheme with the above figure of 96 older people who have been formally employed in either the public or private sector, we can see that in Tanzania being an employee in (re-)productive ages does not necessarily mean social protection in old age. At the same time it has to be argued that formal school education does neither automatically guarantee social protection when getting old. Although we could prove with our findings that the educational status is evidently correlated with the likelihood of being a beneficiary of a pension, there was still a remaining high number of study respondents (33.5 %) who had one or another kind of formal school qualification but still lacked any kind of formal protection in their older years.

In addition, the 22 beneficiaries were asked about the amount of money allocated to them by their respective pension scheme on a monthly basis (see table 6).

Table 6: Level of income from pension scheme by location and sex (in absolute numbers; n=22)

Amount in Tsh	Location					
	Kingugi			Kineng'ene		
	Male	Female	Total	Male	Female	Total
Less than 15,000	1	1	2	1	1	2
Between 15,000 and 30,000	7	1	8	3	1	4
Between 30,000 and 50,000	5	0	5	1	0	1
Total	13	2	15	5	2	7

Out of the 22 older people 4 received less than 15,000 Tanzania Shillings (Tsh) a month¹⁵, 12 between 15,000 and 30,000 Tsh, only 6 older people indicated that they get more than 30,000 Tsh per month from their respective pension scheme. These are very small sums which leave the ones who receive them in an economic situation far below the extreme poverty line. In other words: For those older people who seem to be lucky to be “formally protected” it does not necessarily mean to be saved from the need of daily survival.

In interviews it was further revealed that even if an older person is eligible to a pension fund, it is not guaranteed that he or she will get to see the money. Sometimes payments come very irregular, delayed or not at all. For some older people, especially in the rural areas, it is very tiresome to go to town to collect the money – just to find out that it is not even there. Sometimes

¹⁵ 15,000 TShs are approximately 9 Euro.

beneficiaries are faced with bureaucratic procedures which they cannot handle. For some older people the costs for transport are not affordable. Particularly if it comes to sickness and immobility there is almost no chance for them to receive their very entitled money transfers.

Critical problems faced by older people

In the attempt to come up with recommendations on how to address social protection issues for older people it was important to find out the major problems they face. To begin with, we would like to give voice to one respondent of the focus group in Kineng'ene who gave his understanding of social protection. It clearly revolves around the most critical problems which were featured in the research findings and which will be illustrated in the next sections of the report.

"Social protection means when a person reaches old age it actually means his total life. For example he needs to be given food, good shelter and medical care. When he is provided with all these things it means he is protected. If he does not get all these things he will be in trouble. Sometimes older people can be seen begging, so when we see this situation happening to an old person it means he has no social protection, that is how I understand it."

(Male focus group respondent, Kineng'ene)

Poor living conditions

Most of the older people in our study lacked basic facilities including proper living conditions and decent housing. Shelter has been one of the key facilities that leave a lot to be desired for older people to live in a proper human environment. It turned out that the housing conditions of older people in both research sites were generally poor with some rural-urban differences. In Kineng'ene the majority of respondents (96 %) had mud grass-roofed houses while in Kingugi a big number of older people (88 %) had a block house with an iron roof. Though having such roofs most houses in the urban context lacked electricity and water even within the nearby compound. Evidence from personal observations and transect walks by the research team showed that many of those iron roofs were in a rather dilapidated, horrendous condition with big holes and a high likeliness that water enters the house during rainy seasons. Furthermore, in the Dar es Salaam study site there were 13 houses (6 %) with typical slum characteristics (like an extremely poor structural state of the shelter coupled with unsanitary conditions). An old lady of approximately 75 years expressed her feelings to the researcher as follows:

"I fear that in the coming rainfall the house might fall on me. Please if you got a chance visit my house and help me to find someone who can help to improve my house. I wish I could do it myself but I can't because I am not able to do hard work as I am suffering from asthma disease. I can't even do business like frying pies like maandazi because I am coughing a lot and people might be afraid to buy my pies."



Picture 7: Old man in front of his house, Kineng'ene



Picture 8: House of an old couple in Kingugi

Generally it has been realized in both study sites that water sources are far from the living compounds of older people. In Kingugi only 8 % of respondents' houses had both electricity and water, and 2.5 % had a water source in the nearby surroundings. In Kineng'ene there was no single respondent whose house had electricity and a water facility, only 2 had a water source in the nearby compound. These findings suggest that the overwhelming majority of respondents have to walk long distances to collect water, a chore which is traditionally linked with female responsibility even at old age. This issue will be further discussed below.

Shortage of water

In Kineng'ene every single interview respondent regarded shortage of water as one of the biggest problems to older people. During focus group respondents pointed out that they could not get water because the places where water could be found are very far from their compounds. It was estimated that an older person can spend up to 7 hours to get water. In some cases an old woman could even spend the whole day just waiting at the well in order to get a single bucket of water. This condition was perceived as a humiliation towards older people. Respondents also complained about youths that they were not giving any assistance to older people to collect water. The old wisdom of respecting the *wazee* seemed to be ignored by the young generation who did not show esteem towards the elderly. The situation was even worse when older people were compelled to queue waiting for their turn at a water source. Expressing her sentiments to the researcher one older woman of 67 years had this to say:

"We are humiliated, for example in this village there is water scarcity. When older people go to fetch water they find long queues, they cannot get water in time, the youths tell them: 'You cannot get water here, we are not the ones who made you old like this, it is God, so you must wait till we all finish.' In that situation older people have to spend a whole day waiting for just a single bucket of water."

(67 years old woman, Kineng'ene)

With this comment a complex set of problems faced by older people can be identified, combining the existential question of water security with issues of both age and gender discrimination. In Lindi the division of labor between men and women was described by tradition as being unfavorable to (older) women. Women are the ones who do have more everyday jobs and chores compared to men, as different stakeholders commented. It is a practice that husbands and wives go to the farm in the morning, but women work supplementary hours in the evening as compared to men. The same situation could be seen as far as the problem of water is concerned. Statements from female interviewees as well as personal observations made by the research team indicated that the effect of water scarcity seems to affect older women to a much larger extent as compared to older men. One female respondent told the researcher that:

"It is we women, for example you can leave in the morning for water and you leave the children alone at home without water."

(60 years old woman, Kineng'ene)

On the other hand, male interviewees claimed that they are the ones who are mainly affected by the problem of water. They said in case they have to buy water it is men who provide the required amount of money; moreover sometimes they have to give an escort to their wives when they leave for fetching water in the midnight. Behind these gender disparities and quarrels lies an elementary question of survival; whether one is an old woman or an old man, the moment you are no longer capable to gain sufficient water on your own and there is nobody who provides it, you are doomed to death.



Picture 9: Water hole in Kineng'ene



Picture 10: Sanitation facility in Kingugi

While in the rural study setting water is one of the key problems in the daily struggle for survival of older people in terms of accessibility and long distances, in the urban setting Kingugi access to water facilities as such was

not a problem because water sources were within geographical reach. Here the problem was a monetary one, namely that of paying bills because the majority of older people did not have money to pay for their water supply.¹⁶ A 70 years old woman in Kingugi had this to say:

"There is only one public borehole where we can fetch water which however you need to pay in order to get water. The other water points are privately owned and the cost is even more expensive. This makes our life very difficult as it is very basic and there is no excuse on that."

This explains how different levels of development in rural and urban areas affect both fundamental questions of survival such as access to safe drinking water as well as the different roles played by men and women in Tanzanian society. Whereas in urban areas water has to be paid for, in rural areas women are obliged to walk long distances ranging up to 10 and more kilometers, an obligation which for many Europeans who take availability of safe drinking water for granted, seems to be far beyond imagination.

Low accessibility to medical facilities

The health policy in Tanzania clearly stipulates that older people should have free access to medical services in government hospitals, health centers and dispensaries. Unfortunately this does not seem to be the case in Kineng'ene village as shown in our study. 78 % of the respondents indicated that they have to pay for their medical treatment. Unfortunately quite a few older people managed to pay when they felt sick. Getting money for treatment posed an additional health problem to older people, particularly if they frequently become sick. One lady told the researcher that it is not possible for her to get money for treatment because she cannot even get money to buy food. The old woman had the following to say:

"First an older person cannot afford to get money for treatment; you cannot be treated till you pay 1,000 Tanzania Shillings¹⁷. If you cannot afford money for food how can you get that money? And older people often fall sick, they need to get treated, they cannot afford to get the money, as a result they just stay inside while being sick."

(67 years old woman, Kineng'ene)

Our study findings confirm the statement of this interviewee on the frequency of illnesses among older people: More than half of the respondents in both study areas (51 %) had frequent illnesses and required regular medical services. On the other hand 39 % of the surveyed older people indicated to have no recurring illnesses. 10 older people defined themselves as being totally sick, and 2 were courageous enough to disclose that they were infected with HIV.

¹⁶ The water policy provides an exemption for older people to pay for water facilities. In practice this does not work in many cases since older people are still forced to pay for their water share.

¹⁷ 1,000 Tanzania Shillings are approximately 60 Euro-cent.



Picture 11: Weak old man above 90 years, Kineng'ene



Picture 12: Sick old woman in front of her house, Kingugi

Many older people interviewed said they lived in abject poverty and were unable to get even a single penny for transport from their respective homes to the hospitals, while others were too weak to visit clinics on their own. Even worse, some of them could not afford to have a full meal everyday which makes them increasingly weaker. They suggested that stakeholders should consider various ways such as older people's universal pension to enable this vulnerable age group a regular income. Interviewees also mentioned age limit complications as another obstacle. Many older people are left unattended because of their inability to prove that they are 60 years old or above, which is the acceptable age limit that entitle them for free health care in Tanzania. 2 interviewees who were well above this age threshold gave the following evidence:

"In hospitals I do pay for cards and then for medicine."

(67 years old man, Kineng'ene)

"No older person that is being treated for free."

(66 years old man, Kineng'ene)

Sentiments on inadequacies in health provision services were also expressed in the focus group in Kineng'ene village when the respondents remarked that older people were subjected to bureaucratic procedures of getting a certification from the Ward Executive Officer before they can access free medical services. Thus, apart from the necessity to provide older people identity cards to prove their exact age in order to be entitled free medical

care, it is also essential to keep bureaucratic practice at ease so as to avoid further harassments for those who are actually in need of being favored in terms of administrative services.

While a number of problems associated with a lack of access to health facilities in the rural study site have been documented, accessibility to medical services in the urban context ought to be better due to the coverage of government hospitals and dispensaries in Temeke Municipality. However, in Kingugi interview respondents reported similar difficulties when it comes to practical steps in achieving proper health care. One of the respondents illustrated the situation like that:

"Every time we go to the hospital, we are told that there is no free medicine in the stock; the only available is for sale. Even if you get those free medicines, they don't serve the purpose because mostly they are essential drugs such as Panadol which can be affordable to buy in the other shops because they are cheap and just for killing pains. The community is not well mobilized to give support to older people and given that most of them are poor, they just focus on older people from their own family and not on other families."

(77 years old man, Kingugi)

It was reported that the only services which older people can get for free were consultation from the doctor and the prescription for the required medicine, whilst the only drugs given without charge are cheap pain killers as mentioned in the above statement. So what for are older people supposed to consult a doctor and be given a prescription if the right medicine which could cure their disease or relieve them from pain is not available or affordable to them?

Increasing levels of vulnerability due to HIV/AIDS

In our study we also tried to get to know the effects that HIV/AIDS poses on the lives of older people. When interview respondents were asked if they were suffering from a problem related to this particular sickness, a high number actually refused to talk about it. What has been revealed by many older people was the fact that they bear the responsibility of taking care of their orphaned grandchildren. Though respondents again refused to indicate whether their grandchildren were orphaned due to HIV/AIDS, it can be speculated that some of them indirectly acknowledged that their children passed away due to the deadly disease. These observations point to the stigma that surrounds the whole issue of HIV/AIDS.

One of the questions in the questionnaire referred to the number of dependants who stay with older people in terms of relying on them both economically and socially (see table 7).

**Table 7: Number of dependants, by location
(in absolute numbers and in per cent; n=400)**

Number of dependants in his/her family	Location			
	Kineng'ene		Kingugi	
	n	%	n	%
no any	44	22,0	47	23,5
below 5	126	63,0	86	43,0
between 5-10	28	14,0	61	30,5
above 10	2	1,0	6	3,0
Total	200	100,0	200	100,0

Note: The term "dependant" refers mainly to children and grandchildren

The findings indicate that only 91 older people (23 %) did not have any dependant; 53 % had less than 5 dependants; 22 % had between 5 and 10; while 2 % even had above 10 dependants, the majority of them being children and grandchildren. According to the study findings every older person involved in the survey had to care for an average of 4 grandchildren. If one considers the limited income of households headed by older people, and the kind of support they receive from other sources, it is clear that older people carry a heavy burden in caring for their dependants.¹⁸ As a result, most of the older people involved in our study indicated that they were prone to increasing levels of inability to sustain their livelihood and those of their family members, particularly due to increasing costs for medical care, school-related expenses such as uniforms, textbooks, tuition fees and transport for the children, as well as the struggle for daily meals for themselves and the ones whom they take care for.

Lack of government and donor support

One area of investigation in our study was to find out about governmental and donor support structures that could facilitate social protection for older people, and thus contribute towards equitable integration and participation in their communities. In general the role of the government was esteemed to be of high significance for older people, only that its presence was hardly recognized by study respondents. Some respondents raised high expectations towards the government, as can be seen in the following quotation:

¹⁸ A report launched by HelpAge International (2004) provides a clear analysis of the multiple burdens older people face with regard to the crucial role they have to play in providing care and support for their sons and daughters living with HIV/AIDS and to their orphaned grandchildren. The report is called "The cost of love", thus indicating the enormous economic and social impact of the disease on older people.

"My opinion is that the government should acknowledge that we are old and that it helps us to improve our lives. The government should bring us assistance like giving us money to buy our daily needs, should build us houses, should give us farm implements, should give us water and health facilities."

(60 years old woman, Kineng'ene)

Many older people complained about poor services on side of local government officials and a complete lack of government support structures.

"Nothing has been done by the government, it hasn't formed any project to assist older people. This ward for example [Nanembo] has no any project to help older people to survive."

(Male focus group attendant, Kineng'ene)

The questionnaire findings showed quite insignificant support provided by the Tanzanian government. It turned out that only one respondent out of 400 explicitly indicated to receive any support from the government! However, a few older people said that they refer to local government leaders in times of extreme hardship and when no other source of support is available. In Kineng'ene certain disaster and relief committees were mentioned as a possible source of support.

Focus group attendants also referred to specific homes for the elderly run by the government, such as the so-called destitute camp in Nunge, Dar es Salaam (formerly erected to host people suffering from leprosy) and another home for older people in Lasbula in Lindi Municipality. Since the research team was able to visit both institutions it could be observed that they are rather under-resourced and in poor condition. Such institutions were further regarded as not being appropriate in an African context since they rather isolate older people from their communities instead of integrating them.

The limited number of respondents who stated any kind of support (7 %) seemed to be assisted by non-governmental agencies. 4 people pointed at monetary support, 13 to different types of material support (like food and clothing), and only 11 mentioned medical support given to them. Only 7 older people indicated that the support they received adequately met their basic needs.

Marginalization, discrimination and social exclusion

When conducting this study it was the researchers' intention to not only explore economic and needs-based indicators of social protection towards older people, but also look at social factors that influence their difficult life circumstances. The general picture which emerged from our findings is that older people feel neglected by society and face a multitude of problems that exclude them from the possibility to adequately participate in social, cultural and economic life. In interviews and focus groups multifaceted issues of

discrimination have been brought up. These refer to being systematically disadvantaged in terms of discrimination against the age status of older people, a phenomenon which gerontologists called ageism. Thus the label of being perceived as old is associated with certain stereotypes and prejudices about the roles, functions and capabilities of older people, which in many ways tend to be rather negative.

Older people reported to be mistreated by family members and community members, neglected by government officials, chased away by health officers, and left out by schemes that provide loans in order to facilitate income generating activities. In the urban setting Kingugi older people frequently mentioned their desire to be eligible to one of the existing credit and loan programs but lamented to be discriminated against their age. As one respondent put it:

"We are not given loans because they think we might die any time, so how can they get repaid? But we are the ones who sell pies to get money for school fees of our grandchildren."

(Male respondent, age unknown, Kingugi)

It was also interesting to note from the focus groups in Kineng'ene that there was a slow but growing tendency towards lack of love and respect for older people as persons who deserve to be well taken care of. Through the discussion we could note that the privileged social position of respected older people which was based on the belief that the fortune of an individual is influenced by good or evil will of his ancestors, no longer exists in the minds of young people. The research team frequently came across a popular saying which strongly indicates the loss of value associated with the elderly: *"Umepitwa na wakati"* which can be translated as *"Your time is up"*.

The burden of older people was to some extent explained in terms of intergenerational conflicts, thus blaming young people not to care about the elders. This is how one respondent put it into words during the focus group in Kineng'ene:

"The youths think that they are wasting time to take care of old people, they think old people are not productive. Those who take care of their parents it is because of God's blessings. We are told from Holy Bible and the Koran that we are supposed to respect our parents so that we can live longer, but that is not done. We have closed doors to older people."

A number of older people expressed desperation and loss of hope when talking about their position in the community. In Kineng'ene the general attitude of the community towards older people was referred to as *"dingi hafai"* (pejorative term for old person). In some cases it was mentioned that older people went begging for food and other basic necessities from neighbors and community members. When asked about community-based support towards elderly people one focus group attendant in Kineng'ene had the following to say:

"It [the community] does nothing, I am saying this by considering the environment in which older people live, because you can find an older person sleeping in a poor house while relatives are there, but they are doing nothing, nobody is ready to assist. You can find an older person who has no food to eat and he or she can spend a whole day without eating anything. And the relatives are there, but they are doing nothing, as a result older people go for begging to people to whom they are not related in any way."

Even worse, in Kineng'ene incidents were reported where older people were totally secluded from the community. It was therefore not surprising to hear that some older people were even starving to death. Several interview respondents referred to one particular case where an old man was found dead in his house:

"I will give you an example of one old man in this village. That man had children and grandchildren, he was found dead in his house after the fourth day, people saw flies on the door, that is when they recognized that he is dead."

(66 years old man, Kineng'ene)

Other aspects raised by study respondents with regard to discrimination refer to issues of gender and disability. While older women are generally in a situation that leaves them exposed to various risks, disadvantages and vulnerabilities as has been shown in a previous chapter, this seems to be particularly true with regard to older women with disabilities whose number in the rural study site has been estimated as being quite high. Although this particular group of older people is explicitly mentioned in the National Ageing Policy (section 3.10), nothing is done to address the precarious living conditions of both disabled older women and men at a grassroots level. One female respondent gave her sentiments of attitudes towards older people, thus referring to another contributing circumstance that profoundly affects older women in a negative way:

"First of all older people should be valued, they should not be humiliated. Older people are like other human beings, they should not be mistreated, they should not be called witch, they should not be killed because they have grey hair and red eyes."

(60 years old woman, Kineng'ene)

The statement directs towards the widespread phenomenon of witchcraft allegations which almost exclusively concern older women as compared to older men.¹⁹ As has been discussed in Kineng'ene, when an older woman is discredited as being involved in witchcraft activities, this normally indicates that a serious fight about inheritance properties is in the background of the conflict.

¹⁹ In some parts of Tanzania such as Shinyanga and Mwanza region gender-based violence continues to occur against older women accused of witchcraft.

To sum up, while older people in the absence of conducive support structures are in a general situation of being marginalized, discriminated and socially excluded in their respective communities, older women are exposed to additional social risks due to a number of combined factors including *a.* being a woman, *b.* being a woman in her old age, *c.* being an older woman with disabilities, and *d.* being an older woman confronted with undue witchcraft accusations.

Following the hitherto argumentation in our study report, one has to conclude with two major findings. *Firstly*, older people face a series of multi-faceted problems including poor living conditions, low income, inadequate water supply, food insecurity, limited access to proper health care, additional burdens in conjunction with the AIDS-epidemic, lack of education, marginalization, inequity in terms of age and gender discrimination, and social exclusion. *Secondly*, older people lack adequate formal social protection mechanisms, as has been well documented with regard to scarce entitlements of pension schemes and health policies which guarantee free access to medical services but lack proper realization in practice. As a consequence, older people are forced to seek for alternative means of survival and social protection. In view of this the following sections will pay attention to informal paths of social protection as well as different coping mechanisms applied by older people.

Informal social protection mechanisms

This section is divided into two parts. As a first step we focus on social protection mechanisms provided by the extended family system. The second part highlights community-based forms of social protection and support.

Informal social protection provided by the family system

It can be stated that in Tanzanian society, as is the case in other sub-Saharan countries, social protection to a large extent embraces mutual assistance mechanisms which are traditionally embodied in the extended family and kinship systems. One of our key intentions was to find out to which extent these support structures and networks are in place and how do they translate into social protection in old age. A general observation in both study sites was that these structures are in a process of being eroded and apparently affected by different factors such as the effects of liberalized and free market economies as well as the impact of HIV/AIDS. Although the supporting power of families and relatives is obviously still a strong force towards social protection for older people as could be seen in our research, it can also be stated that its scope seems to be in a process of being weakened day by day.

The assistance given to older people by their families and communities was generally assessed as being on the decline. Narrating her situation one respondent in the urban research site told researchers during the interview that:

"If I am sick and I go to my relatives for assistance, they do not take care of me."

(Older woman, age unknown, Kingugi)

Various stakeholders assured that this decline has in part to be blamed to the general poverty situation that affects entire communities, not only particular vulnerable groups such as orphaned children, widows and older people. In communities where people are universally poor, like in Kineng'ene village, there is less to share, particularly in times of shocks and difficulties such as drought, hunger or widespread disease which is precisely when the need for help is most crucial.

In our questionnaire we asked the respondents to whom they refer in times of extreme hardship. The responses showed a clear sign that the family and kinship systems are still regarded as a very importance source to which older people can refer when they are in dire need of support. 44 % of the older people mentioned their children and grandchildren on top of the list, followed by 25 % who referred to their "extended family" (siblings, uncles, aunts etc.). Another 4 % named their spouses as contact persons in times of crisis. Thus the overall picture indicates that up to three quarters of the respondents (73 %) viewed their families as a significant base when they are forced to look for support in times of hardship.

However, referring to one's family for help does not necessarily correspond with de facto support. Our questionnaire findings revealed that a large number of older people (46.2 %) did not receive any kind of assistance from either their own children or other family members. The statistical data (see table 8) show a big difference between the rural and urban study site in terms of the provision of assistance to older people. Whereas in Kineng'ene 59.5 % of respondents indicated that they received absolutely no support from their relatives, in Kingugi only 33 % did not receive any support. This observation argues for a much bigger lack of family support in the rural setting which among other factors can partly be explained by migration patterns, with family members dwelling in cities and older people being left behind, and no reliable contact and support between them.

**Table 8: Kind of support from children and family members, by location
(in absolute numbers and per cent; n=400)**

Kind of support	Location				Total
	Kingugu		Kineng'ene		
	n	%	n	%	
Monetary	28	14,0	25	12,5	53
Material (food, clothing)	24	12,0	40	20,0	64
Medical	5	2,5	1	0,5	6
Housing	2	1,0	2	1,0	4
Monetary and material	34	17,0	10	5,0	44
Monetary, material and medical	2	1,0	0	0,0	2
Monetary, material, medical support and housing	6	3,0	0	0,0	6
Others	33	16,5	3	1,5	36
None	66	33,0	119	59,5	185
Total	200	100,0	200	100,0	400

Note: The category "Others" has not been specified

26 % of study respondents explicitly stated to receive monetary support (17.5 % in Kineng'ene as opposed to 35 % in Kingugi). Among them 83 % stated that they were given less than 50,000 Tanzania Shillings in a year²⁰, 7 % received between 50,000 and 100,000 Tsh, and another 10 % received above 100,000 Tsh. About one quarter of the total respondents (24 %) stated that they were not given monetary support by their children or other family members but obtained other forms of assistance including food, clothing, medical support and housing. Asked about the frequency of the provided support, only a very low number of older people were able to describe the assistance given to them as being regular and reliable. In Kingugi 4 % of those older people who received monetary and/or material support specified it as being provided on a weekly basis, as opposed to a zero response in Kineng'ene. In Kingugi another 7.5 % indicated a monthly frequency of support, while in Kineng'ene only 2 respondents (1 %) indicated the same. The remaining respondents said family support is given upon request or on an irregular basis.

In general the study findings indicate that there was no permanently fixed single form of support given to older people by their family members. They usually receive what we would call mixed forms of support. The different levels of response in terms of family support in urban and rural areas can be explained by the level of income and the corresponding moral commitment of

²⁰ 50,000 TSh are approximately 30 Euro.

family members to assist their older relatives. Again it was interesting to note that older people in urban areas enjoyed more material support compared to their counterparts in rural areas. This is particularly due to the economic status of urban dwellers which was far better when compared with rural dwellers. People residing in rural areas also seem to continue suffering from persistent poverty, thus also bearing a negative effect on family support structures.

We also asked the study respondents whether their own children were employed in either the formal or informal economic sector. Interestingly the responses showed no clear difference in the two study locations. Both in Kineng'ene as well as in Kingugi exactly 39 older people (19.5 % each) said that their children were working in a formal employment status in either the public or private sector. It can just be assumed that this generation is engaged in one of the existing social insurance schemes, thus being in a position that one day when they get retired they might benefit from the contributions which were deducted from their salaries in good times.

Community-based informal social protection

Apart from support provided by their families, older people mentioned different ways in which their respective communities provided assistance to them. One method to cope with their adverse life circumstances could be observed in a way that older people tried to get access to existing co-operatives and associations in order to get support or some capital to start a small business or to buy seeds. It was, however, reported that such efforts largely remain futile. Community support was not forthcoming because of the generalized poverty, particularly in the rural context. Most of the community members had nothing to offer. Even those social groups which were formed to assist members at times of difficulties on a mutual basis, were not useful to older people because they were not able to reciprocate the services and money. Some respondents acknowledged the presence of informal women groups known as *upatu* (indicating a money exchange network). The major purpose of these groups is to produce savings through the contribution of a certain amount of money by each member. The contribution and the frequency when to contribute depend on the arrangements of the particular group and the capacity of its members. Despite of the fact that these groups prevail, they have actually nothing to do with older people's social protection because they are mostly formed by young women. Older people cannot join; they are limited by their age and poor economic position. One older woman aged 73 in Kineng'ene explained why she was unable to be a member of *upatu*:

"Associations are there, but I am not a member. I cannot afford, I do not have money and energy to reciprocate."

In our study certain rural-urban differences with regard to community support could be observed. In Kingugi support was mainly accessed through religious groups, Good Samaritans and NGOs dealing with vulnerable people, while in the rural study setting such kinds of support were said as being almost absent. Surprisingly, only three older people in Kingugi out of the total 400 respondents mentioned churches and faith communities as a source of support. In Kineng'ene the local mosque was mentioned as a possible source:

"In our mosque, when people contribute money we buy necessary things to maintain the mosque, but there is no budget for older people. Maybe in the future when we have enough money we will arrange for older people."

(Focus group attendant)

Although only 5 % of the respondents (2.5 % in Kingugi as opposed to 7.5 % in Kineng'ene) mentioned their neighborhood as potential support structures, there were strong qualitative indications that neighbors do play an important role for older people in their struggle for survival. Neighborhood support, particularly in Kineng'ene, was described as being based on a concept of solidarity that even goes beyond the notion of reciprocity. Thus, even if older people were not in a position to give something in return, they received some kind of assistance from their fellow citizens who surprisingly rather fall into the same age group as has been indicated in focus groups.

To sum up, informal protection mechanisms turned out to be in place but with a tendency of being weakened. It was striking to learn that almost half of our study population (46 %) said to have not received any kind of assistance by their relatives and kin. Material and financial support given to older people by their children and other family members can be described as rather small, unreliable and unbalanced. In view of this older people have to face the challenge to care for themselves to a very large extent, thus applying different coping mechanisms.

Coping mechanisms of older people

In both qualitative interviews as well as in the questionnaire findings it became evident that older people were involved in various economic and agricultural activities so as to cope with different hardships and earn a living as a result of missing social protection mechanisms. Only 44% of the respondents stated that they were not at all involved in any kind of income generating activity (42 % in Kingugi as opposed to 46 % in Kineng'ene; see table 9). Narrating the situation, one female respondent in Kineng'ene aged 66 told the researchers that:

"Older people depend on themselves; they go to do manual labor in other people's farms to get little money in order to buy food, water, kerosene, soap."

The economic activities of older people clearly confirm the overall differences between rural and urban areas: While 52 % of older people in Kineng'ene were engaged in agricultural activities and crop growing (cassava, maize, rice, millet, as well as some cash crops such as cashew nuts, ground nuts and simsim), only 10 % of older people in Kingugi were involved in the agricultural sector. On the other hand, 44.5 % in Kingugi identified themselves as being in "business", i.e. mainly small business activities such as selling charcoal, poultry, handcrafts, gardening and food stuffs around their households. In Kineng'ene it were only 2 (male) respondents who were engaged in such informal small-scale activities (here gender differences were not very significant and can be drawn from table 9). Other income generating activities of minor importance entailed livestock keeping and handcraft.

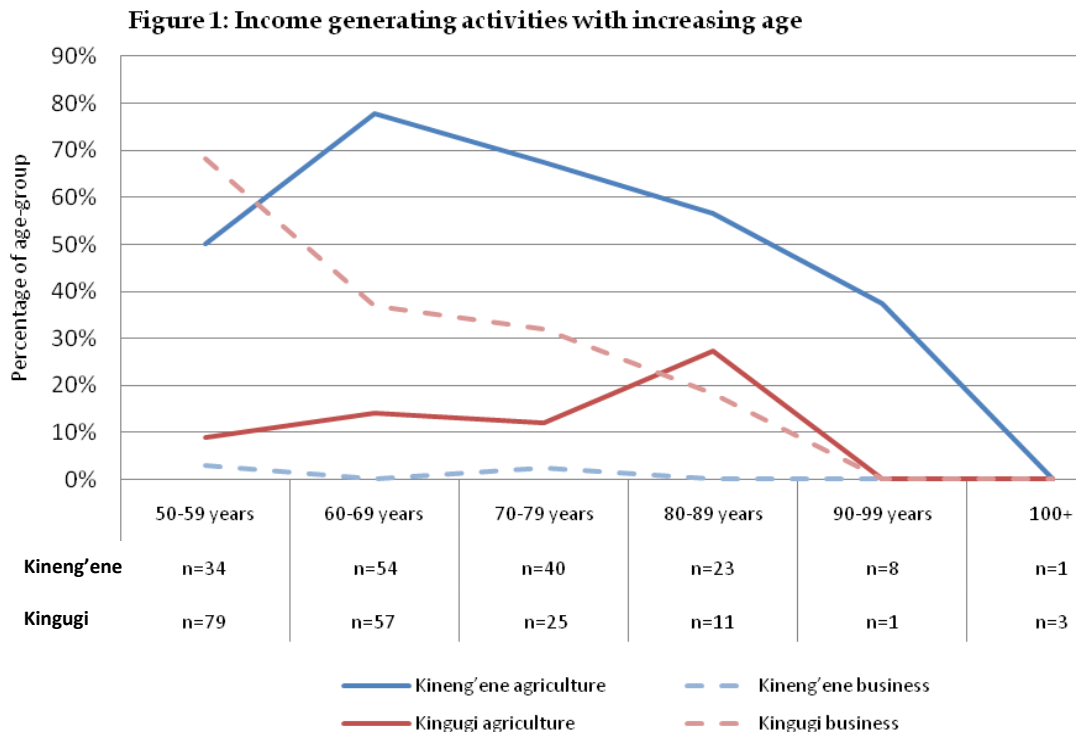
Table 9: Income generating activities of older people, by location and sex (in absolute numbers and in per cent; n=400)

	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Peasantry	11	11,7	9	8,5	45	61,6	59	46,4
Business	48	51,1	41	38,7	2	2,7	0	0,0
Livestock keeping	4	4,2	1	0,9	1	1,4	0	0,0
Handcraft	1	1,1	0	0,0	1	1,4	0	0,0
Not any	30	31,9	55	51,8	24	32,9	68	53,6
Total	94	100,0	106	100,0	73	100,0	127	100,0

From the study findings we noted that the coping mechanisms of older people differed from one age group to another. At a first glance the general picture suggested that older people ranging from 50 to 69 years were relatively energetic to involve themselves in farming and to actively take part in small-scale economic activities. Those who had no economic activity on their own could still be employed by private individuals to work in their farms, and were sometimes employed as security guards (as has been stated by some older men in Kingugi).

On the other hand, older people whose age ranged from 70 years and above were experiencing more difficult times because they were physiologically weak, more prone to health problems, and therefore required more family, community and government support. However, a statistical analysis depicting incoming generating activities performed by older people in

different age groups presented a surprising picture. As can be seen in figure 1, in Kineng'ene the percentage of older people engaged in peasantry and livestock keeping raised from 50 % in the group aged 50 to 59 to 78 % in the group aged 60 to 69 years. The ratio in the next age group (70 to 79 years) was still 67 %, and another 57 % of older people beyond 80 years of age were also involved in some kind of agricultural activities.



Note: "Agriculture" combines peasantry and livestock keeping

In the urban area Kingugi the general picture showed lower activity levels in different age groups. 68 % of those aged 50 to 59 were engaged in small-scale business activities. This percentage decreased with increasing age and was 37 % in the group aged 60 to 69, 32 % in the group 70 to 79, and 18 % in the age group above 80 years.

In sum, more than two thirds (69 %) of respondents aged 50 to 59 were forced to rely on income generating activities, while this ratio was 63 % in the group aged 60 to 69, and 60 % in the group aged 70 to 79. Still more than half of older people aged 80 to 89 years (53 %) were engaged in either agricultural or small-scale economic activities. Thus, based on our empirical findings it can be stated that the majority of older people have to do manual labor in order to generate some small income, with some additional burden on older people residing in the rural research setting.

With regard to the income which older people managed to generate from their respective activities, it can be stated that the returns of respondents from

urban Kingugi were relatively higher compared with the income earned by respondents from rural Kineng'ene. For example, whereas the few older people in Kineng'ene who engaged themselves in petty trading activities earned between 300 to a maximum of 500 Tsh a day, their counterparts in Kingugi said they could earn up to 5,000 Tsh in a week. However, due to the nature of some activities such as farming it was sometimes difficult for both respondents and researchers to quantify the earnings in actual financial terms. In practice some farmers rely on their own farming products for consumption without necessarily selling them to earn income, thus making it difficult for them to state categorically how much they earn.

The income earned by respondents from the rural area was generally too small to make a household of four or more people survive. As a consequence, such a little earning increased the vulnerability of older people to poverty and health risks. It is within this perspective that family members including older people were forced to go begging from their fellow community members. Some older people in Kineng'ene moved to Lindi town to beg for money and food in their attempt to ensure their livelihood. In fact 20 older people in Kineng'ene and 11 in Kingugi admitted to resort to begging as a coping mechanism.

The picture which emerges from such a scenario is not an enthusiastic one. The remarkable struggle of older people to make both ends meet is harshly contrasted by an almost non-existence of reliable social protection facilities and of opportunities for them to get a start for their small agricultural and economic activities. This situation requires immediate attention by the government and policy makers not only in terms of formulating new impressive policies, but first and foremost in terms of developing precise actions and concrete laws that enforce these policies. Thus implementers will be legally bound to ensure proper provision of entitlements enshrined in the corresponding policy documents. For instance, in Tanzania there is no law that enforces the implementation of the National Ageing Policy to date. Yet there are a number of policy documents with particular regard to older people's affairs. It was also the interest of this study to learn if these policy obligations were known to older people themselves. This is the last issue which will be addressed in this empirical section.

Awareness of older people on rights, entitlements and policies

With regard to the existing knowledge of older people on rights, entitlements and specific policies which essentially affect them, the responses from the questionnaire provide a striking picture (see tables 10 and 11). In Kineng'ene only 11 % of the total respondents were able to state any specific right or entitlement on services for older people. In terms of gender differences the figures show a knowledge level of 19.2 % of older men as compared to 6.3 %

of older women. Thus an overwhelming majority of respondents (89 %) were completely unaware of existing political instruments affecting their lives. By contrast in the urban context knowledge levels were 3 times higher: In Kingugi 33.5 % of the older people involved in the study could name at least one of the existing rights and entitlements, although gender differences were as well appalling. In the urban setting 47.9 % of male respondents showed certain awareness levels, while the proportion of female respondents was only 20.8 %, thus still being more than three times higher than those of their female counterparts in rural Kineng'ene.

Table 10: Awareness of older people about their rights and entitlements (in absolute numbers and in per cent; n=400)

	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Aware of rights and entitlements on various services	45	47,9	22	20,8	14	19,2	8	6,3
Not aware of rights and entitlements on various services	49	52,1	84	79,2	59	80,8	119	93,7
Total	94	100,0	106	100,0	73	100,0	127	100,0

Table 11: Awareness of older people about any policy that targets older people (in absolute numbers and in per cent; n=400)

	Location							
	Kingugi				Kineng'ene			
	Male		Female		Male		Female	
	n	%	n	%	n	%	n	%
Aware of policies targeting older people	18	19,1	5	4,7	8	11,0	1	0,8
No awareness of policies targeting older people	76	80,9	101	95,2	65	89,0	126	99,2
Total	94	100,0	106	100,0	73	100,0	127	100,0

Again, when it comes to policies affecting older people, out of 400 respondents it were only 32 older people (8 %) who acknowledged being

aware of at least one policy that targets older people. Knowledge gaps in line with gender and rural-urban differences were apparent. Whereas in Kineng'ene the total awareness rate ranged with 4.5 %, in Kingugi it turned out to be 11.5 %. With regard to gender differences it can be stated that in the rural context 11 % of older men knew one of the existing policies on older people, while only one single woman (0.8 %) responded accordingly. In the urban setting male awareness accounted for 19.1 % and female awareness for 4.7 %.

If one takes the most important political document on older people in Tanzania, the National Ageing Policy, it means that the majority of older people involved in our study (92 %) turned out to have absolutely no information about it. What does this finding suggest? For us it tends to suggest that sensitization and awareness on policies is done rather in urban areas compared to rural areas. This may also be a replica of the implementation of these policies in urban and rural areas in Tanzania.

Some older people acknowledged that it is not only them who lack sufficient knowledge about regulations, entitlements and policy documents. They blamed the very government authorities who are responsible for making sure proper implementation of existing policies and laws of being inadequately informed and aware. As one respondent in the focus group in Kingugi put it:

"Most people, even leaders at ward and village levels do not know existing policies in our country. This makes it difficult for them to fulfil their responsibilities."

The above figures call for educational interventions and awareness programs that simultaneously target older people as well as the general public on issues of older people's rights and entitlements and corresponding legislations. This also concerns particular groups of older people which can be found in the neglected rural areas and in the older female population. Since it can be assumed that the horrendous lack of awareness correlates with high illiteracy rates and limited access to education and information in rural areas and among (older) women, a need to initiate tailor-made adult education programs seems to be obvious.

But awareness and knowledge about existing regulations and laws is not sufficient. What is still missing are effective operational steps towards poverty reduction, the promotion of basic human rights and social protection for the most vulnerable. As participants in the focus groups in Temeke put it, they may not know about their rights and policies affecting them, but they don't bother because what they definitely know is that the few they are aware of are actually not implemented. And one participant added:

"As we have said, even if the policy is there, there is nobody to implement it."

In the first part of this report it has been outlined that there is a good number of policy documents expressing the political will to address the issue of social protection for older people. The promising National Ageing Policy, the respective comments in MKUKUTA, and the National Social Protection Framework, just to mention a few, provide a sound base for further initiatives towards proper implementation and sustainable intervention.

Older people do not believe in written words, but in tangible action.

Conclusions, recommendations and follow-up activities

Conclusions

In this study it was our endeavor to highlight an issue which not only concerns older people as a social welfare target group, but which also affects the entire society. Older people are a vital and valuable resource of any given country, yet they face a number of specific predicaments and risks, particularly in a context like Tanzania where budgetary allocations are limited and poverty is a reality facing a huge portion of the overall population. In such a context the question of social protection for vulnerable groups is likely to be given minimum priority, especially when the number of concerned people is relatively low as is the case with older people above 60 years of age who comprise only 5 % of the total population. Our study findings revealed that older people in Tanzania are challenged with a variety of multi-faceted problems which affect their well-being and force them to a tough struggle for survival. In fact it turned out that older people are indeed tough in their efforts to care for themselves and the ones whom they have to take care of, namely their old and sick partners as well as their children and grandchildren who are equally affected by the deadly impact of the HIV/AIDS-epidemic.

In the Tanzanian National Ageing Policy it is stated that “[t]he government realizes that older people are a resource in the development of our nation” (United Republic of Tanzania 2003). If the government views older people in such a way then it has to prove that it mobilizes its own resources in order to make sure that its obligation is not degenerated to a mere lip service without visible efforts towards proper implementation. When coming across the findings of our study one must automatically become alert in the light of the fundamental lack of basic facilities older people are confronted with. The findings suggest that despite existence of policies and programs concerning older people, their quality of life continue to deteriorate. The available evidence clearly shows that there is no adequate social protection for older people.

Social protection fundamentally is a political issue. Fortunately, in Tanzania there is a growing political commitment of the government to see that social protection measures are being translated into sustainable interventions in fighting extreme poverty and destitution. The government also begins to recognize the importance of social cash transfers as a significant step in securing social protection for older people. In our view, more public action, state provisions as well as partnership programs with the private sector and non-governmental organizations, is needed in order to improve the quality as well as the scope of social protection interventions. In doing so social protection will not only help to reduce poverty, but it will promote equity,

social cohesion and economic growth in the long run. It is in the interest of all fractions of society and of all generations who live together that social protection for older people in Tanzania will soon no longer be missing.

Recommendations

Recommendations by older people themselves

To start with, we would like to give voice to the older people themselves who raised specific suggestions towards effective social protection initiatives. Older people came up with a combination of support activities. There is a clear indication in the study findings that older people regard monetary income to be of utmost importance to them in order to meet their basic needs. 43 % of the respondents gave highest priority to non-refundable cash transfers as a major kind of support to them. 23 % recommended loans as another main type of support needed to initiate income generating activities. Another 28 % of older people also indicated that medical care is another crucial service towards the improvement of their life. Other services and necessities which were mentioned by the respondents themselves include provision of proper housing, adequate access to food supplies, provision of farming implements, promotion of entrepreneurship skills, enhanced educational services for older people, and available and affordable safe drinking water. Respondents also suggested that there should be a ministry on its own which is in charge and responsible for older people's affairs. They recommended awareness strategies so as to inform older people about their rights and policies affecting them. Others raised the issue of older people's homes and recommended to improve the conditions and resources in these institutions.

Older people also raised sentiments about the lack of respect and love shown to them, and thus recommended concrete action in sensitizing younger generations on issues of ageing and the situation of older people. One 72 years old man put it into a nutshell: "*Older people should be loved.*"

General recommendations by the research team

- One way of ensuring equitable development targeted at very poor and most vulnerable population groups is through a universal social protection package including education, health and income. Poor older people should be a core beneficiary of such a package, alongside other vulnerable groups, so as to fulfill their right to development as well as to be able to contribute to their families and those in their care.
- Households headed by older people face various kinds of risks. Therefore social protection interventions should range from risk reduction, mitigation and coping to ensure that a household's entire risk profile is

addressed, thus older people's rights to personal development and well-being are protected and fulfilled.

- There is a need for a broad social dialogue if the quality of life of older people is to be improved. A public forum where issues of older people could be discussed and agreed upon is strongly recommended.
- The responsibility of various stakeholders such as policy makers, authorities at different levels, communities and individuals to promote and advocate for human rights of older people should gain high priority on the political agenda.

Specific recommendations

- The government of Tanzania should take all necessary political, legal, budgetary and administrative steps in order to ensure that its older citizens are covered by a universal, non-contributory pension scheme.
- The government of Tanzania has to make sure that free access to medical care will be made available to all older people aged 60 years and above.
- It is thus essential that older people are provided identity papers in order to prove their exact age.
- Free access to clean and safe drinking water for older people as well as their family members has to be taken as an issue requiring immediate attention in local government development plans.
- All stakeholders in Tanzanian society should contribute to make sure that gender equality is achieved, with particular regard to gender equality in old age, thus promoting older women's property and inheritance rights.
- Older people should gain access to credit and loan schemes on a basis of equal treatment.
- Due to lack of entrepreneurial skills there is a need to build capacities of older people for the purposes of enabling them to participate in income generating activities.
- Steps have to be taken in order to provide education on ageing issues among the young generation. Such awareness programs will help to reduce negative attitudes towards older people.
- Older people should be sensitized on the rights, entitlement and policies affecting them. Here a priority should be given to rural areas where lack of knowledge seems to be more evident.
- It is also strongly advised to revive adult education programs so as to enable older people to gain access to proper education and adequate information.

- Where special institutions for older people are in place and where no alternative means of support can be provided, such institutions should be well-equipped and professionally staffed and designed in line with the specific social and cultural needs of older people.

Follow-up activities

The SOC-PRO AGED project is supposed to entail a number of follow-up activities. These can be divided into scientific activities and project-specific follow-up activities on social protection for older people.

Scientific activities

It is envisaged that the results of the SOC-PRO AGED research project shall be made available to different stakeholders such as policy makers, stakeholders in the field of development and social protection, the academic audience, students, as well as the general public both in Tanzania as well as in Austria. This shall be mainly achieved through publications such as a book and articles, presentations at workshops and conferences at national and international level, public events, as well as through efforts to generally mainstream issues of social protection for older people in both public and scientific discourse.

The study is also expected to contribute to research and development capacity building in both involved higher education institutions. Issues of social protection and other aspects with regard to older people will be incorporated into the curricula of both the Institute of Social Work in Dar es Salaam as well as the School of Social Work at the Carinthia University of Applied Sciences, Austria.

Goats and social protection: Follow-up project for older people in Lindi

When designing the framework of the SOC-PRO AGED study the research team not only scheduled to come up with general recommendations for social protection mechanisms for older people but also to formulate and initiate a concrete small-scale follow-up project in one of the study sites. Backed by the study findings and based on discussions at community level and at a stakeholder meeting in February 2009 it was agreed to concentrate on a goat loan project for older people in Kineng'ene. Older people tend to be excluded from credit and loan schemes due to age limits and age discrimination; hence it is important to develop small-scale investment programs to enhance their livelihood opportunities (HelpAge International 2004).

The follow-up project can be located within a social protection framework referred to as “asset transfer” (Ellis et al. 2009). Since poor households are asset-constrained by definition, ameliorating these constraints can provide an effective route out of poverty. For a poor rural area like Kineng’ene in Lindi District a given loan in form of livestock can contribute to asset building and sustainable poverty reduction. Members of CHAWALI submitted a proposal for a “revolving goat scheme” based on a loan given to selected older people’s households.

The targeted beneficiaries of the project are approximately 305 older people from the three local sub-divisions of Kineng’ene village (Nanembo, Mchochoro and Mmukule). Each selected older person will be provided with two female goats and will have all responsibilities until the first delivery of a goat of which a female offspring is given to another beneficiary. The second beneficiary will take the same responsibilities until she or he provides an offspring to a third beneficiary. The method stipulates that the liability of the provided animal will cease once a beneficiary has supplied a female offspring to another selected beneficiary. It is assumed that within a period of 24 months 75 % of older people will benefit from an offspring through the proposed revolving scheme. Although the recipients of the scheme are older people, it is further assumed that eventually the entire community will benefit from the program.

The proposal is based on a similar program in Ruvuma Region which was co-sponsored by the European Union and HelpAge International and showed significant effects on alleviating rural poverty for older people headed households through income generating activities, e.g. through selling manure and milk (HelpAge International 2008). Through the Austrian-based NGO Africarinthia (collaborator 1 of the SOC-PRO AGED project) funds from the Austrian Development Agency (ADA) will be sought. It is planned that the follow-up project will be scientifically monitored and evaluated jointly by researchers of the Carinthia University of Applied Sciences and the Institute of Social Work.

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