

AGEISM IN TANZANIA'S HEALTH SECTOR: A REFLECTIVE INQUIRY AND INVESTIGATION

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ABSTRACT

This paper reports on the existence of ageism in Tanzania social settings with reflection to the health sector. Ageism has been recently exposed in our society despite its long history in Tanzania. The study employed a case study design through which interviews, observation guide and guided questions were employed to collect data from 48 participants. The findings show that ageism in Tanzania is common in the health sector. In this area, ageism is evident in access and availability of health services to elderly people, long waiting queues and referral to specialist's services. It was further revealed that, elderly people are continually in poor health; they become tired so easily and prone to prolonged illnesses.

It is concluded that ageism is so rampant in Tanzania's health sector and it affects elderly people so severely as compared to other age groups. Thus, it is high time for all stakeholders to realise the potentiality of elderly people and acknowledge the enormity of their experience and wisdom for the survival of this nation and ensure that all their entitlements are granted in fully.

Keywords: Ageism, the Elderly, Health, Attitude

INTRODUCTION

...We spend one quarter of our lives growing up and
three quarters growing old... (Bromley, 1974).

The assertion above reminds us how important human ageing is. The biological, sociological and psychological effects of ageing create a complex but interesting and challenging interactions to the survival of elderly people. We all have a personal stake in understanding ageing because old age is the category most of us shall belong one day. Moreover, we all have dealings with elderly people, so the more we know about ageing the better we shall understand them and about ourselves and correct most of the heavily rooted misconceptions in us about old age and the entire ageing process (Ibid.)

BACKGROUND TO THE PROBLEM

The study of human ageing is peculiar due to interactions and intertwining of many variables together, such as the biological, social and psychological ones. The problems attached to this phase include occupational and redundancy, retraining, social and economical provision for old age, prolonged illnesses, leisure and retirement and those associated with day to day interactions of later life (Bromley, 1974; Santrock, 2006; Pastory, 2011; Woods, 2005).

However, developmental psychologists ask themselves various questions concerning old age and ageing process. One among these questions is "why has ageing (old age) been described as a process of decline and deterioration rather than development? As a response to the above question Bromley (1974) asserts that human adult ageing begins as soon as a person

completes his genetically regulated programme of growth that is between 16 and 20 years. He further elaborates that old age is seen as a decline and deteriorating phase because, it is when a human being passes into a post developmental condition of which is characterised by retreating, degeneration of body cells, withdrawal, wither, languish, lose of vitality, shrivel and decay.

Likewise Storant (1979) cited in Nahemow (1986) defines old age as a decline and deteriorating stage because, not only the perceptual becomes slower, but also less responsive and less efficient. On the other hand, vision becomes less acute, night vision becomes less adaptive, loss of muscle tone creates the need for reading glasses, glare becomes blinding, and colours loose their saturation.

Along with its growing of wisdom and experience, the ageing process is also deteriorative (Ibid). That is to say, one is giving and growing; the other is waning and taking away. Implying that, while experience grows one finds undergoing physical deterioration. As we are waxing in experience and wisdom, we are waning in various physical parameters.

Is there really such a thing like ageism existing in Tanzania? This is a question that triggered the author to carry on an investigation in the health sector as a result this paper came into being. If you ask someone in Tanzania the question, “does ageism exist in Tanzania”?, Or do you have negative attitude towards elderly people? Most of them are likely to respond positively, “...those people are very important for the growth of this nation, they are the ones who fought for our independence and have made this nation great, they are our gods on earth (biblical terms), they are our dear wives and husbands (implying taking care of the grandchildren), they are custodians of our customs and culture.

However, when you ask the same person a question “how do you assess elderly people’s health in matters pertaining to decision making? You will get such answers as, “they are rigid and conservative (they don’t change their ways), they are always in poor health, these people are tired upstairs (they don’t think constructively); these people we love them dearly, but on matters pertaining to decision making let them stay aside, they are slower and coward in making sound judgement. Though some of these statements may be true, but they don’t apply to all elderly people. These stereotypical views tend to translate into negative feelings (prejudices) against elderly people, hence ageism.

Previously being an elderly in Tanzania was regarded as a privilege and a blessing from God. Elderly people were often the most powerful, most valued, most respected for their vast knowledge and experiences. Similar experience is also presented by Branco and Williamson (1982 as cited in Nelson, 2007) that, elderly people were regarded as given a long life by God to fulfil a divine purpose on Earth. (HAI, 2008) and (Kivela, 1992), asserts that ageism occurs in various social contexts in varying degrees, such as in mass media, employment, working places, hospitals and recreational services which take various forms. However, ageism occurring in the health sector is severely affecting elderly people because they are the most users of health services compared to other age groups (Parson, 1993; National Council on Ageing & Older People, 2005).

Methodology

This study employed a case study design in order to seek detailed information about the existence of ageism in the health sector. Creswell (2005) points out that, a case study design requires a researcher to provide an in-depth exploration of an event, a process or an individual based on extensive data collection. The study sample constituted of 55 participants

who were purposely and conveniently selected that is, elderly people and medical personnel (nurses and doctors) respectively as key participants of the study.

Medical personnel were sampled conveniently to get those in contact with elderly people. Respondents' views, opinions and attitudes gathered through interviews, observational checklist and guided questions were coded, synthesized and analysed into both thematic and content analysis. Data obtained through close ended questionnaires were coded and analysed using quantitative data analysis. Percentages and frequencies were processed using the Statistical Package for Social Science (SPSS) and were systematically analysed and presented into tables and charts.

Ageism in the Health Sector

Health sector is a common social context where ageism is widely evidenced in Tanzania. Since elderly people are prone to prolonged illnesses this situation compels them become great users of health services as compared to other age groups. However, susceptibility to diseases should not take away their right to receive quality medical care and eventually get cured.

In responding to a guided question, medical professionals consulted agreed that as people get older, they become prone to more illnesses which come to be perceived as part of the ageing process.

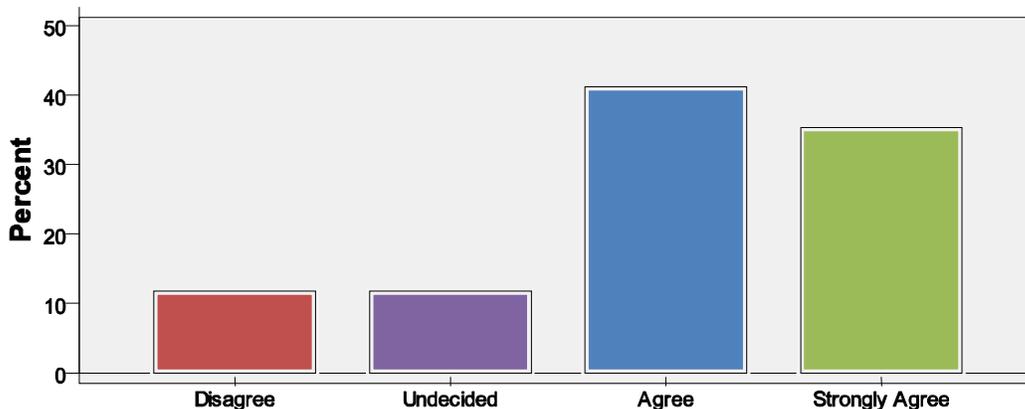


Figure 1.1: Medical personnel's response to the Statement "As people get older, they become prone to more illnesses"

Data in figure 1.1 show that 6 (43%) of the medical doctors consulted agreed that as people get older, they become prone to more illnesses. Similarly, 5 (35%) strongly agreed that diseases and old age were two inseparable phenomena in the course of ageing. This sh

ows that the degree of susceptibility to illnesses tend to vary from one age group to another. For example, experiences show that both children below age five and elderly people aged 60 years and above are more vulnerable to diseases. Unlike children, elderly people turn out to be the victims of ageism as perpetuated by wrong perception demonstrated by the medical personnel. Likewise, it should be understood that, among other reasons, elderly people become prone to health problems due to reduced body cells capability to fight against diseases (McPherson, 1990 as cited in Dozois, 2006). This susceptibility should not rule out medical personnel's judgement leaving elderly people unattended.

These findings are in line with other findings on ageism. (Ntusi & Ferreira, 2004), found that wrong perceptions and medical education are sources for negativity towards attending elderly patients. This is because medical professionals consider the care for elderly people as undesirable, unpleasant, less motivating and not paying. Thus, the training of medical personnel to deal with elderly people is not regarded as rewarding or educationally beneficial. Likewise, medical students detest working with elderly patients simply because negative attitude and wrong perception against the elderly community (Bansal, Le Couteur & Price, 1996; WHO, 2001 as cited in Ferreira & Ntusi, 2004). Generally the study findings revealed that ageism in health service provision is highly evidenced in a number of ways described below:

Elderly People Access to Health Services

In Tanzania health services are not easily accessible to most groups especially the elderly people. For instance 14 (70%) of elderly people interviewed had opinion that the quality of care and treatment during health services were sometimes determined by the patient's age. this denies them quality and timely health services from the medical staffs. Some of the elderly people interviewed reported being neglected by the health service providers. To describe this one elderly woman (69) had the following to say:

...Huduma ya matibabu kwetu sisi wazee ni ngumu kupatikana kwa sababu hakuna anaajali kuhusu maumivu tunayoyapata, hatuna thamani tena... [...Health services to elderly people are made very difficult to obtain here at the hospital, because no one who cares about our sufferings since we are no longer valuable...]

They also reported receiving poor attention from doctors and nurses during the medical diagnosis and prescriptions. During an interview one elderly male patient (63) explained the situation as follows:

..Katika suala zima la kutafuta huduma ya matibabu, wazee tunakumbana na vikwazo vingi sana. Hii ni kwa sababu waganga hawatusikilizi ipasavyo tunapoelezea matatizo tuliyonayo. Mara nyingi waganga wamekuwa wakitusikiliza na kutoa huduma haraharaka ili wamalize foleni iliyopo. Wanapomuona mzee humuuliza maswali harakaharaka na kisha humpatia kadi ili aelekee maabara akapimwe bila hata kuelewa kipimo anachokwenda kupima maabara... [...We elderly people face a lot of challenges when seeking health services in the hospital. Doctors do not give us enough attention to express ourselves. When they see elderly patients in their rooms, diagnosis is done carelessly in haste then they hand them a card directing them go to laboratory before telling the patient what the problem could be...]

The statement above gives an implication of how elderly people get neglected in accessing quality health care and treatment from public hospitals. As a result elderly people are denied the right to access quality health care and treatment. These problems emanating from perceptions and apparently negative attitude from the medical personnel have great impact on the survival of elderly people.

Furthermore, in responding to a question on whom they preferred attending between elderly people and youths, medical personnel 14 (50%) said they prefer to attend youths. Only 10 (38%) preferred working with elderly patients and 4 (12%) were willing to attend both groups. This indicates that medical personnel prefer more to attend youths than elderly

people. This is because elderly people were considered time consuming, disturbing and not cooperative during diagnosis and prescriptions. For instance in a questionnaire one clinical officer indicated that:

... Elderly people's low level of understanding, inability to express themselves, distrust of elderly people to junior staff health providers, their unwillingness to be attended by an opposite sex medical personnel are some of the reasons for some medical practitioners to demonstrate ill-treatment to elderly people during health care and treatment...

From the statement above, it is obvious that elderly people fail to access quality health care and treatment because, majority of health workers do not prefer to attend them. This is to say the inability to access health services was heavily contributed to medical staffs' perceptions and negative attitude toward them.

Health Services Availability to Elderly People

The availability of health services is one of the areas where ageism is evident. From the study by Pastory (2011) it was found that, shortage of health service provider's was the problem affecting the entire population. Consequently, this has sharp impact on the survival of elderly people because of old age illnesses and complications. Given that elderly people are the greater users of health care services, insufficient number of medical personnel directly impacts them since they are less prioritized in accessing health services. One clinical officer confirmed and said:

...Insufficient number of the medical personnel is the major obstacle facing the elderly people from accessing the limited health services in public hospitals...

This is to say, the shortage of health service providers together with scarce resources not only that limit elderly people from accessing health service, but also it limits the availability of quality health services in public hospitals and as a result elderly people suffer a great deal.

Similarly, it was found that the availability of health services to elderly people is limited because they were expected to live with their illnesses without any complaints. These findings are in line with what Daniels (1983) as cited in National Council of Ageing and Older People (2005) who reported that, elderly people were expected to tolerate pains and inflictions because old age and illnesses are considered to be compatible.

Referrals to Specialists' Services

Regarding access to specialists' services (referrals) majority of elderly people interviewed reported that they felt directly discriminated because of their age. This was clearly stated by one male patient (72) during an interview who narrated that:

...Nina matatizo kwenye kibofu cha mkojo. Kila mara ninapokuja hospitali kwa ajili ya matibabu, naambiwa kuwa hakuna vifaa Kwa ajili ya kunifanyia upasuaji, naambiwa pia kuwa kama nina uwezo nikavinunue ama la nilipe gharama kwa ajili ya kwenda kumuona mtaalamu wa masuala ya figo. Pamoja na kudhoofu kiafya na kwa kuwa sina uwezo kifedha, naambiwa nisubiri miadi ya mtaalamu...[...I am suffering from urine complications, when attending the hospital, I am always told that there is no equipment for the operation unless I go and purchase them or I should

pay to see the specialist. In spite of deterioration in my health, the doctors keep on telling me to wait for an appointment...]

Similarly, an elderly woman (73) had the following to say:

...Nafikiri kwa sababu nimezeeka na sichangii chochote katika uzalishaji, na kwa sababu ya uhaba wa wataalamu hapa hospitali, ndiyo sababu kuu inayochangia waganga kutoa huduma ya upendeleo kwa makundi rika yenye nguvu kwanza... [... I think because I am getting older and less productive, and because of the insufficient number of specialists here at the hospital, they (doctors) prioritise specialists' services for the productive age groups first...]

This implies that the referrals and specialists services in Tanzania public hospitals are in short supply and therefore this shortage affects the elderly patients more severely since the services are prioritized to the working and productive groups.

These findings concur with the findings in a study by the National Council of Ageing and Older People (2005) on the perception of ageism in health services and social services in Ireland where respondents reported upper age limits for interventions which directly discriminated against elderly people. Elderly people were denied referrals to specialists' services such as breast cancer screening for women aged 65 and above and any other preventive care programmes. Moreover, the findings confirm that, elderly people are treated differently because of their age. This is to say, unlike other age groups, elderly people are not referred to specialists because of wrong perception and negative attitude held by health services providers on matters pertaining to old age illnesses and the ageing process.

CONCLUSION AND RECOMMENDATIONS

This study aimed at investigating the existence of ageism in the health sector. The findings of this study show that ageism in the health sector was evident in form of discrimination towards elderly people in the areas of long waiting queues, referrals to specialist's services, access and availability of health services to elderly people. Similarly, age discrimination was evident in patient interactions, treatment decision making and exchange of information during diagnosis and prescriptions.

This paper recommends that;

Public education is important to ensure that myths, misconceptions and negative attitude towards old age and ageing process are addressed and changed. This should be done by conducting interventions in hospitals, working places and the entire community.

The media should be encouraged to have coverage on topical issues such as old age, ageing process and the effects elderly people face as a result of societal negative attitude toward them (elderly people).

The government should come up with a monthly pension to all elderly people aged 60 and over, but favourably to those failing to meet the medical costs and the other living costs of daily living.

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