

Social Exclusion and the Plight of Aging in the Informal Sector in Tanzania: A Case of Arusha Region.

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Abstract

This paper examined the problem of social exclusion and the plight of aging in the informal sector in Tanzania. The study was conducted in Themba ya Simba Village, Bwawani ward in Arusha District. Specifically, the study identified aspects which placed older people to the risk of social exclusion and examined the aspects and effects of social exclusion on older people who worked in the informal sector. The study evolved in Purposive sampling and randomly techniques were used involved thirty (30) respondents. Focus group discussion and in-depth interview were the methodology for data collection. The findings revealed that older people who worked in the informal sector are socially excluded based on the economic, health rights, social support and social participation that depicted their vulnerability and impoverishment. The study concluded that, there is inadequate consideration of the older people worked in the informal sector as such they are socially excluded which affect their welfare. Therefore, the Government as the principal actor should collaborate with civil society organization, older people and community at large to revitalize social protection approach, social security systems, and more awareness creation to community and policy review to accommodate older people concerns in Tanzania.

Keywords: Informal sector, older people, social exclusion, social security

1. Introduction

The concept of old age and ageing has been of great concern to the entire community particularly in view of the social exclusion that old aged people face as far as economic situation, health aspect, social support, and social participation are concerned. However, International community described the aspects in regard to political, economic and social dimensions. Linking the two, it is obvious that, the essence and origin of Social exclusion that old age people faced is according to socio-economic characteristics. It is therefore essential to address older peoples concern as stipulated by the political consensus in the UN Principles on Older Persons (1991) and the Madrid International Plan of Action on ageing (2002) that ageing requires specific attention.

In Tanzania, an individual is recognized as an older person based on age, responsibilities and his or her status (URT, 2003). Statistics indicates that, an older person is an individual who is 60 years and above, Tanzania is estimated to have a total population of 33,500,000, where about 1.4 million people are older ones (ibid, 2003).

The number of old people in Tanzania has risen from 1.9 million in 2002 (National census data) to just over 2 million in 2010 (URT, 2002). By 2025, the number of older people in Tanzania will have increased by almost fifty (50%) percent to around 3 million; that means older people is greater group in the society which needs attention so as to improve their economic situation, health, social support and social participation in order to match with Tanzanian socio- economic development.

Old aged people in the informal sector contributed much to the economic well being of their families as well as national at large before retiring. However this category of older people faces high levels of exclusion, especially in rural areas and they are among the poorest and vulnerable group in the society where their economic, health status, social participation and social support are not considered and hence excluded from mainstreamed development programs. This results for the denial of their basic needs and benefits around them (URT, 2003)

Available evidence highlights vulnerability in old age being associated with social exclusion. For older people, vulnerability is associated with the inability to fulfill social and economic roles and responsibilities. In the absence of accessible social security in most countries, and the failure of most schemes to reach the poorest, (Lloyd-Sherlock, 2000) has necessitate social exclusion of older people.

Heslop and Gorman (2005) in the studies of Livelihood strategies, perceptions of poverty among poor older people in Africa, have shown how factors contributing to chronic poverty are closely related to processes and institutional arrangements that exclude older people from full participation in the social, economic and political life of their communities. In this circumstance, social exclusion contributes to poor living of older people and carries impacts that go beyond income and wealth into poor housing, ill-health and personal insecurity (Maltby, 1997). Despite the existing ageing policy in Tanzania and strategies that incorporate old age people's concern, no significant substantial results have been achieved. Current national social security does not provide adequate protection and security to older people employed in the informal sectors like peasants and fishermen. (URT, 2010), this has resulted to unsociable caring of the old age people while experiencing exclusion that forces them to live in an immense plight.

This study therefore analyzed the effects of social exclusion to the lives of old aged people who worked in informal sectors in Arusha District Council with the main focus on the economic situation, health need, social support and social participation aspects in relation to social exclusion of older people.

However, the study came out with recommendations that will address the problem of older people exclusions that leads to vulnerability and impoverishment and try to look on how different development interventions and social security coverage can address older people concern and reflect their needs and translate them into policies and practices that would have a positive impact to their lives.

2. Methodology

The study was conducted at Themis ya Simba Village (Bwawani Ward) in Arusha District Northern part of Tanzania. Arusha District was selected for the study because it carries a population which is Semi-Urban and employed in agriculture, petty businesses and livestock yet these activities are not enough to sustain old aged people demands.

The sample of the study comprised of 30 respondents from Bwawani ward in the study area. The characteristics included old aged people, men and women as well as other community members. Purposively sampling was used, where one ward was selected in a District purposively and 3 categories purposively were selected which includes older people, community member and old age stakeholders. The sample distribution were; 1 Project Coordinator from Themisimba Old Age Care Trust (TOACT), 1 Program Coordinator from *Chama Cha Wazee*¹ (CHAWAMA), 1 District Social Welfare Officer (DSWO) from Arusha District Council, 2 Village Government officials from Themis ya Simba Village and 5 community members. Among all the respondents, 15 men and 15 women were chosen to reflect gender balance.

2.1. Data collection methods

The study employed focus group discussions, in-depth interviews and an analytical review of existing literatures, documentary analysis of policy document and some secondary data analysis. However, a researcher managed to consider and make use of older people's views through the use of case studies. The focus group participants were randomly selected according to age. The focus group data were collected to provide an overview of the communities' attitudes and opinions toward older people and social exclusion status.

The methodology addressed a number of issues relating to community perceptions on ageing, roles older people play in the community and its contributions, and general social exclusion older people encounter in their societies. The interviews with older people focused on obtaining case histories of their lives (testimonies) and experiences as far as social exclusion is concerned. However, with old age stakeholders, the researcher managed to get reliable data as the stakeholders presented real and practical experiences.

3. Data presentation and analysis

3.1 Social exclusion and aging in Tanzania

The concept of social exclusion has been identified in this study as the right agenda to describe its plight and consequences on older people's well being. The study identified the concept of social exclusion focusing on four aspects namely; economic situation, social support, health status and social participation that potentially have wider implication for our older people and societies at large. However, the extent of social exclusion and its impacts on the lives of older people in this study vary according to individual, household and or community circumstances. The researcher identified aspects which placed older people to the risk of social exclusion. The intension was to understand and explore aspects that place older people to the risk of social exclusion. During in-depth interview and focused group discussion, four aspects were identified that place older age people to the risk of social exclusion. The aspects are economic situation, health needs, social participation and social support.

3.1.1 The aspect of economic situation to older people

The researcher conducted focused group discussion. Majority of the respondents agreed that there is economic hardship among elderly after retiring their services in the informal sector and it does influences their livelihood. They stated to mainly resort to continue working and engaging in small scale agricultural and other activities to obtain financial income with their aging situation. As old age increases, the ability to earn adequate income through work is often fundamentally undermined by the increased susceptibility to illness and disability which forced retirement and discrimination within workplace as one old man in a focused group discussion narrated;

"We have many problems, the way you see me now (at 87 years), I am taking care of two (2) grand children that was left by my son. Every thing is on me and I have to struggle here and there with my older status in order to survive. However what I receive at this age is very little"

Available literature depict that, 96 per cent of older people in Tanzania do not have a secure income and have to work throughout old age (ILO, 2008). Inevitably, the discussion with older people revealed to receive an

¹ Chama cha Wazee - Swahili words meaning older people organization

average monthly income of 500/= Tshs a day for those who works in order to sustain their life. It is obvious that economic income of the elderly in general has been much lower and more likely to be economically excluded.

With elderly challenges within Tanzanian context, older people are less able to earn adequate income through work, are more susceptible to chronic illness and disability and more likely to experience social exclusion, rights abuse and discrimination. (URT, 2010)

Another respondent supporting on economic difficulties in the family level argued that;

“Being old it means being unable to do things for yourself. There is no work you can do. At this age, one can not work effectively and compete with energetic ones. It is like being a child, it is like sickness, and as a result you are kicked out and let those with energy work”

The above testimonies imply that, older people know their livelihood responsibilities but they do not have good opportunities that allow them to sustain their life. However, they are generally experience big challenges of social exclusion on economic aspect due to their ages and hence vulnerable and chronic poverty. To escape vulnerability, older people’s struggles towards their livelihood do not have very big impact to sustain their well being and their family members as well. However, current absence of income security among older people plays a major role in limiting and excludes them from accessing development opportunities in sustaining their wellbeing.

3.1.2 Health needs to older people

Focus group discussion was organized to identify social exclusion in terms of health aspect that emerged from the community. The data revealed that, majority of older people in the discussion are placed to the risk of being excluded from receiving effective treatment. They revealed that, among the major problems, health is critical especially when they become old. One old man gave this evidence by declaring that,

“Very few elders get health services when go to the hospital simply because there are no medicines. Majority of us are treated through their children who live in town through either buying and sending medicine to them in the village or by taking their parent to town and take them to private hospital”

Literature on health aspect also provide evidence on inability of older people to access health services and they are overlooked in health polices, programs and resources allocation (Help Age, 2010). This situation serves to maintain the exclusion and invisibility of older people from appropriate health care.

3.1.3 Social participation and older people

Yet at this point, focus group discussion happened to be very valuable assistance to explore the data on social participation as an aspect which placed older people to the risk of social exclusion in socio- economic development.

Majority of older people interviewed noted that, their participation in decision-making at community and household level had declined as they got older. They declared not to be involved in social activities such as in the meetings, ngoma groups, marriage ceremonies, religious ceremonies and sometimes public ceremonies and meetings². One older people declared that, *their voices are practically absent from discussion about their requirements, preference and priorities and other people are in control of decisions.*

3.1.4 Social support to older people

The researcher visited all stakeholders to see whether they have any activities in supporting older people. Data obtained revealed that, most of the stakeholders have good objectives on social support but they did not provide statistical data on what they have contributed to old age social support.

Most of old aged people are affected after having withdrawn from the informal labor market, the elderly are more likely to seek social support from the local authorities or family members.

The researcher asked the respondents whether there is availability of caretaker in their life;

Furthermore, the findings disclosed several things, Firstly; it is obvious that, family members have been playing a central role in providing social support to their daily life for elders who have relatives. Secondly; support from both son(s) and daughter(s) is limited, when asked “why?” majority of the respondents said that; some of their sons and daughters are married and stay far from them, some of them have died to HIV /AIDS and hence receive little or no support and some of them have migrated to urban areas. Many studies recognize that as age increases, social support has become more and more important in one individual’s later life (URT, 2003)

3.2 The effects of social exclusion for older people

The researcher examined the aspects and effects which place older people on social exclusion basing on the economic aspects, social support a, health and social participation.

Older people are regarded as vulnerable and poor group which excluded from different opportunities in the community. Older people however are affected by social exclusion differently and placed to live in vulnerable situation. The risks and effects are examined here below;

² Revealed social activities during focused group discussion which in most cases older people are not involved

3.2.1 Economic risks and effects of social exclusion to older people

Available evidence from literature and information obtained from interviews with older people revealed that, majority of older people are economically excluded and become vulnerable to participate fully in income generating activities. Older people interviewed revealed that, due to reduced capacity and a growing risk of serious illness, they are vulnerable and likely to fall into poverty as narrated by one older people at Themí ya Simba Village.

“My energy is deteriorating, I have worked for 37 years as peasant in the village, but now I am not capable of doing manual work in the farm because of my poor health status. Who is going to provide me with the basic needs? Life is very expensive; I cannot bare this situation any more! I need help and support from you”.

Among other things the issue of pension was raised. Majority of older people interviewed declared that, their vulnerability to income poverty is closely linked to the denial of their right to social security. They declared not to be engaged in any formal security system operated by the government compared with their fellows who worked in the formal sector where this could be one of the source of income to help them survive.

URT (2003) also reveals and supports the above narration that, the existing Social Security Scheme is designed to accommodate older people who are employed in the formal sector. However this is not for the case of older people in the informal sector. In this circumstance, older people in the informal sector are not protected and hence become victims of chronic poverty

Available data from literature also reveals that formal social security mechanisms have not reached the poor and are highly unlikely to offer solution to old age poverty; only 6.5 per cent of the workforce is currently covered by formal social security and in formalization within the Tanzanian economy is increasing (URT, 2010). In this context, without appropriate social protection and other measures to protect older people’s rights, a lifetime of poverty is exacerbated in old age.

In responding to the above concern, the researcher organized testimonial case with respondents to demonstrate the problems associated with economic aspects.

Box 1 shows various problems as demonstrated by older people in story telling.

Box 1: Mzee Kiboko’s³ Story

I was born in a village called Litembo in Mbinga district Ruvuma region in 1927. I went to Maguu primary school up to class four. In 1951 I was recruited through District Office for the “Manamba” work that is how I managed to come to this place. I retired from “Manamba” work in 1963 and started to do farming activities here. After retiring, no one paid me (the Government / Estate owners) because it was a job with no contract. From there, I started a new life but being exhausted and unable to work hardly. We cultivate maize, pigeon pea and lablab. The harvest is not always enough but we keep on doing the same every year in order to sustain our life.

We have the same problems as old people; we are excluded everywhere, we are not respected or cared by the younger generation like what we did to our fathers and grandfathers.

Economically we are very poor especially during drought periods. I have hearing problems, my sight is becoming weak and joints are becoming stiff. Health services at our village are poor. We have to go up to Mt. Meru Hospital but no one cares about older people and for serious cases unless you have money you can go to private hospitals.

I do not have a suitable house to live. When it rains, I am in trouble no one to take care of me. Everywhere it is chaos.

We, “wazee” don’t have our association. We never meet like our grandfathers used to do during problems like shortage of rains, wars etc

Mzee Kiboko’s case study brings up a number of issues that shows; Elder people are experience exclusion even during their services in the informal sector. When employed as laborer in the Sisal plantations, Mzee Kiboko worked with no contract for 13 years. After his retirement nothing was paid and he started to live in vulnerable condition without support. However, by lacking social protection Mzee Kiboko suffers from broader social exclusion, particularly in regard to the access of housing, education, health services and other opportunities within the community. The exclusion of older people in social security schemes in this situation depicts inequality that exists between older people in the informal and formal sectors.

3.2.2 Health risks and effects of social exclusion of older people

Older people are at risk when considering health services and facilities. According to older people interviewed at Themí ya Simba Village, it was revealed that older people found it difficult to access healthcare when they needed it. They confirmed not to get adequate health services when sick. This is either; the service is not available in the village when they need it or the price of getting it is too high for them to afford it. This situation

³ Kiboko and other names used in this study are not the true names of the interviewee; they are only used for the purpose of this study.

is contrary to the implementation of Tanzania exemption policy for protecting poorest and vulnerable people from healthcare charges. During interview with older people, one older people complained to receive unfairly treatment when he attended one of the identified public hospitals in the district;

"I went in town two weeks ago in order to attend medical treatment; nothing was given to me apart from the nurses to ask me about an identity card that shows my eligibility to access that treatment. I was shocked, no one helped me and I return home seriously sick. You know, it is God who help use survive!"

This situation serves to maintain the exclusion and invisibility of older people from health policies, and thereby contribute to the denial of their right to suitable health care which affects their health welfare and hence increase older people's death. This finding is supported by the Adult Mortality Study of 1994- 2002 in Tanzania that revealed 15– 28% of older people's death as a result of Non Communicable diseases (Help Age International, 2010) and indicated that older people are the most affected group due to their vulnerability and age.

The above results indicate that, although the health services are available in some areas, to most of the Thembi ya Simba village members, elderly are more likely to experience social exclusion in terms of affordability and accessibility of medical expenses and other related costs that serves to maintain their exclusion and invisibility of older people and ageing from health policies, and thereby contribute to the denial of their right to appropriate health care.

To support the argument above, an interview with Government Social Welfare Officer in Arusha District revealed that, currently, there is an implementation of older people registration exercise taking place in the District in order to provide Identity Cards for all elders (60+) that would help them access health services when they go to the hospitals. However, findings from this study show immense gap that exist in the health sector specifically on older people and portray big challenges in the relationship of government policies and its translation into practice.

Older people also need better shelter for sustainable livelihood. During in-depth interview, It was revealed that, the nature of houses older people live at Thembi ya Simba Village is not conducive, older people are excluded and tend to live away from friends and family. Their houses are hut grassed with wooden poles that can not sustain the livelihood.

3.2.3 Inadequate Social Support to older people in the community

During in – depth interview with older people, they revealed that, lack of social support and feeling of loneliness and isolation affects their mental health and well being. They clearly stated that lack of support from either their family or community members eroded their self esteem leading to severe depression to the extent of not enjoying life – *"when I was working, I could care for my family. Nowadays because of our age, there are more times that we do not eat, than when we do – one older people explained.* However, some older people reported to have received good care and support from organization in their village- *"Themisimba Old Age Care Trust (TOACT) as organization is supporting us on income generating activities and awareness creation of the ageing policy in order to raise our voices; we need support to sustain our livelihood"* Devereux and Sabates-Wheeler (2004) also argued on protective measures to provide relief of vulnerable people like the elderly from deprivation as social assistance. They include resource transfers that can be financed publically by the Government and NGO projects like KWA WAZEE Project in Kagera Region that has been very successfully in supporting older people in the area.

3.2.4 Inadequate Social participation of older people in the community

According to older people interviewed, they reported not to participate fully in different socio-economic development activities in their society. It was learnt that, older people in the society are excluded in different activities including in decision making being affected by their age. However, inadequate social participation not only limits older people's on decision making and social networks and but also miss out key issues and hence poor accessibility to services and information that affects their life.

This situation is very frightening as it isolate older people on social participation as put forward by Durkheim that, social participation is very important if someone isolated from social participation can commit suicide.

4. Conclusion and recommendation

4.1 Conclusion

On the basis of the research findings, the following conclusions have been arrived at;

The older people are excluded economically; there is economic hardship among elderly after retiring their services in the informal sector and it does influences their livelihood. As old age increases, the ability to earn adequate income through work is often fundamentally undermined by the increased susceptibility to illness, a situation that place them to the risk of falling into vulnerable condition and chronic poverty.

Health is critical aspect during old ages. Although the health services are available (like hospitals), the limited supports provided by these hospitals have weakened the older people's affordability of medical expenses. As a result, the elderly are more likely to experience social exclusion in terms of affordability of medical expenses

and hence placed to the risk of being excluded from receiving effective treatment.

Older people's participation in decision-making at community and household level had declined as they got older. They are not involved in socio – economic activities such as in the meetings, ngoma groups, marriage ceremonies, religious ceremonies and sometimes public ceremonies and meetings⁴. In this case, their voices are practically absent from decision making processes at all levels in the family, community and nation as a whole.

There is inadequate consideration of the older people worked in the informal sector in social security schemes operated by the government as such they are excluded in socio-economic development which affect their welfare and hence keep them into vulnerable condition and chronic poverty.

4.2 Recommendations

Based on the conclusion of the study, this research essay recommends the following:

The Government as the principal actor should collaborate with civil society organization, older people and community at large to revitalize social protection approach, social security system, and awareness creation to community, stakeholders and policy review in order to accommodate older people concerns.

Joint effort and massive campaign among stakeholders should be organized in order to raise awareness to the community about taking care of the older people while utilizing their knowledge in solving economic and social problems in societies. However, stakeholder's forum should be enhanced to ensure the formation of old age association where old people can increase their participation and raise the voices and address the older people common needs.

The government should think of developing pension system for older people in the informal sector that addresses the problem of social exclusion and ensure social protection for older people by ensuring that there is something for everyone in society and make it possible for vulnerable groups' specifically older people to meet their basic needs. Moreover, the Government has to establish cash transfer systems both contributory and non-contributory to vulnerable older people as inclusiveness approaches in addressing the emerged socio-economic difficulties and shocks in rural areas.

Inadequate policy implementation strategies and guidelines as an outcome of poor old age people empowerment have resulted to poor participation and social support to older people. So it is recommended that greater strategies and guidelines should be strengthened and increased older people capacity building.

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⁴ Revealed social activities during focused group discussion which in most cases older people are not involved