Social Work Implication on Care and Vulnerability of Older People in Tanzania

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Abstract: *This paper attempts to discuss the social work implications on ageing and vulnerability in Tanzania. The main objective of the study was to examine the social, economic and health status and the role of social workers in helping the older people to make them not only to make best choices about their future but also contribute to development to the communities surrounding them. The study was conducted in Bagamoyo district where four villages (i.e. Msigi, Tawalanda, Matipwili and Sadani) were selected. The main target population was the older people, community members, local government leaders and health providers. The main variables which were studied included social, economic, health and ideological issues. The main findings of the study revealed that, despite the existence of policies such as the national ageing policy, health policy, national social security policy, and old people remained vulnerable. It was noted for example that, the low level of income determined the type of food afforded by older people, accessibility to health services and other basic needs. The situation was worse to older people who shouldered the responsibility of grandchildren. The study also noted that, there were no social workers in the rural areas. The social workers were found at the district headquarters but also in few numbers. The study was not able to establish the capacity of social workers in making a meaningful intervention to older people's concerns. The study recommends that, there was a dire need to provide reliable social services in the rural areas which would assist the older people. Further it is recommended that, the introduction of social pension would greatly increase the economic capacity of older people. Last but not least the study recommends for the need for research on dynamics of ageing with physiological, psychological, cultural and environmental factors in attempt to develop a positive attitudes to older people.*

Key words: old age, older people, vulnerability, social protection, safety nets, health problems, income, ageing, stereotyping, social workers, health service providers

INTRODUCTION

It has sometimesbeen difficult to define what constitute old age. Apart from ageing being a biological reality, the concept is also socially constructed[1]largely due to cultural norms and values of different societies (Rwegoshora, Helmut and Mabeyo, 2009). While in other societies individuals may be considered aged in their 40s (Moody 2010). in others because of their youth life styles, health and strong bodies, individuals look old when they are at the age of 70s.[2]This can also be seen from physical attributes or appearance (e.g. through grey hair, wrinkles, and obviously frailty). by their life experiences or by the role they sometimes play in their communities (Cohen B. and Menken 2006). Despite the above perceptions, ageingremains a multidimensional process which involves physical, biologicaland psychological changes that occur within a human being, over a period of time. Such changes involve degenerative changes which pose a major challenge at old age. Ageing is therefore a process of deterioration that start early in the life process and it is irreversible (Aboderin, 2010)[3].

In this article an attempt is made to explore the challenges encountered by older people and the role played by social workers to address their concerns. Specifically the paper examines economic and social status of older people in rural areas in Bagamoyo district. The paper is divided into three main parts. The first part provides a theoretical discussion on vulnerability and social protection, while the second part provides empirical findings of the study. The third part examines the role of social workers in dealing with the older people while the last part is a conclusion and recommendations

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[1]*Other socially constructed meanings of age are more significant, such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline, which are significant in defining old age. Thus, in contrast to the chronological milestones, which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible.*

[2]*Personal and social growth of individuals does not only stop at any age but it can remain productive and rewarding both socially and emotionally. Ageing is not only a personal concern for the individual and his or her family; it is also a major social problem.*

[3]"*Ageing is a biological process which has its own dynamic, largely beyond human control. Theage of 60 years and above, roughly equivalent to retirement ages in Tanzania, is said to be the beginning of old age*" (URT, 2003).

Theoretical Discussions

Vulnerability is considered as the risk of an individual experiencing a decline in well-being from a generally accepted standard. According to the Participatory Poverty Assessment conceptual framework, vulnerability is how things mightbe in future with respect to an individual'spositionor status in relation to accessibility and possession of resources (Mmari, D.*et al*. 2003)[4]. Although the above conception views an individual within the poverty framework, it underlines the fact that lack of income is one of the impoverishing factors which also affect the older people's capacity to meet their basic needs. Whereas, ageing is a pathological aspect inherent in all living organisms, it is a complicated process involving each system of the body (both physiological and psychological aspects) and as they respond to environmental conditions (Mwami, 2001).

According to Wuyts (2006). social and environmental influences strongly affect the body and mind. It is for example argued by Abbot (2005) that, ageing is accompanied by physical disabilities which lead toreduction of the capacity to work thus subjecting them to earning low income which affect their capacity to access basic needs hence making them more dependent and vulnerable. Another investable risk is that the older you become the more you experience health related problems. At old age encounteringsymptoms of arthritis, rheumatism, high blood pressure and heart disease are common phenomenon. Additionally, there is also a diminution of sensory system functions such as vision and hearing. Many of these problems can potentially be corrected or may be partially mitigated by medication or psychosocial therapy. Under such circumstances, social workers have a duty to create social conditions which would enable older people to make their full contribution by making a comprehensive assessment and management programs for care of older people (Bogardus, 2001). Such measures have to go hand in hand with appropriate healthcare provision and social protection measures in order to create a full and active life beyond the expectations of previous generation.

According to research findings by Mmari, *(op.cit).* the older people who live closer to the poverty line or those who are already extremely poorand more particularly older people who are living alone are more vulnerable.Because of that, the provision of social protective measures becomes a critical agenda for purposes of reducing older people's vulnerability and risk of low-income households with regard to basic consumption and services in the development discourse at both local and national levels (Mmari, 2008; Rwegoshora, 2006). The concept of vulnerability first emerged from the World Commission on the Social Dimension of Globalization emphasizing on the need to provide a certain minimum level of social protection needs.

The social protection agenda focuses on vulnerable and poor groups, differentiated according to age, health status, level of education, accessibility to basic social services and their relationship to the major means of production. The social protection theory emphasizes the need to guarantee services and transfer across the life cycle – from childhood, through poor adulthood, despite economic activity, to old age. It pays particular attention to the vulnerability experienced across all age groups as a result of, for example, gender, socio-economic status, ethnicity, disability, HIV/AIDS, migration, exposure or sensitivity to

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[4] *Such resources may be financial or material*

adverse external factors such as natural hazards and extreme climate phenomena (Moody, 2010; Cohen and Manken 2006).

Further, it emphasizes on the need to provide a certain minimum level of social protection needs. This entailsthe promotion of access to essential services and social transfers for the poor and vulnerable. This demands providing a comprehensive approach to social protection that highlights both the supply and demand side of extending social protection and ensuring effective access.

The Social Protection theory as demonstrated in the figure below has two main components namely:

(i) A basic set of essential social rights and transfers, in cash and in kind, to provide a minimum income and livelihood security for all and to facilitate effective demand for and access to essential goods and services.

(ii) The supply of an essential level of goods and social services such as health, water and sanitation, education, food, housing, life and asset-saving information, that are accessible to all.

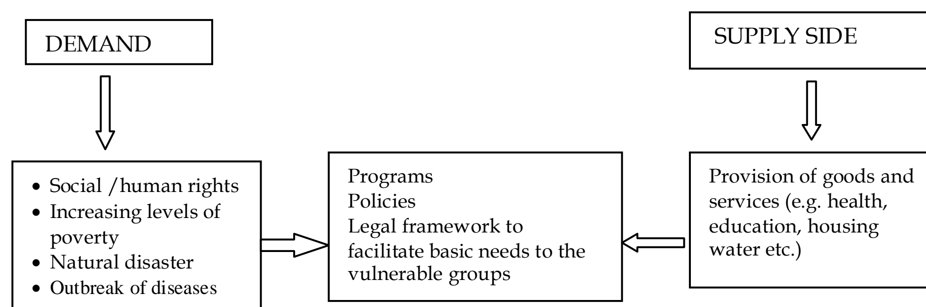

Figure 1: Social Protection Model

Study Findings

The study was conducted in Bagamoyo district in two wards namely Talawanda and Mkangawhereby two villages from each ward were selected (i.e. Msigiand Talawanda in Talawanda ward and Matipwili and SadaniinMkangaward). Out of these villages 80 respondents were selected. The main target groups were the older people, community members and their leaders, health providers and social workers. The main objective of the study was to examine the older people's socio-economic status, the nature of problems they countered and the response of social work profession in addressing their concerns.

Socio Economic Status

One of the study objectives was to establish the levels of vulnerability among the older people in selected sample areas. In order to understand the level of vulnerability the social and economic factors older people's households had to be examined. To realize this objective, respondents were asked to mention their main economic activities. The responses summarized below indicate that, that, 98% of the older men aged above 75 were not engaged in any economic activities, while 2%mostly older women had small scale economic activities

such as poultry. The older people between 60 to 75 years were involved in small scale activities like small petty business, small gardening; some were selling their farm products. Out of these economic activities the respondents were further asked to estimate how much they earned annually. The findings which are summarized in table 1.1 below indicate that, 67.5% earned between 1,000/= Tshs to 50,000/= Tshs while 12.5% earned between Tshs51, 000/= to 100,000/=. The response further shows that 10% earned between Tshs 101,000/= to 150,000/= while the other 10% earned from Tshs151,000/= to 250,000/=. *(One US dollar was equivalent with Tshs 1,500/= when the study was undertaken).*

The picture which emerges from table 1.1 reveals that, the majority of older people in selected sites lived below or barely above the poverty line. In comparison with other households in the study areas the evidence suggest that, members of households containing older people tended to experience the highest income poverty levels. This was largely because of the inability of older people to participate actively in income generating activities while at the same time shouldering the responsibilities of caring orphaned children. As highlighted above, the majority older people in the sampled areas were generally poor.

Table 1: The estimated income per year among the respondent's in four selected villages in Talawanda and MkangaWardby sex as of 2012

Income Per Year	**Selected villages in Talawanda and Mkanga ward**								**Total**	**%**
	Talawanda		**Msigi**		**Matipwili**		**Sadani**			
	M	**F**	**M**	**F**	**M**	**F**	**M**	**F**		
1,000 – 50,000/=	6	8	7	7	8	6	5	7	54	67.5
51, 000/= – 100,000/=	1	2	0	2	0	2	1	2	10	12.5
101,000/= – 150,000/=	1	1	1	1	1	1	2	0	8	10
151,000/= – 200,000/=	0	1	1	0	2	0	1	1	6	7.5
201,000/= – 250,000/=	0	0	1	0	0	0	0	1	2	2.5
251,000/= - 300000/=	0	0	0	0	0	0	0	0	0	0
Above 300,000/=	0	0	0	0	0	0	0	0	0	0
Totals	**8**	**12**	**10**	**10**	**11**	**9**	**9**	**11**	**80**	**100**

Source: Field data from four villages in Talawanda and Mkangawards by October 2012

According to survey findings both older men and women were equally vulnerable. The capacity to satisfy their basic needs declined as they grew old and older. It was however interesting to note that, the general public was not aware of the magnitude and severity of poverty among the older people. When one of the community members was interrogated about the severity of poverty among the older people's family, had this to say:

"Wakati huu mambo ni magumu. Hali ya uchumi imekuwa ngumu kila mtu anajali nafsi yake, kila familia inajali watu wake. Miaka yanyuma kidogo wazee walikuwa wanatunzwa na watoto wao au wanafamilia. Ndugu wakaribu walikuwa na hasa wanaukoo na jumuiya kwa ujumla walikuwa wanajali matunzo ya wazee. Sasa hivi hakuna anayejali kujua wazee wanaishije. Tunashukuru wasamaria wema kupitia mashirika kadhaa ambayo husaidia wazee. Ukiachilia misaada hiyo hakuna anayejua hali ya wazee wanasaidiwaje kila mtu anajua familia inajisaidia"

Meaning that, nowadays things are difficult, everybody is taking care of himself/herself and his family. It is therefore assumed that, older people were being looked after by their families or relatives. When the older people were probed to explain how did they survived with such meager amount of income 44% indicated that they depended on either family members or relatives for their subsistence whose support were irregular. Whereas 18% depended on the neighbors, 38% indicated that they had nobody to depend upon other than good Samaritans and assistance received from civil society organizations. The nagging question is whether the general community and local government authorities in particular were aware of the plight of older people seeking for assistance, and whether the local government had the capacity to intervene. As a result, the experience drawn from the researched community revealed that stress, strains of poverty and changing cultural norms undermined the capacity of various families to take care of older people. A similar study conducted in another coastal region (i.e. in Lindi region) in 2008 concerning the socio - economic conditions of the older people confirms that, the low income among the older people was one of the major factor affecting the status of their living condition. The study concluded that:

"The majority of older people in Lindilived in mud houses roofed with glass. Quite few were found living in block houses with iron roof. There were no permanent houses and these were likely to fall particularly during the rainy seasons. The older people living in these houses were unable to repair or modify their houses" (Rwegoshora and Mabeyo, 2009).

The findings further indicated that, out of 80 respondents, 23% were living as a couples, 8% were living alone while 69% were living with grandchildren shouldering the responsibility of taking care of them and other dependants. Taking care of grandchildren further increased the burden to the older people who had to incur the medical cost when the grandchildren felt sick and school related expenses (such as uniforms, books, tuition fees, food and other basic necessities). Because of that, not all children (under the custody of older people) were able to go school or access medical services because the older people could not afford the cost.

It was such a situation which necessitated the engagement of children into child labor in order to support their families. Implicitly the findings seemed to suggest that, the absence of safety nets, led to decline in social status of older people, isolation and loneliness. In view of the above findings, weare tempted to agree with the findings of HelpAge International (2002) which shows that, the vacuum created by the breakdown of the traditional family support system, has neither been sufficiently filled by the individual, by making early preparations during active life, nor by the government, through the establishment of a substituting social security system.

Nutritional Problems

Inadequate income had a spiral effects on the quality of lives of older people. One of the effects was accessibility to quality food among the respondents. The study wanted to establish the type of food commonly used by older people. Among the list of food provided respondents were asked to indicate how frequently they used a particular type of food. The responses summarized in table 1.2 below indicate that the majority of respondents used beans (68%) ugali (59%). vegetable (42%) and cassava (22%). The type of food which was not used frequently included meat (0.89%). milk (0%). eggs (0%). and fish (2%) in a day.

Table 2: A cumulative frequencies by percentage of the use of different types of food in four selected villages (*i.e. Talawanda, Msigi, Matipwili and Sadani)* inTalawanda and Mkanga Wards

Type of food	Frequency in Percentage					Total in %
	Once a day	Once a week	Once a month	Once in three months	More than once in six months	
Meat	0.89	1.5	5	77	6	100
Milk	0	0	0	6	6	100
Beans	68	15	4	5	7	100
Fish	2	5	18	39	44	100
Ugali	59	13	9	18	17	100
Cassava	22	24	16	9	21	100
Rice	9	18	37	40	15	100
Vegetables	42	13	12	8	12	100
Fruits	11	22	47	12	8	100
Eggs	0	0	1	10	89	100

***Source**: Field data from four villages in Talawanda and Mkangawardsin Bagamoyo district - 2013*

It is important to note that, different types of foods have different inputs in the human body. The above findings indicate that, most of the foods regularly used by older people (with exception of vegetables) were mostly starchy. These contained carbohydrates and lacked sufficient protein, minerals and prerequisite vitamins to support their bodied. There are categories of foods which are highly nutritious and which are highly recommended while others are not (Killian, 1998). For example, fruits and vegetables contain all the necessary vitamins and minerals needed for a healthy body. People are advised to take vitamins to be healthier, but by eating the right foods (namely fruits and vegetables). with the right ingredients of vitamins (Killian ibid). Doctors and researchers believe that anti-oxidants naturally found in fruits and vegetables can help to protect the human body from diseases and prevent some types of diseases (Hofman*et al;* 2008). For sure if older people were given a choice they would have preferred nutritious food because they help to build high immune systems within a human body and therefore protecting them from infectious diseases. The picture which emerges from the above findings is that, the level of income has and continues to affect not only the type of food as we have observed but also accessibility of other basic needsincluding water; clothing and shelter, but also exposes older people to a greater health risk than other groups of people in a society.

Apart from the type of food regularly used respondents were further probed to explain their pattern of taking meals. The findings summarized in table 1.3 below indicate that respondents ranging between 28% and 37% in all four villages took two mealsaday while respondents ranging from 22% to 32% had one meal a day. The major reason which was provided by respondents who took one meal was that, theyhad no enough food. When the respondents were asked to explain how they accessed food 11% said they depended on begging from neighbors or receiving assistance from other sources, while 31%said they received food assistance from different religious institutions and good Samaritans. The government was also mentioned by 35% respondents as a source of food when there were

shortages.Few respondents (13%) mentioned decline of traditional support system acted as a safety net.

Table 3: The pattern of taking meals among respondents by frequency (percentages) in a week from selected villages

Sampled area	Frequency by percentage				Total in %
	Once a day	Twice a day	Once in two days	Irregular Frequency	
Talawanda	32	29	8	31	100
Msigi	23	37	5	35	100
Matipwili	29	31	8	22	100
Sadani	22	28	22	28	100

Source: *Field data from four villages in TalawandaMsigiMatipwili and Sadaniand Mkangawards in Bagamoyo district - 2013*

What does this mean? This meant that older people were experiencing hunger as a result of food shortage in the remote rural areas. This was one of the most serious causes of poor health among older people. The situation was much more appalling to older people who were living in extreme poverty while taking care of their grandchildren. Another category of older people which were equally more vulnerable were those experiencingage related disabilities (such as immobility, due to multiple health problems). When the respondents were asked to give reasons why they had low accessibility to food, 37% respondents indicated they were not able to produce sufficient food because of the age, while 43% mentioned higher prices of food items to have made them unable to buy food. Few respondents (i.e. 19%) mentioned decline of traditional support system as a safety netto support older people, including provision of cash or food.

The general impression from the respondents was that the majority of those who could not afford to have full meal every day were relatively weak and vulnerable to ill health when compared with other groups who afforded good meals. It could therefore be argued that, food insecurity among the older people, coupled with emotional stress caused by deteriorating life circumstances can lead to physical breakdown and hence the greater need for psychosocial and health care. Studies done by Gorman, (2004); Rosemary (1988) and Mwami (2001) reveal that, people with lower incomes, have more chronic health problems, more functional limitations and die earlier. Because of that, the older people livedin a precarious condition and uncertain life. The above situation calls for the concerns of social workers in helping older people who have been rendered immobile due to old age and health concerns. The main challenge is what is the role do social workers play in ensuring that these older people are helped both by the surrounding communities, local government/community leaders, and by the social workers themselves?

Health Problems

Physical health is an obvious a problem which face the older people, with the incidence of most diseases increasing with age. When the respondents were probed to explain the kind of health problem they frequently encountered; the findings in table 1.4 below indicate thatboth

men and women experienced health problems at varying degrees. Two thirds of older people interrogated said they had health problems which require regular attention.

Table 4: Health Problems encountered by Older People in SampleAreas by Frequencies

Health Problems	Rate of Frequency by %		Total
	More frequently	Not frequently	
Malaria	77	23	100
Blood Pressure	57	43	100
Heart disease	27	73	100
Upper and upper syndrome	70	30	100
Arthritis and osteoporosis	44	56	100
Dementia and Alzheimer's	34	66	100
Respiratory diseases	49	51	100
Mental health	41	59	100
Depression	87	13	100

Source: *Field data from TalawandaMsigiMatipwili and SadaniandMkangavillages in wards in Bagamoyo district - 2013*

The above findings indicate that, the most common health problems which were encountered by older people more frequently were depression (87%). malaria attach (77%) upper and upper syndrome (70%) and blood pressure (57%) as high ranking problems. The problems which did not feature frequently among the respondents were heart diseases (73%). dementia and Alzheimer's (66%). mental health (59%) and respiratory diseases (51%). Whereas the problem of heart disease which looked a common problem among both men and women in developed countries, in the sampled area this did not feature as a major health problem. Arthritis and osteoporosiswere two conditions that affected physical structure and movement, while dementia and Alzheimer's disease affect memory and personality. Mental health particularly for older people over 80 years and above is another big issue for the elderly, especially depression. The findings further revealed that families, friends and health care providers often assumed that depression was normal for the elderly, so it was frequently untreated. The fact was that, older people were more likely to be depressed when they were suffering from health problems or low income and other forms of mistreatments.

Access to Medical Services

Despite being affected by several health problems the respondents were asked to explain how frequently they accessed free medical services. This question was prompted by the fact that, the government had a policy framework whereby the older people were allowed to access free medical services. The findings in Table 1:5 indicate that,80% respondents in Talawanda, 72% in Msigi, 83% in Matipwili and 91% in Sadanwere unable to access free medical services in four selected villages in Bagamoyo district. On the contrary 20% respondents in Tawalanda, 28% in Msigi, 15% in Matipwili and 9% inSadani said they accessed free medical services.

Table 5: The status of accessibility of medical services among older people in sampled areas by percentageas of October 2012

Selected villages	Accessed freely		Accessed with a cost		Did not access		Total
	M	**F**	**M**	**F**	**M**	**F**	
Talawanda	13	7	23	18	20	19	100
Msigi	17	11	19	34	9	10	100
Matipwili	6	9	42	15	9	17	100
Sadani	2	7	19	21	37	14	

Source: *Field data from four villages in TalawandaMsigiMatipwili and SadaniandMkangawards in Bagamoyo district - 2013*

On average over 80% respondents who were interrogated to elaborate why there was low level of accessibility of free medical serviceshey explained that, low accessibility was due to shortage of drugs in nearby dispensaries. Other reasons included, being too weak to visit the hospital/clinic on their own particularly in cases where they were living alone; lack of money to foot the transport costs to the health centreand in some instancesthe long distance to travel to access the health services. It was interesting to note that out of total respondents who went for medical treatment 35% paid the cost for themselves, 27% were assisted by family members while 15%managed to get free treatment. The remaining 14% did not go for treatment to the healthcentres. The other obstacle for accessibility was bureaucratic tendency of proving whether the respondents were over 60 years and above which is acceptable age limit entitled for free healthcare. Health service providers were asked to comment on reasons affecting the provision of free medical services to older people, they revealed shortage of drugs (particularly drugs related to treatment of common diseases affecting older people). inadequatedispensary/health centrefacilities such poor infrastructural designs were among the constraints hindering older people to access this basic right.

Another aspect related to low level accessibility of free medical service to older people was the utility of Community Health Fund (CHF). Whereas the CHF was aimed at providing access to the low income people the funding of the premium for the poor was subsidized by the local government. This meant that a mechanism had to be put in place to assist among others the poor older people. When the informant from the district council was asked to explain the operationalization of this fund, he had this to say:

"This facility has not been demanded and this was particularly because most of the beneficiaries were not aware of the existence of this fund and how the process of accessing this entitlement worked. The poor were also not sure of the role of local council to facilitate the poor including the older people through this fund. In turn this was a blessing in disguise the council has no enough fund to subside the contributions of the poor".

As a result of the above factors, older people as one of the vulnerable groups in the society continued to miss this opportunity partly because they are unable to contribute to CHF until the local government was able to allocated funds for them. It was noted however that, the older people which were unable to access free medical treatment had another fallback position, whereby they relied on traditional herbs to restore their ill health problems. The main advantage of alternative means of health restoration was easily accessible than the free medical attention provided by the hospital. Nonetheless, the general impression from the findings was that, the provision of free medical service to older people was still unsatisfactory in many parts of the district. Additionally, lack of capacity of local government and health providers to meet the basic cost of major illness also made respondents to go without medical care or spend their little savings on severe illness alone. Hence lack of a comprehensive health insurance and sustainable health care continued to worsenthe health status of older people. It is within this context, that, the provision of social pension to older people becomes imperative to cushion the impact of the crisis among vulnerable groups and promote social justice.

Ageism and Stereotyping

It was interesting to note that, not too many years ago, wisdom was often equated with age. Old people still held an important and sometimes honored place within the household and family system (Mboghoina and Osberg, 2010). However, their traditional place within the household and family system and their traditional role were increasingly being eroded and their social role weakened. A study conducted by Help Age International (2002) suggests that social status of the elderly is very much related to the ability to make a meaningful contribution to household or community. While most of the people still preserve and maintain memories of the respect formerly given to elderly grandparents, there is a growing stigma placed on the older people. Although respondents representing the young generation in the four communities were asked to explain how much respect were accorded to elderly, 86% of the respondents said they respected elderly through consultations when they encountered difficult conditions. The other 14% said older people were respected as their parents.

However, theoretically the elderly were respected but by conduct (behavior) there were literally no evidence to suggest that they were honored and respected. A study conducted by HelpAge on social service accessibility in 12 villages in Magu district, Mwanza region in 2000 showed the growing incidence of witchcraft accusation to elderly women, which resulted in killings. Among prevalent attitudes towards the elderly (particularly women) are those of impatience, intolerance and neglect. Table 1.6 below indicates the killings of older women in Shinyanga region by district between 2010 and 2011. This is a testimony of social injusticeamong the older people whereby older women continue to live with fear and being harassed. Today many older people are shunted to the side, ignored, or in more recent times

even subjected to senseless violence attacks. Part of the problem lies in the stereotyping of old people, holding beliefs about them that are unfounded in reality (Chawali, 2008).

Table 6: Cases of killings due to witchcraft beliefs in Shinyanga Region by Districts in 2010 and 2011

District	Number of killings between January and November 2010	Number of killings between January and November 2011	Total number of killings
Shinyanga	03	14	17
Kahama	33	29	62
Bukombe	35	41	76
Bariadi	98	11	109
Maswa	02	06	08
Meatu	01	02	03
Kishapu	12	09	21
Grand Total	184	112	296

Source: *SAWAKA 2012*

The stigma attached to old age was a destructive social force that has a devastating effect on individual and the community at large. Because of the increasing tendency of the older people being isolated from youthful beliefs, these attitudes have a way of becoming self-fulfilling prophecies as they are translated into family practices. Available evidence in Tanzania reveals that, older people's rights continue to be violated particularly through organized killings by the relatives and unknown people under the pretext that they were witches. This issue not only touches the extreme vulnerability of the elderly but the power of cultural opinions and their impact to ageism. The society pointaccusing figures towards the old, frail and vulnerable older people, forgetting that the energetic able bodied individuals of today will wither away towards old age at some point in their lives. For sure this is an area where social workers have not come up serious to clearly support the lives of these elderly women.

At this juncture we tend to concur with Helmut and Mabeyo (2009). who argues that, whereasageing is increasingly assuming a great importance, thus calling for the provision of social protection for older people, it affects the very nature of our communities and concerns not only older people, but all age groups within our societies. Article 22 of the Universal Declaration of Human Rights of 10th December, 1948 stipulates that, every member of a society has a right to social security and that, the state is obliged to ensure minimum standard of material welfare of all its citizens. The other right is the right to live and protection of life by society. Despite the existence of these rights many older people continue to die from sickness and hunger and many older people continue to live in substandard houses while many older people do not meet their basic needs. What is interesting is that, whereas these rights are enshrined in the country constitution, there is inadequate effort to ensure the constitution is fully implemented. The question is who is responsible to ensure that there is full compliance with the universal declaration of human rights and the constitution for that matter in Tanzania? What is the role of civil society organizations, what is the role of different professionals including social workers, where is the role of academicians as agents for change? These and many other questions remain unanswered. In the following section an attempt is made to examine the role of social workers in terms of

creating an enabling environment to believe that, ageing can be approached as a state of life with its own challenges, rewards, opportunities and satisfaction.

The Role Social Workers

The old people's vulnerability, problems and challenges noted above require a major move towards a broader social planning for the aged and a considerable extension of the range of service at the individual, families and community levels. Hence, whereasageing as a process could be approached as a state of life with its own challenges, rewards, opportunities and satisfactions, social workers have a pivotal role to improve the quality of older people'slife through direct services and consultation, counseling, and education. They have a responsibility of supporting older people and their families, helping them to make the best choices about their future and to contribute to the society around them (Barlett, 2006).In a Tanzanian context and perhaps in other African countries developing whereas older people continue to remain vulnerable to increasing poverty, poor health, and discrimination and senseless attach which sometimes involves killings of older women, social work profession remains invisible. Perhaps it is important at this juncture to underscore what constitutes social work.

Without a general agreement on what constitutes social work, it may be difficult to definitively delineate what the roles and functions of social work are or should be. The apparent failure to reach an agreement on what social work is partly contributedby a glaring gap between what social workers are expected to do, what they are capable of doing and what they are doing now in different social settings. The most comprehensiveand widely used definition is the one that states that, social work is a profession which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being (International Association of Schools of Social Work, 2001). According to this definition, principles of human rights and social justice are fundamental to social workand that utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. From this perspective, social work consists of organized and systematic efforts to secure the highest personal and social satisfaction for individuals, groups and communities. Its auspices may be voluntary, governmental or combination of both. Hence social work in its various forms addresses the multiple, complex transactions between people and their environments, and aims at enabling all people to develop their full potential, enrich their lives, and prevent dysfunction[5].

Ageing and Social Work

As the population ages, there is definitely a growing area for social work practice of providing service linkage and support to families in order to ensure adequate care for elders is provided. Specifically, dealing with ageing population requires social workers to engage in ongoing practice with older people in a variety of contexts, from hospitals, aged care assessment and mental health services to rehabilitation services (Moore, 2007). Further

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[5]*Social workers also function as supervisors, administrators, public policy analysts, advocates, researchers, group leaders, and trainers. Some practice settings focus solely on older clients, whereas others, such as health care, serve a mix of younger and older people. In each and every setting, including child welfare, a social worker's understanding of aging is becoming increasingly important.*

requires having a fairly good knowledge existing social and economic policies[6] in order to implement and advocate for the rights and entitlements of vulnerable groups including older people. Last but not least, social workers require high level professional social work skills in this area as well as detailed knowledge of the issues affecting older people's lives. For instance, social workers need to take into account the social and emotional needs of the older people they work with, as well as the practical and administrative aspects of their roles (Moore, ibid). This entails a greater understanding of the diversity of the older population and enabling older people to make the most of their strengths and capacities.

In the case of a medical setting a social worker dealing with an older person is specifically expected to assess psychological, behavioral, and social factors of his or her client by doing the following:

(i) Assessing patient and family psychosocial health needs,
(ii) Providing interventions required to address their psychosocial needs and promote their adaptation to illness/disability, and
(iii) Developing and implementing effective models of health services delivery.

As professionals, social workers experience first-hand the effects of the met and unmet patient needs, which brings with it a responsibility to ensure that practice and policy decisions give full recognition to the impact of psychosocial aspects and services that provide total care to chronically ill older people and their care givers. They assist older people to maintain their independence and self-determination, find income assistance, and arrange for formal support services when family and friends are unable to help.[7]Professionally, conducting comprehensive geriatric assessments is even more important whereby a social worker applies a general social work clinical interviewing skills as well as knowledge of special conditions that may apply to working with specific populations (Urdangarin, 2000; Berkman; 2002). These skills include:i) Establishing rapport with the respondent; ii) explaining the purpose of assessment; iii) using observation and clinical judgment; iv) assessing the client's preferences; v) knowing human behavior and caregiver dynamics; vi) demonstrating cultural competency in addressing and understanding diverse groups of older persons(Geron 2006). The major advantage of making a comprehensive geriatric assessment is that, it providesa positive impact on improving or maintaining cognitive and physical function.

CONCLUSION

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[6]*Some of these include, the existence of the National Ageing Policy (2003); MKUKUTA 1 (Cluster 2) whereby the government pledged to provide access to free medical services to older people by 2015; The Health Sector Strategic Plan III (2009 – 2015); Primary Health Service Development Program (2007 – 2017); National Strategy of Non Communicable Diseases (2009 – 2015) and National Eye Care Programs (2010 -2015)*

[7]*In the medical setting social workers managing chronic illness presents a profound challenge to the social work profession, not only because of the myriad formal and informal services required by the increasing number of chronically ill elders, but also because the caregivers, too, require our support and empowerment. Comprehensive assessment and management programs for the care of older adults in the health care system - that incorporate follow-up care and management have reported favorable effects on cognitive and physical functioning, an increased likelihood of living at home, a decreased likelihood of hospitalization during follow-up, and a reduction in mortality. The primary component of these programs is an interdisciplinary team consisting mainly of physicians, nurses, and social workers, but also can include specialists from fields, such as occupational and physical therapy, nutrition, pharmacy, audiology, and psychology (Wieland &Hirth, 2003).*

In Tanzania (like many other countries in Africa) the proportion of the population of older people is growing. According to Asian Development Bank report (2012). such a growth will be close to that of developed countries by 2030 and 2050. These demographic changeshavea serious implication for physical and mental disability and a number of long term chronic conditions which are likely to increase care needs of older people. Because of that, ageing should not only be seen asa personal concern for an individual and his or her family, but rather it is also a major social problem. Such problem requires a major strategy towards a broader social planning for the aged and a considerable extension of the range of services at the individual, families and community levels. In this paper we have noted problems and challenges facing older people in Tanzania. We have also noted, that majority of older people continue to suffer from lack of adequate income (thus failing to meet their basic needs including accessing nutritious food) and hence making them more vulnerable to ill health, discrimination due to unjustified stereotype of thinking and beliefs and the power of cultural opinions. It also became increasingly clear that, older people remain disadvantaged and marginalized in various ways, hence continuing to live in a precarious condition.

In view of the above, social workers have a vital role to older people and their families, helping them to make the best choices about their future and contribute to development to the communities surrounding them. By their very nature social workers can help to organize and provide care for those coping with disability, those caring for older relatives and all those facing the challenges of old age. Social workers are expected to promote policies aimed at social integration and cohesion as a means for achieving the economic and social wellbeing of all persons, including older people and persons with disabilities, mental health needs and/or learning difficulties. A casual observation in Tanzania reveals that, most of the social workers do not have clearly defined agenda and because of that it is difficult to offer effective assistance to the vulnerable older people if they are somewhat vulnerable themselves. The other crucial question however, ishow prepared are social workers in Tanzania to address the new challenges as they emerge and to what extent social workers in Tanzania are equipped (in terms of capacity i.e. specialized knowledge and skills and its applicationfrom broad, cultural, social, sexual, economic and spiritual diversity) to deal with the vulnerable and marginalized groups in Tanzania?

RECOMMENDATIONS

The study recommended the following:

- Economic empowerments through the provision of social pension will help alleviate their economic difficulties;
- Provide social services in the rural areas which would help to alleviate problems among the older people;
- Advocate and promote the knowledge of gerontology which is still in its infancy stage in Tanzania;
- Further research into the dynamics of ageing, with all its physiological, psychological, sociological, cultural and environmental factors, can lead to changes in popular beliefs and attitudes about aging and in the attitudes of the aged towards themselves.

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