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Determinants Influencing Utilization of Health Care Services in Public Hospitals among Old People Living in Rural Areas: A Case of Kasulu District in Tanzania

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Abstract:
Utilization of health care services continues to be one of the 21st century's global agenda especially among old people living in low- and middle-income countries due to their health vulnerability and accelerated increase number of the aging population. This paper aimed to assess determinants influencing utilization of health care services among old people living in rural areas of Tanzania. The study was conducted in Kasulu rural district covering three wards of Kimobwa, Nyenge and Nyachenda using descriptive cross-sectional study informed by two classical theories of disengagement and functionalist. Simple random and purposeful sampling procedures were used to obtain 323 participants which included 304 old people, six Social Workers, five Medical Doctors and eight Nurses. Collection of data was done by using questionnaire, in-depth interview, focus group discussion and observation. Thematic analysis was used to analysis qualitative data while quantitative data were analyzed descriptively using Statistical Package for the Social Sciences (SPSS) to obtain frequencies, percentages and statistical measures for triangulation purposes. Study findings revealed that social-economic determinants, availability of medicine and diagnostic instruments and distance to health facility has a strong influence on utilization of health care services among the old people in Tanzania. The study strongly recommends that, the government should provide financial support to poverty-stricken families caring for old people, introduce mobile clinic or home based care to old people and raise awareness on health education among old people.

Keywords: *Determinants, utilization, health care services, public hospitals, old people, Tanzania*

1. Introduction

Utilization of health care services continues to be one of the 21st century's global agenda especially among old people living in low- and middle-income countries due to their health vulnerability and accelerated increase number of the aging population. Though in most of the developed nations a big number of old people live in urban and cities; the situation is opposite to developing nations where majority live in rural areas. Global projection indicates that population of old people is expected to increase twofold from 1.4 billion in 2030 to 2.1 billion by 2050 (United Nations, 2017 and 2020; Wan He, e*t al.,* 2015). Though developed countries are said to have high proportional number of old people, it is also noted that African countries are now experiencing the fast growth rate of old people than any other region (United Nations, 2013 and Gasto*et al.,* 2017).This increase in number of old people accompanied by disease transition pattern from communicable to non-communicable diseases presents major challenges on utilization of health care services from both developed and developing countries like Tanzania (Wan He, e*t al.,* 2015 & Dorothy and Estes, 2016). Most of the developed countries such as German, USA, and Canada have initiated several measures like universal health coverage and health financing mechanism in order to increase utilization of health care services among its citizens including old people (Grosse-Tebbe*et al.,* 2005). This has been achieved by committing massive fund to ensure continuum supplies of medical care, diagnostic instruments and specialist doctors.

However, in most of the developing countries like Africa, old people experience low utilization of health care services due to inadequate number medical staff and financial shortfalls to meet high demand of health needs among the old people (Haazen, 2012). Despite the Abuja call that pledged African countries to set 15% of their national annual budget to finance health care services and improve its access and utilization, yet, the goal has been partly achieved and the health sector remains underfunded in most of the African countries (Govender*et al.,* 2008). Among the set-backs towards implementation of the Abuja target among others include lack of priority among the decision makers, lack of good policy framework and big debts borrowed from developed countries that reduce capacity to finance health sector in most of the African countries.

Tanzania is also among the African countries whose number of old people is increasing significantly (URT, 2017) with the majority living in rural areas where there are inadequate infrastructures to deliver the required needs (Gasto*et al.,* 2017). According to the Tanzania National Census of 2012, proportion of old people by percentage was 6.5 of the total population and the number is expected to increase up to 10 percent by 2050 (United Republic of Tanzania, 2007 and 2012). This increase has implication on high demand of health care services to meet multiple health problems resulting from the incidence of aging as they advance to senior ages such as high/ low blood pressure, depression, stroke, urinary truck infection, cataracts, diabetes; dieses that require specialization and on-going medication (United Republic of Tanzania, 2007; Tyagi and Paltasingh, 2017 and Ka Ousseynou et *al.,* 2017). Though empirical evidences indicate that old people are susceptible to illness; on the other hand, they are among the groups that are experiencing low utilization of health care services especially those living in rural areas (Kelvin S, 2016 and Gasto*et al.,* 2017). Further, it is estimated that about 85 percent of the old people living in rural areas have low utilisation to health care services in Tanzania (HAI, 2013)

Tanzania has responded to both international and regional call by initiating several measures to ensure effective utilization of health care services among old people in public hospitals. Such measures included health exemption policy in 1994, Community Health Fund (CHF) in 1998 and formulation of the Tanzania National Ageing Policy in 2003 for the purpose of increasing accessibility and of health care services to the majority of the population including old people. Additionally, the Tanzania National Health Policy, (2017) provides a good policy framework for promoting free access to health care services in public hospitals so as to increase accessibility and among old people. Further, the policy envisions Sustainable Development Goals (SDGs-2030) as one of the global initiatives that targets to promote universal health coverage and well- being for all ages at all times under the theme *'leave no one behind'* including old people (URT, 2017) as a strategy to increase accessibility and of health care services. Though different researchers have shown interest in studying determinants influencing of health care services (Addoa, 2014; Zimmerman and Woolf, 2014; Pastory, 2013 and Wairiuko*et al.,* 2017); yet, there is scanty literatures on determinants of health care services among old people in Africa and Tanzania in particular (Mongula, 2007; URT, 2017 and Terfa *et al.,* 2019).

Against this backdrop, it was imperatively important to conduct this study so as to develop better understand of determinants that influence of health care services among policy makers, health practitioners and old people in Tanzania. Findings obtained in this study will be used to fill the existing empirical literature gap and recommend for improvement of utilization of health care services among old people. In this study predisposing determinants such asindividuals' age, sex, income, education level, distance to health facility; and enabling determinants such as availability of medicine and medical equipment were analyzed to assess how they promote or limit utilization of health care services among old people in in public hospitals.

2. Theoretical Framework

This paper uses perspectives from two classical theories of disengagement and functionalist to assess how socio-economic variables and the way existing government structures interact to promote or constrain the utilization of health care services among old people in Tanzania.

2.1. Disengagement Theory

This paper employs perspectives from one of the classical theories of disengagement that was founded by Cummings and Henry in 1961. The theory suggests that as people grow older, they experience physical decline in energy, low income take less active participation in the community and socially excluded. This condition adds vulnerability alongside their ill health condition. It is also assumed that old people at this stage of life need intensive care and support by the family and community members; however, the family which formerly cared then has now undergone erosion and no longer assume this responsibility due to the influence of modernization and its resultant effects on family size, individuality and young ones to work outside their homes (Mabeyo and Kiwelu, 2019). Therefore, the use of this theory was inevitable due its emphasis in the role played by family and community members on providing material and psycho-social support to old people after their ability to care for themselves declines.

2.2. Functionalist Theory

Durkheim's classical theory of structural functionalist focusses on how different social structures function to maintain social order and stability in meeting health needs. The theory emphases on the role played by different social structures such as the family, community members; and government on the other hand through established guidelines and policies that both should work together to meet health, economic and emotional needs (Boundless, 2013 and Genove, 2014). Arguably, each system is interdepended of each other. However, meeting health needs for old people requires combined efforts of the family, community members and the government as well. While the family has a primary responsibility to ensure emotional and nutritional needs are met, the government on the other hand has a responsibility to create enabling by enacting policies and laws that aims at maximizing their potentials and development. It was based on this theoretical assumption/s that this paper envisaged the use of functionalist theory to gauge the role played by each social structure to ensure utilization of health care services among the old people.

3. Methodology

The paper employed cross-sectional descriptive research design to allow collection both qualitative and quantitative data from a large sample at specific point in time (Creswell, 2014 &Klenke, 2016). On the other hand, mixed method of data collection was preferred in this study so as to capture both qualitative information such as feelings, views,

and opinions (Tashakkori&Teddlie, 2010) that cannot be captured through quantitative measures. This study was conducted in Kasulu district in Kigoma region covering the three wards of Kimobwa, Nyenge and Nyachenda which were selected using simple random sampling procedures. Sample size in this study covered 323 participants which included 304 old people aged 60 years and above, six Social Workers, five Medical Doctors and eight Nurses. Sample size calculation in the quantitative part (old people) was reached using Taro Yamane's formula {i.e., S= n/ [1 + n (e) 2] at 5% margin error (Ahuja, 2001) where S = Sample Size, n = number of participants and e = Margin Error.

In the qualitative part, sample size was attained after reaching the saturation point of 57 participants who were selected purposefully for the virtual of their qualification, working experience and relevance. Collection of data was done by using combination of instruments such as in-depth interview with medical doctors, nurses, old people and social workers; focus group discussion (FGDs) for old people and documentary review. Different instruments of data collection were used in order to capture quality information as suggested by (Yin, 2003) that the use of multiple methods of data collection in the same study reduces flaws that can be encountered in another instrument; thus, providing relevant and quality data obtained from participants in their natural settings. Both qualitative and quantitative data were collected and analyzed separately. Qualitative data were analyzed by using thematic method. Data were sorted, categorized and organized into themes while quantitative data were analyzed using SPSS to obtain frequencies, percentages for statistical generalization.

4. Study Limitations

In thisstudy number of limitations was encountered. The first limitation was related to the use of questionnaire as a method of data collection to old people. Majority of the old people had low vision and illiterate who can't read and write; thus, making the process of filling in the questionnaire more difficult. In order to overcome this limitation as a researcher, the questionnaire was read louder to the participants and then response given was recorded in the questionnaire sheet. The second limitation was the geographical location of Kasulu district. Being one of the remote districts in Tanzania, during the data collection, some wards were remotely located and hard to reach due to poor road infrastructures within the areas. In order in order to address this challenge, motor cycle transport was used in areas which were not served by cars. The third limitation was communication barrier. Majority of old people in Kasulu speak their native language (Kiha) and could not express themselves in Kiswahili. Henceforth, the use of local research assistant who was familiar with the native language was essential in order to get the right interpretations of the responses. Despite these limitations, the entire research process was successfully done without affecting the quality of information.

5. Study Findings

This paper presents findings on determinants influencing utilization of health care services in public hospitals among old people living Kasulu rural. The findings are results of data collected from the field using questionnaire, interview, focus group discussion, documentary review and observation. The main thematic areas covered in this paper included; common health problems frequently affecting old people, predisposing factors such as individuals' age, sex, income, education level, distance to health facility and; availability of medical instruments and medicine.

5.1. Common Health Problems Frequently Affecting Old People

Aging population is challenged by persistence of ill health conditions resulting from dieses transitions from communicable to non-communicable diseases. Findings obtained from old people through the use of questionnaire indicated that old people experience physical decline and prone to illnesses as they grow old. Figure 1 presents the common diseases affecting old women and men (n=304)

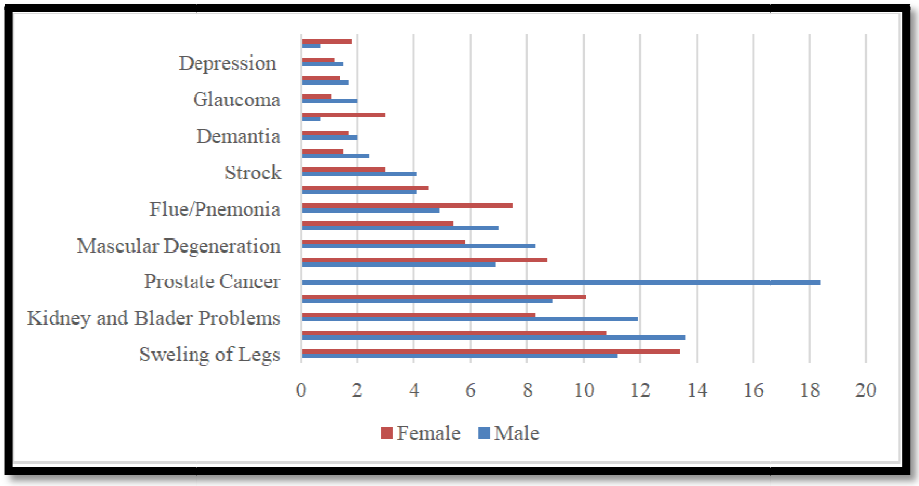

Figure 1: Common Health Problems Affecting Old People
Source: Field Data (September – December, 2018)

Figure 1 above indicates that old people experience multiple illness such as high/ low blood pressure, depression, stroke, urinary truck infection, cataracts, diabetes etc. Further, findings from the study also revealed that diseases

progression increases as old people move towards advanced ages. During data collection, old people were grouped into different strata ranging from 60-70 years, 70-80 years and 80+ years in order to generate deeper understanding of disease transition and health challenges they face at every stage of life. It was observed that each stage of life has its own consequences in terms of illness and condition become more complicated at late ages. This was further confirmed by one of the participants during the focus group discussion who said that;

> *'Old people are like industry that produces many diseases. Our health problems are degenerative and most of our times we are always sick. If you treat one disease another one emerges and we experience more complicated health problems, as we grow more and more. Now how many times will you attend hospital with such condition? Even doctors get tired of us'* (Male participant, 79 years, Kasulu district hospital)

Similar feelings were shared by another participant during the focus group discussion who added that;

> *Old people are faced by numerous dieses as they grow more and more. In this hospital old people who visit this hospital express different diseases. 85% of those diseases are non-communicable that result from ageing. Such dieses include diabetes, low vision, Stroke, Arthritis, Cataracts, prostate cancer Flu/Pneumonia, Dementia and other psychological problems'.* (Female participant, Medical Doctor, 36 years old, Kasulu district hospital).

The aforesaid quotes from the participants relates to findings presented by another study such as Ka Ousseynou*et al.,* (2017) who shared similar sentiments that old people are faced by multiple illness that require long term hospitalization and ongoing medications. The study also revealed that 50% of the old people who were diagnosed had at least two or more diseases. This implies that occurrence of degenerative diseases among the old people has regressive impact on access and utilization of health care services in public hospitals. Majority of the old people due to multiple illnesses could not get all the medical prescribed by medical doctors in public hospitals and as a result they were forced to use out pocket payments in private hospitals in order to access such medicine.

5.2. Predisposing Determinants Influencing Utilization of Health Care Services

Although there are numerous determinants that influence utilization of health care services as pointed out by (United Nations Organization, 2007), this paper used socio- economic variables such as family income, individuals' age, sex and education level to represent predisposing factors that influence utilization of health care services among the old people. Figure 2 summarizes the quantitative findings that were obtained through the use of questionnaire.

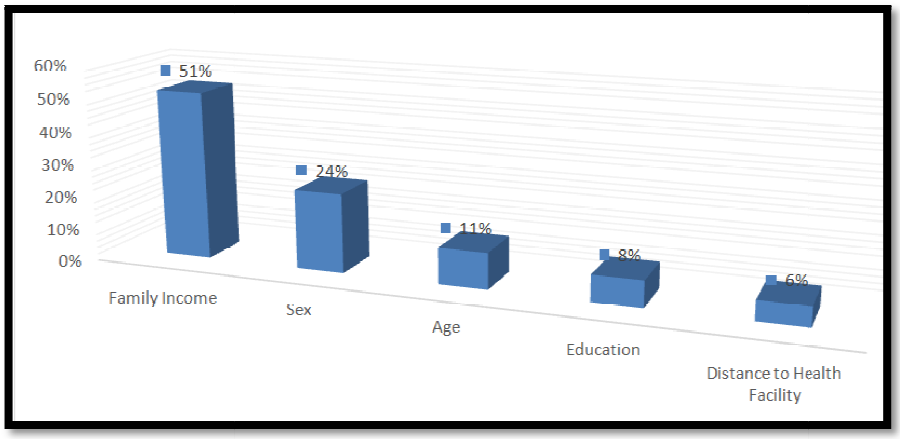

Figure 2: Determinants of Health Care Provision among the Old People
Source: Field Data (September - December 2018)

5.2.1. Family Income

In this paper, family income was reported to be the main determinant that influence utilization of health care services in public hospitals. Findings obtained in this study through the use of questionnaire among old people revealed that about 156 (51% had an income below 10,000/= per month; and 128 (42%) had an income ranging from 10,000/= to 50,000/= per month. Further, it was observed that only a small proportion of old people 20 (0.07%) had an average income ranging from 50 to 100,000/= per month. These findings correspond to those by (Helmet *et al.,* 2009) which also present similar findings that old people living in rural areas are faced by abject poverty which act as a barrier to utilization of health care services from both public and private hospitals. Despite that both, the National Ageing Policy (2003) and the National Health Policy (2017) clearly direct free provision of health care services to all old people under exemption scheme, yet it was observed that a big list of essential medicines and diagnostic services were not covered by exemption. Therefore, old people were forced to use out pocket payments to access such services as illustrated by one of the participants during the focus group discussion that;

> *'Health care services remains to families with adequate income. If you are poor, it is difficult to access medical services even in public hospitals. Though the government states that old people are supposed to be treated free of charge, but in reality, we are still asked to pay for services. Those medicine which are not available within the public health facility are obtained in the private pharmacies throughout-pocket payments'* (Female participant, 70 years old, Nyenge ward, Kasulu rural)

In line with the above, one of the health social workers also added that;

*Majority of old people here in Kasulu are experiencing both economic and health problems. Due to life hardship in villages some have low servings and so in case they are told to buy medicine they can't afford the cost (*Female Participant, Health social worker, 45 years old, Kasulu hospital)

From the above exposition, it is evident that family income is one of the main determinants that influence utilization of health care services among old people. It was also revealed that even if you receive medicine from the hospital, still you need money to purchase other needs like food. Similar findings were observed by other researchers like (Kalage*et al.,* 2012; Murithi, 2013; Wairiuko*et al.*, (2017), Jian *et al.,* (2018) and Mabeyo and Kiwelu, 2019). They all confirmed that family income is a strong predictor of access to services and that, old people from low-income families have low utilization of health care services than those from rich families. While family plays a massive role to ensure provision of nutritional, income, shelter and social support; it was observed that families with stable income were in a good position to provide for the same to old people. In most of the rural population, old people were poorly sheltered and had less access to good nutrition, clean and safe water. This condition is further illustrated by (Wairiuko*et al.,* 2017) who attested that utilization of health care services is determined by number of factors including families' financial abilities to purchase medicine outside the realm of public hospitals.

Besides family income, another factor that was revealed to affect utilization of health care services among old people was lack of family support. Based on their health conditions, old people are fragile to the extent that they need support from family members to escort them to when they want to go to hospitals or health centers. During the in-depth interview, participants revealed that even those who had income sometimes failed to go to hospital due to lack of escort by one of the family members. This argument was amplified by one of the hospital nurses who said that;

'Old people need support from family members to escort them when they come to seek for medical services. Because of our poor transport system, walking alone to and from hospital poses another risk' (female nurse 38 years, Kasulu district hospital)

Echoing in a similar tune, another participant reported that;

Family remains the most important unit in ensuring that old people have access to health care services. As the government tries to equip medicine within health facilities, families play a vital role to ensure that old people have access to nutritional, social support and accorded with escort whenever they want to come to hospital (female medical doctor 46 years, Kasulu district hospital)

Though modernization and its associated effects such as urbanization, reduction in family size from extended to nuclear, rural-urban migration in tandem with social and economic development has affected the composition of the family structure; the role of the family in taking care of old people is still of necessity. It can be said that, in African context where institutional care is still limited, families assume care and protection for most vulnerable including old people as asserted by (Mabeyo and Kiwelu, 2019). Furthermore, it can be highlighted that meeting diverse needs for old people requires combined efforts of the family, community and the government on the other hand to ensure both material and social needs met as suggested by functionalist theory.

5.2.2. Individuals' Sex

Traditionally, especially in most of the African societies, sex is always conflated with gender. While sex denotes biological traits that define individual as a male or female; on the other hand, the discourse of gender involves social constructs that are defined in terms of social roles and responsibilities of a particular society (Benoit and shumka, 2009). Therefore, in this paper, the researcher was interested to assess on how sex and gender interact to shape health outcomes of men and women. During the data collection, it was observed that men have more access to health care services than women. Among the gender issues that were considered to affect access to and provision of health care services was based on unequal ownership of resource, nature of work and power relations in the family. Additionally, the patriarchy system favors men to have access and control of family's resources compared to women in the community. So, when an old woman becomes sick it is difficult to afford cost associated with health care than men. To describe this one participant had the following to say;

'Men are the controller of family resources and they are the ones to make decision whether you go to hospital or not…… In most cases we depend on men to take us in hospital when we become sick' (Female participant, 79 years old, Nyachenda ward, Kasulu rural)

On the other hand, findings from the in-depth interview with one of the social workers argued that women in health setting tend to be marginalized and ignored due to gender issue that are shaped by community traditions and cultural norms. In an in-depth with one of the social workers pointed out that;

'Sex is very complex that shapes our actions and experiences. In health settings, men and women are treated differently. The aspect of gender may favor or denies a woman or a man when accessing health care services' (Male participant 42, District Health social worker-Kasulu rural)

As pointed out, it was observed that women had low attendance as compared to men in the public hospitals. This was influenced by gender norms which are rooted in patriarchy system that empower men to have power in decision making as well as access to and control over family and community resources. This finding is in line with prior studies conducted in the same area such as HAI, (2001); Pastory, (2013) and Wairiuko*et al*., (2017) which recognize that sexual differences exist in access to health care services. Similarly, Pastory (2013) argues that, old women are experiencing more age discrimination in the health setting compared to old men, this condition has regressive impact among old women's accessibility and utilization to health care services.

Patriarchy system was also seen to affect utilization of health care services in many ways depending on one's sex. For instance, both HAI, (2001) and Wairiuko*et al.,* (2017) emphasize that, women are denied to own resource that enable them to have ability to utilize health care services in both private and public hospitals. Hence sex inequalities among old men and old women exist due to perceived gender norms as perpetuated by patriarchy system. Such norms not only deny them direct access to services but also deny them opportunities to inherit and possess family asserts. Thus, in terms of who decides when to access health care services, men have power and control over women in terms of where, when and how to access services from public or private hospitals.

5.2.3. Individuals' Age

Though chronological age was presented in this part to identify appropriate age of participants; the major focus was on the functional capabilities of old people in terms of physical and social aspects. It was noted that old people are not homogeneous, they differ in terms age, income, social status; and each age category has its own dynamics in terms of health conditions and abilities to utilize health care services available within the health facility. In order to understand these dynamics, old people were classified in different age strata (60-70 years, 70-80 years and 80 plus years) and each age group had its own health consequences. Further, drawing tenets from disengagement theory, it is assumed that as an old person at a frail age, he/she loses strength, loses income and social ties. It is from this postulation that old people need care and support from family members and community. This argument was further supported by one of the participants who said that;

> *'… our body strength declines as we advance to senior ages. most of us are faced victims of different diseases and when it comes to access health care services it is difficult to reach to such services due to our limited mobility and low income'* (Female participant, 68 years old, Kimobwa ward, Kasulu rural).

Henceforth, the study concluded that individuals' age is a central determinant to utilization of health care service. Evidence from participants showed that aging is associated with decline in income, loss of social ties, discrimination, physical deterioration that limit access to such services. Despite limited ability to afford such medical care, yet at late age, majority of the old people experience more vulnerability that make them fail to access health care services. These findings are in line with HAI, (2001) and Ka Ousseynou*et al.,* (2017) which among other factors reported that individual's negatively affects utilization of health care services among old people. Drawing perspectives from disengagement theory, it can be argued that as people advance to late ages, they need social and economic support from the younger generation. However, economic transformation like industrialization, urbanization, rural-urban and international migration taking place under the influence of modernization has reduced functional capacity of the family and community to take care of old people.

5.2.4. Education Level

Education level has two significant contributions to utilization of health care services among old people. While education increases individuals' knowledge on different Prophylactic health campaign and programs that contribute to better health; on the other hand, it is also related to individuals' income at old age. Findings from the field revealed that majority of old people 130 (43%) had informal education. It was further revealed that those who attended class 1-4 were 75 (24 %); 4-8 were 38 (13%) of the participants respectively. Those who had reached class 8-12 constituted 35 (12%) of the participants while those with college education constituted a small portion 26 (9%) of the participants. During the in-depth interview with participants, it was revealed that, there was a link between the level of education and health status as well as utilization to health care services for old people. Those who had received formal had the knowledge on how to take care of themselves and prevent themselves from life styles that could endanger their health at old stages of their life. It was further observed that, old people who had higher level of education were less affected by chronic disease and they had deep understood life style that contributes to persistence of old age-related diseases. This was amplified by one of the participants during the focus group discussion who revealed that;

> '*Education is one of the key factors for healthy ageing. If you are educated, you can know how to prevent yourself from different diseases that occur at old age. This includes creating good eating habit, doing exercise regularly and having time to rest'* (Male participant, 67 years old, Nyachenda ward, Kasulu rural).

Another participant shared similar feelings by saying that;

> *The type of job we do does not guarantee us security when we are no longer active to do jobs. But those with education in most cases are employed in formal sector that continue to provide safety-net to them by providing pension and health insurance. So, such families do not face financial challenges when they are sick. Thy can even opt to seek treatment in private hospitals where services are a bit improved.*(Male participant, 69 years old, Nyachenda Ward, Kasulu rural).

As alluded to the above quotes, it can be argued that, there is relationship between education level and health status of an individual including old people. It was revealed that majority of old people who had informal education, in most cases had poor utilization of services because of inability to understand health information and instructions from health care service providers. Additionally, the nature of work done by old people with informal education in their life leaves them with little servings that contribute to low utilization of services when they are no longer active to work for money. Further, empirical evidences fromRana*et al.,* (2010); Zimmerman and Woolf, (2014) report similar findings that there is a relationship between education and health outcome. The study further revealed that, old people with higher levels of education are less likely to engage in risk behaviors that affect their health in late stages of their life development. Such risk behaviors include smoking, drinking alcohol and overweight.

6. Distance to Health Facilities

The effect of distance compounded by unreliable transport impacts severely utilization of health care services among old people living in rural and hard to reach areas (Kahabuka*et al.,* 2011 and Hanson *et al.,* 2017). Old people living in rural areas tend to travel longer distance to reach to health facility than those living in urban areas where there is improved transport system. Further, long distance to health facility is always associated with high transport cost which majority of the rural old population cannot afford. Besides prior studies, evidence from the field further inform similar findings that, distance to health facilities have negative utilization on health facilities among old people in Tanzania. For instance, one participant during the in-depth interview revealed that;

> *'It is always difficult for me to go to hospital with my condition because of a long distance. If I want to go to hospital, I have to hire a car to take me to health center…. In case I do not have money for hiring a car I remain at home'*(Male participant, 78 years old, Nyenge Ward, Kasulu rural)

This means that as the distance a patient must travel to reach to health facility increases, it significantly decreases patients' frequency to attend the hospital. It can be argued therefore that, old people living in urban areas have high utilization of health care services because improved transport and proximity to health facilities. In recognition of this fact, the government of Tanzania has taken rigorous efforts to ensure that majority of the rural citizens (66.4%) are living within 5 kilometers of a health facility (World Health Organization, 2017); However, it was observed that not all the health facilities provided basic services especially to old people. As a result, health care service providers are forced to refer old people to district hospital which is always far away. This was further informed by another participant during the in-depth interview who pointed out that;

> *'Old people living in rural areas are geographically disadvantaged. To reach to our district hospital is about 15 kilometers. At this distance, it is difficult to reach to hospital. This implies that majority of us fail to go to hospital because of long distance, poor transport infrastructure and shortage of money'* (Male participant, 78 years old, Nyenge Ward, Kasulu rural)

It can also be argued that, the effects of distance not only increase cost of health care expenditure but also delays access to health care services. This was observed to some of the old people in rural areas who had severe illness but failed to attend hospital on time due to long distance accompanied by poorly developed transport infrastructure. Others alternatively opted to use tradition medicine and self-treatment instead of visiting health centers as alternative modern treatment. These findings are in line with others studies such as (URT, 2005 and URT, 2012) which revealed that about 60 percent of the population especially those living in rural areas use traditional medicine and other alternative care system for their day-to-day treatment. Nevertheless, it was also noted that those living in remote areas and had low income rarely visited hospitals more frequently because of a distance and lack of transport fare. Basing on their physical and health conditions accompanied with limited mobilities, it is strongly underscored that old people need a well-established transport infrastructure to facilitate smooth movement from their home to health facility without any difficulties.

7. Availability of Medical Instruments and Medicine in Public Hospitals

Availability of medical instruments as well as medicine is considered to be one of the fundamental factor/s influencing utilization of health care services among the old people. Despite that the government has put rigorous efforts to ensure that medical instruments and medicine are available in all public hospitals; evidence from the field indicate that, the lack of essential medicine and modern medical instruments are said to affect utilization of health care services among old people. During the in-depth interview, one participant had the following to say;

> *'The government supply of medicine in our health center is not good. Medicine are not available especially those targeting to heal problems facing old people …Though medical doctors are there but the problem of medicine and diagnostic instrument is still a big challenge'* (Female participant, 80 years old, Nyenge Ward, Kasulu rural)

It can also be argued that, public hospitals located in rural areas lack modern diagnostic instruments such as such as X-RAY, Computed Tomography-Scan (CT-SCAN), Magnetic Resonance Imaging (MRI) and other medical instruments. This was supported by one of the participants during the in-depth interview who also reported that;

> *Health care services in rural areas is still a challenge. Apart from lack of essential medicine, majority of our health centers are also lacking modern diagnostic instruments. It is only in the district hospital and referral hospitals you can find such instruments like CT-SCAN and X-RAY (Female health social worker 45 Kasulu district hospital)*

The aforesaid findings are in line with prior studies conducted in the same area like Kwesigabo*et al.,* (2012); Mackintosh *et al., (*2010) and KaOusseynou*et al.,* (2017) public hospitals are not adequately equipped with medicine and medical instruments to treat health problems experienced by old people.Therefore, it can be concluded utilisation of health care services in public hospitals is determined by combination of various factors that interact together to produce the desired end. Apart from the role played by social economic variables such as education level, income, gender, education level; on the other part, the government should create enabling environment that promote access to and good utilisation of health care services in public hospitals. The government should ensure that by equipping public hospitals with modern Equipments, essential medicine, employing adequate number of medical officials especially in rural areas and creating health policies that address needs of old people from the grassroot level of the family.

8. Conclusion

The aim of this paper was to assess factors influencing utilization of health care services among old people living in rural areas. Basing on the findings derived from this study, it can be concluded that; old people living in rural areas continue to experience low utilization of health care services. Among the factors limiting utilization of health care services

include socio-economic dimensions such as gender, age and individual or family income, inadequate medicine and medical instruments. There is a need to for the government and other stake holders to promote accessibility and utilization of health care services among the old people so as to improve their health condition.

9. Recommendations

Utilization of health care services among the old people is an important aspect in ensuring quality provision of health care services provision and wider health coverage to all old people in Tanzania. In order to achieve this important milestone and increase utilization of health care services among the old people; this paper provides the following recommendations. The government through its parent*Ministry of Health,* Community Development, Gender, Elderly and Children (MoHCDEC) should identify poverty-stricken families that take care of old people and provide them with financial support so as to increase ability to access both nutrition and health care services. On the other hand, the government should introduce mobile clinics especially in rural areas where health centers are located far away from their homes and the termed as hard to reach areas. Further, since social workers have both protective and educative role to the society, they should take a lead to address social cultural issues that limit access to family resources especially women in rural areas. This will help to empower old women who are seen to have low utilization of health care services compared to old men.

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