BASIC SOCIAL SERVICES PROVIDED TO AGED PEOPLE: THE ROLE OF NATIONAL AGING SOCIAL POLICY IN MBEYA CITY

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Abstract : ***This study assessed implementation of National Aging Policy (NAP) in Mbeya City. Specifically, the study identified basic social services provided to aged people and the extent to which basic services have been provided to aged people. A non experimental research design was employed in which stratified simple random and purposive sampling were used to a sample size of 80 respondents. Structured questionnaires comprising of closed and open ended questions were employed in data collection. Descriptive approach also used for data analysis by using Statistical Package for Social Science (SPSS) version 11.5. Key findings indicated that 87.5% of the respondents observed health services to be more crucial and 72.22% of the respondents denied availability policies and. It was concluded that identification of basic services and understanding the extent to which these services have been provided to aged people has provide an insight through which effective implementation of social aging policies can be built on. It is therefore recommended that the government should take the lead in collaboration with the private partners to institute awareness and sensitization campaigns on NAP. Extra attention should be geared towards delivery, translation and explaining NAP to aged people.***

I. INTRODUCTION

Most people are not comfortable to hear that they are ageing or growing old. This is simply because it tends to suggest advance in age, decline of organ function, and loss of flexibility, hearing and vision decline, lessen of muscular strength, flexibility of the skin and blood vessels, appearance of wrinkles on the skin etc. But it is a known fact that the process of maturation and ageing in living organisms (human beings) are inevitable because life cycle continues and is not reversible until death comes. Ageing, should be conceived as a natural stage of development which comes when it should come (Onyenemezu and Olumati, 2013).

Generally, in developing countries and Tanzania in particular, Aging is not defined as in developed countries. In Tanzania an individual is recognized as an older person based on age, responsibilities and his or her status, for example, a leader at work place or in a clan. Older people in Tanzania were either salaried or self employed, or those living in rural areas whose advanced age limits them from active work. Provision of social services to elderly is essential for current well being of those who are old and a sense of security for younger generations who are the future old. Social and economic disintegration process tends to exclude some older people from social participation and expose them to high vulnerable living conditions (Rwegoshora and Zena., 2003). According to Forrester (1999), there is a diminishing importance of the traditional role of the elderly within their communities. To overcome these the Government gave way to National Aging Policy (NAP) 2003, with a main objective to ensure that older people are recognized, provided with basic services and accorded the opportunity to fully participate in daily life of the community.

Despite NAP being in place since 2003, (ILO, 2008 and URT, 2010) old age poses significant challenges which are amplified in the Tanzanian context. Older people are less able to earn adequate income, are more susceptible to chronic illness and more likely to experience social exclusion, rights abuse and discrimination (URT, 2010). In the past, security in old age was provided through a range of social protection mechanisms based on the extended family and community structures. However, in Tanzania's situation of generalised insecurity, widespread poverty and rapid social and economic change, these traditional mechanisms are increasingly unable to cope. As a result, older people are frequently forced to continue working well into old age: indeed 73 per cent of older people remain economically active with most engaged in small-scale agriculture (ILO, 2008). As older people are less able to generate adequate income, poverty and destitution is increasing. Moreover, old age poverty tends to have devastating impacts on older people's families – particularly children. According to ILO (2008) poverty rates amongst households containing an older person are 22.4 per cent higher than the national poverty rate.

NAP - 2003 aims to ensure older people are recognized, provided with basic services and fully participate in daily life of the community (URT, 2003a). But inadequate provision of social services to aged persist, therefore there is a need to assess implementation of NAP in Tanzania. This is mostly in the current era, whereby Tanzania is passing through technological, social, cultural and demographic transition. In order to develop a base to assess implementation of NAP there is a need to spot critical social services perceived and those actually implemented in the course of Tanzania's NAP 2003. Eventually, this might assist in cooperating with stakeholders to prioritise social services to be attended for socio economic development of the aged group, basing on limited resources. In addition, this will provide a chance to reveal the present situation of the aged, with a view to identifying and responding to their needs.

Generally it is important to examine perceived and actual crucial services provided to aged people. In due course, the intent and purpose of proposed study, crucial social services which will be identified to be provided under community care vis-à-vis institutional care will be given equal weight with regard to implementation of the Aging policy as long as they are imposed under its strategies. This will provide a clue to the extent to which NAP has been deemed to fit into its objectives on provision of social services to the aged group.

It is assumed that expenditure on the needs of aged population are not different from those of prime aged males, the poverty rate for elderly who live alone would increase by 3% points (from 19.7% to 22.7%) and by 8.4% (14.7% - 22.%) for those who live in two person families .In this case the government is likely to face escalating pressure to design and implement effective social protection measures to minimize poverty and deprivation among the elderly. It is for this matter that the current study assessed provision of basic services to aged people.

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II. RESEARCH METHODOLOGY

Area of Study

The study was conducted in Mbeya region specifically in Mbeya city. Mbeya City is located between Latitudes 8050' and 8057' South of the equator and between longitudes 33030' and 35035' East of Greenwich Meridian. It has a total land area of 214 sq km. Mbeya city boarders Mbeya District i.e. the city is encircled by Mbeya district.

Selection of the study area

The city comprises of 36 Wards out of which five (5) wards were randomly sampled for social survey. Mbeya City was purposefully selected so as to provide a case study because:

(i) According to URT (2014) Tanzania has a population of 2,449,252 people (60^+ years) out of which the southern highlands that comprises of Mbeya, Songwe, Iringa, Ruvuma, Katavi, Rukwa and Njombe Regions has a population of 405,411 aged 60^+. Mbeya Region has a population of 261,896 people aged 60 years and above. This is 10.69% of the national population and 64.6% of the population of aged people in the southern highlands.

(ii) The population of aged people at OPD has increased from 1,417 people in 2014 up to 2,353 people in 2015 (URT, 2016).

(iii) In Mbeya city there are 12,361 aged people registered for exemption treatment by the year 2016 (URT, 2016).

Research design

A non experimental research design was used whereby the predictor variable was neither manipulated nor altered, but instead, relied on interpretation, observation or interaction to come to a conclusion. This design was used in the current study because this research was testing whether NAP affects provision of basic services to aged people. In this case NAP is the predictor variable and cannot be altered.

Sampling procedures

A multistage sampling procedure was used to select the sampling units. This was preferred because it facilitates sampling from a large population whose members are not known and selection of respondents is made easy. Simple random sampling technique was used to select the sampling units in order to avoid bias. This allows every member of the population to have an equal chance of being selected.

The current study applied Stratified sampling technique so as to obtain a representative sample. The population was stratified into a number of none overlapping subpopulations or strata namely old people attending OPD at MRRH, employed officers in the public and private sector and household caregivers. Sample items were selected from each stratum.

Stratified simple random sampling techniques was used whereby samples from OPD and households were selected by requesting individual to write the names of old people and picking names of the old people randomly in the form of a game of chance. This procedure gave each item an equal probability of being selected.

Sampling unit and sample size

The sampling unit for the study was taken from a population of people involved in implementing NAP. These were randomly selected from a group of aged people under social service programmes provided by the Government and some additional groups outside the programmes who in one way or another are involved with care giving or provision of social services to aged people. Individuals within the foresaid groups were selected randomly from a list of individuals within the identified categories.

Where there is a large population but we do not know the variability in the proportion that will adopt the practice; therefore, assume the estimated proportion of an attribute that is present in the population p=0.5 (maximum variability). Furthermore, z2 is the abscissa of the normal curve that cuts off an area α at the tails (1 - α equals the desired confidence level, e.g., 95%), e is the desired level of precision i.e. ±10% precision. The resulting sample size is (Israel, 1992):

$$n = \frac{pqz^2}{e^2} = \frac{1.96^2 x(0.5)x(0.5)}{(0.1)^2} = 96$$

According to actual sample sizes average 50% of the minimum needed to draw the conclusions the studies but for choosing sample size that are too small the minimum suggested sample size is 30 cases. This is because of the need to draw a valid representative from the small population that can give valuable statistical result. In due course and the precision requirements of this study it is suggested to use a sample size of 80 respondents. Since the sampling units were stratified into three strata namely Out Patient Department (OPD) aged people who are registered for social services and House hold aged people who are not registered for social services and Public/Private sector care givers including officers providing social services the proportion of each category is estimated as follows; The sizes of the samples from the different strata are kept proportional to the sizes of the strata. That is if P1 represents the proportion of population included in stratum i, and n represents the total sample size, the number of elements selected from stratum i is n.Pi (Kothari, 2004).

$$n = \frac{Ni}{N}$$

For the suggested sample size of n = 80 to be drawn from a population size of N = 2500 which is divided into four strata of size N_1 = 1200, N_2 = 1000, N_3 = 300. Therefore the samples will be; OPD aged people (39), House hold aged people (32) and Public/Private Care givers (9).

Data collection methods

Primary data

(i) Household data Collection

Structured questionnaire with open and closed ended questions were used in data collection. This tool was used to collect socio-economic, technical, institutional and demographic factors which influence implementation of NAP in Mbeya City. This was preceded by pilot study intended to pre-test the questionnaire for its consistency, clarity and estimate time required to administer each questionnaire. A team consisting of principal researcher and two trained research assistants administered the questionnaires. The same team was involved in conducting focus

group discussions (FGDs). After every data collection, the team went through filled questionnaires to check for consistency, clarity and immediately cleared doubts that were observed.

(ii) Focus Group Discussion

Focus group discussion is a rapid assessment, semi-structured data gathering method in which a purposively selected set of participants gather to discuss issues and concerns based on a list of key themes drawn up by the researcher/facilitator (Kumar, 1987). Focus group discussion was done to get information on awareness of NAP and social services provided to aged group in order to complement and verify information obtained from the field. The information was collected from two groups each consisting seven discussants. The first group comprised women while the second involved men. The two groups involved 12 discussants each. With the help of a check list, the discussions were guided by the principal investigator together with the research assistant in order to capture the information expected to be obtained. The information was jotted down by the recorder then summarized.

(iii) Key informant approach

Key informants are those whose social positions in a research setting give them specialist knowledge about other people, processes or happenings that is more extensive, detailed or privileged than ordinary people, and who are therefore particularly valuable sources of information to a researcher, not least in the early stages of a project (Payne and Payne, 2011). Other information was collected from six key informants through discussion guided by check list (Appendix 3). The information was collected from 4 Government officials of Mbeya Regional Referral Hospital, 3 Officials from social security offices (PSPF and NSSF) and 2 household care givers. This was done in order to complement and get clarification of some information gathered in field.

Secondary data

Secondary data are those information which have already been collected by someone else and which have already been passed through the statistical process (Kothari, 2004). Secondary data was obtained from Public and Private Institutions including NSSF, PSPF, Mbeya Regional Referral Hospital, Mbeya Regional Secretariat, Mbeya City and Tanganyika Library. Online databases in particular Google scholar and documents on various office registers were visited as shown in the bibliography and was continually visited. An attempt was also made to revisit, unpublished literature and reports in Mbeya City council, Projects, NGOs offices and Universities (OUT, Mzumbe, Tumaini, SAUTI, MIST and Teofilo Kisanji) in Mbeya City, which were relevant to the subject matter and the study area.

Data Analysis

Data analysis involves a number of closely operations as to summarize the data collection and organize in answering questions (Kothari 2004). The technique was used for presenting the data to narrate the findings in the theme. Socio economic data from field survey was coded and analysed using the Statistical Package for Social Sciences (SPSS 11.5) computer software and Microsoft excel programme. Descriptive statistics such as frequencies, percentages and means were used to interpret data. Focus group discussions (FGDs) and key informants' data was summarized and used to verify data collected from individuals.

In addition Graphs and tables were used to present the results. SPSS was used to compare the means of the intended variables of the two communities; Aged with and without social service registration. This was necessary because most variables are alphabetic and the test procedure required the variables be numeric (Trochim, 2006). Each of which has are aged and have a unique relationship with each other: the individuals are living in the same ecological environment (Mbeya). In a small sampling unit implementation of policy is assumed to be highly correlated with organization of institutions to provided social services. Positive relation is hypothesized for presence of effective Policy for both communities with and without exemption for free social services. Positive relationship was also hypothesized between communities with and without registration for social services on differences in perceptions towards strategies stipulated in NAP. Institutions and communities with higher positive responses on implementation of NAP were considered to be more innovative than those with lower perceptions. Thus innovative individuals may be more aware of the need to improve implementation of NAP and therefore higher affinity to government policies. Significantly different relations were expected between communities with and without registration for free aged services.

Ethics consideration

Ethics consideration was a serious part in data collection as many people feared spread information given. The respondents were assured on confidentiality of whatever information they gave. They were told that confidentiality of information would be kept and their names did not appear to the questionnaire. There were introduction letters to support the researcher since the work was official. Researcher use ethics in order to have boundaries in performing the research, the value and principles helped to guide doing the right things to respondents.

IV. RESULTS AND DISCUSSION

Demographic Distribution of Respondents

The demographic variables used in this study include age, sex, education and individual's occupation.

Distribution of Respondents by Age

Key respondents age is 60 and above, and the population of female respondents is 40.5% and that of male is 59.5% (Table 1). These results explain that more male participated compared to female by 19%. This is possibly so because when women become aged they are more occupied by domestic works. Moreover they may be less active due to being overworked during their youth hood. This is supported by URT (2003b) that majority of people become old with poor health due to poor life styles and poor nutrition during their childhood; women are affected by heavy work load and frequent pregnancies.

Table 1: Distribution of respondents by age and problems associated with age

Response	Frequency	Percent
Health problems	32	88.89
Lack of capital	4	11.11
TOTAL	36	100.00

Source: Field Data (2016).

Figure 1 presents information that a large portion of the respondents (40.6%), taking care of aged people, are 40 – 49 yrs old. On the contrary the results show that the lowest number of respondents (6.3%) who take care of old people is 25 – 29 years old.

In Tanzania the optimum age for youth to be off school and back to household or family life is at about 25 years of age. However, at the age of 40 – 49 there are high chances that the individuals are confronted with family and extended family responsibilities including care giving to family members because at this age they have donated a greater part of their youth labour for development. These results suggest that the magnitude of care giving at house hold increases as one approaches old age (40 – 49yrs).

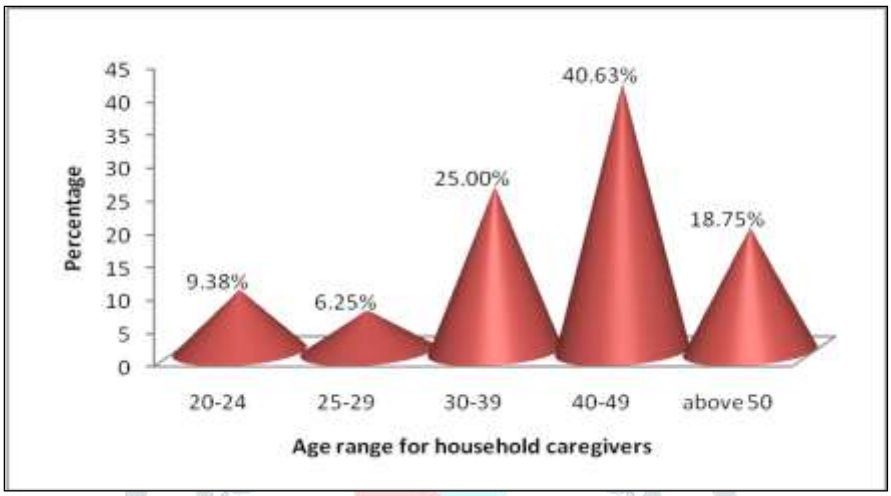

Figure 1: Distribution of caregivers by age

Distribution of Respondents by Sex

Results in Figure 2 show that interviewed male respondents are 59.46%. This suggests that the number of old aged male interviewed is more than that of female by 18.92%. It is plausible that the number of males is higher due to aged males continuing to be more active in economic activities than female. This is supported by URT (2003c) that economic activity at later age is significantly higher for males (78%) than for females (52%). Basing on these results this might have provided higher chances of having more male respondents at OPD who were interviewed compared to female respondents.

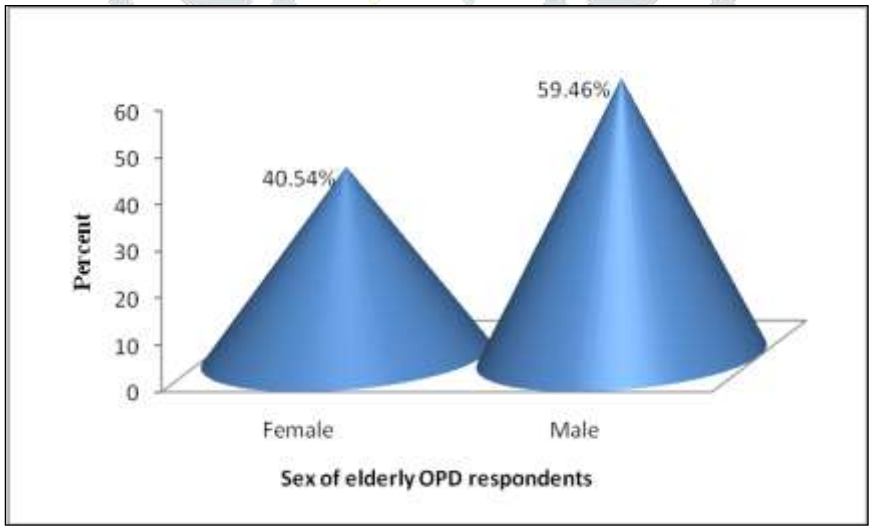

Figure 2: Distribution of aged respondents at OPD by sex

When looking at caregiver respondents at the households, results in Figure 3 show that female respondents are more than male respondents. This is the inverse of OPD responses as explained above. The results show number of female respondents is 68.75% and that of male respondents is 31.25%. The number of female respondents is 37.5% more than the number of male respondents.

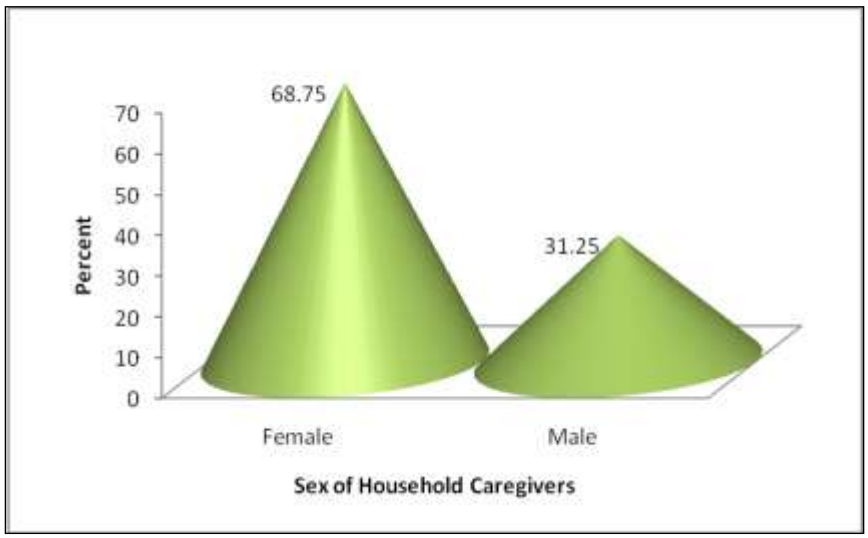

Figure 3: Distribution of household caregivers by sex

These results suggest that the chances of female who remain at home is higher than that of male, hence this may be the cause for female taking care of the very old, at home, compared to males.

Distribution of respondents by education

Results in Figure 4 show most of the respondents (48.65%) attained up to primary school and only 10.8% are graduates. This might have been caused by the fact that individuals at the age of 60 today (aged) are those who completed primary school when chances of going to secondary school were limited that is not later than 1969. By then private schools were either not in place or limited, moreover until the year 2002 primary school education was not compulsory. According to URT (2015) in 2002 the government of the United Republic of Tanzania made primary education compulsory and free resulting in increased access and participation at this level.

Furthermore, primary, education is the second level of education in Tanzania, following pre-primary education. The official entrance age for primary school children is 7 years with similar duration. Therefore, there are chances that before 2002 the number of people, who studied up to primary education, is high. These results explain the level of education, which aged people attended as at the age of 60 years today, if these aged people officially entered primary school at the age of 7 therefore they completed primary school at the age of 14 years.

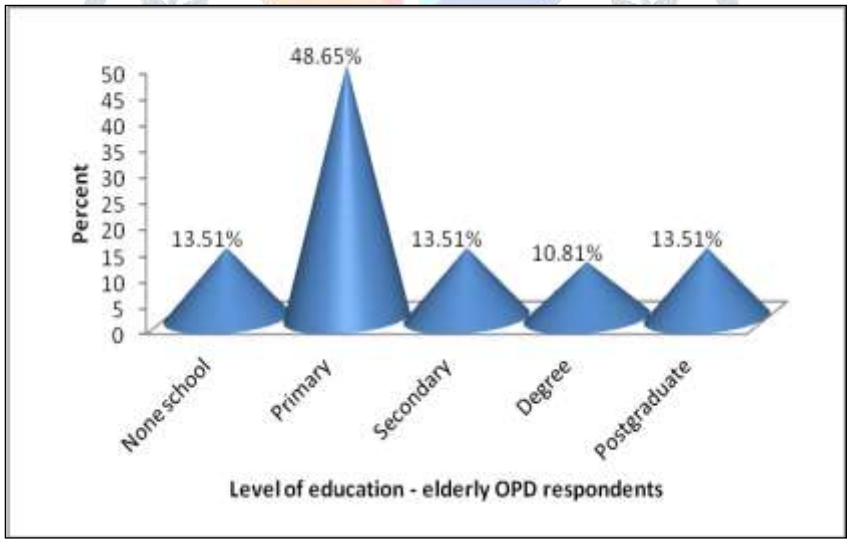

Figure 4: Distribution of aged respondents at OPD by education level

Figure 5 shows the results of distribution of education status of respondents from households who are responsible for care giving to old people. The results denote a larger portion of the interviewed individuals, which is 31.2%, have attained up to primary school and 3.1% of respondents, at household level had not gone to school. The results in Figure 5 as well portray that the number of respondents whose highest education level is certificate and degree course is similar (12.5%). This might be so because there are chances that some household respondents are employed as house boys or house girls, these play an important role in nursing the aged in urban homes. During field surveys it was envisaged that a growing number of children are pushed into the domestic service from poor urban household, many of which are headed by women with low education, limited skills, and decreasing opportunities for economic advancement .

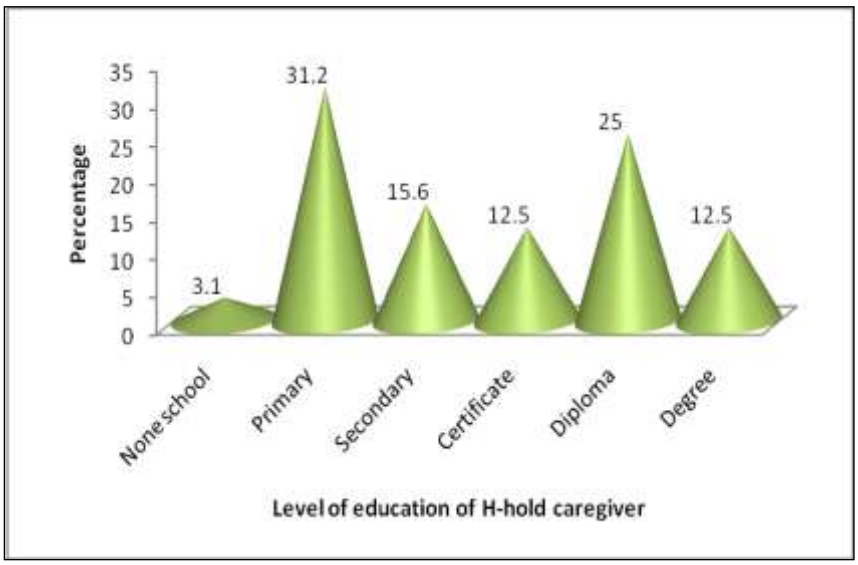

Figure 5: Distribution of household care givers by education level

Figure 6 gives the relationship of sex with the respondent's highest education level. The results show that more men have studied from primary education to postgraduate course. Moreover, the number of men and women who did not go to school is similar (3.11%).

When the results for men and women are compared, they show that 10.81% more men have completed up to primary education than female respondents, followed by postgraduate degree courses in which there are 5.4% more male than female. These results suggest that the population of male in school increases with increased level of education.

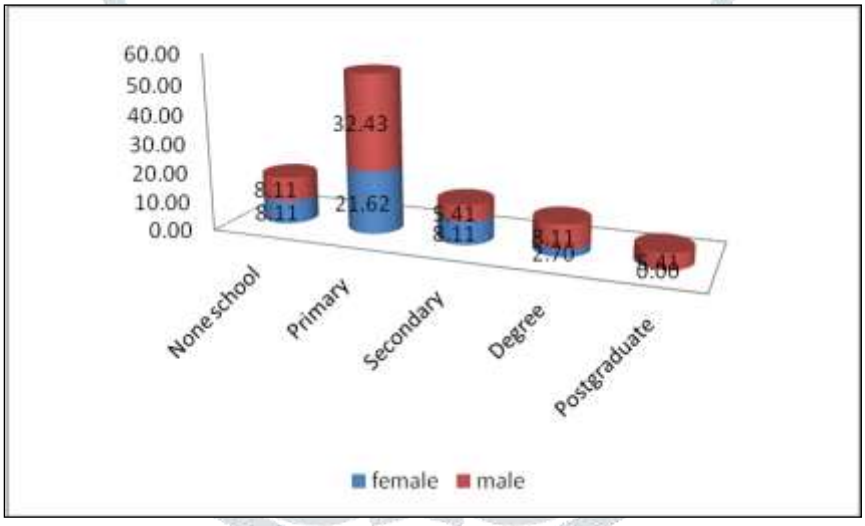

Figure 6: Relationship between sex and highest education level of aged

Since, people who spend more years in school may stay less at home there are high chances that this might have contributed to the large number of female who were available at the households during the household social survey data collection work because fewer women went to school compared to men.

Distribution of respondents by occupation

Results in Figure 7 show that 86% of the old aged respondents at OPD are engaged in Agriculture and Livestock keeping while only 14% are engaged in business. From the interviews, it was stated that agriculture, livestock production and business are generally small scale subsistence activities, done at the homestead or home backyard. This might imply that most of the aged respondents continue to participate in works done at home. This phenomenon is in line with the URT (2003a) which argued that there is a need for the government, its institutions and voluntary agencies to create an environment that recognizes older people and give them an opportunity to participate fully in daily life of the society.

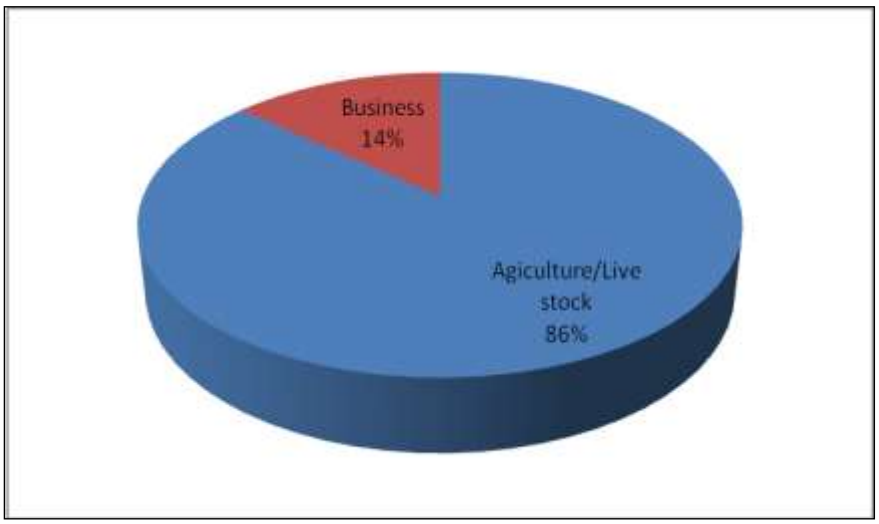

Figure 7: Distribution of elderly at OPD by occupation

Apart from information gathered from aged OPD patients, Figure 8 illustrates similar information obtained from caregivers at interviewed households. From the results most respondents who took care of elderly at household level are engaged in agriculture and livestock, business and other activities. The results show that 47% of caregivers are involved in other occupations. It is possible that this population comprises people who migrated into the city to work as housekeepers, hence lack space/land to practice agriculture and or livestock development activities. In Tanzania there is an increased movement of young people from rural to urban centers, this has left the majority of older people lonely and unprotected (URT, 2003a).

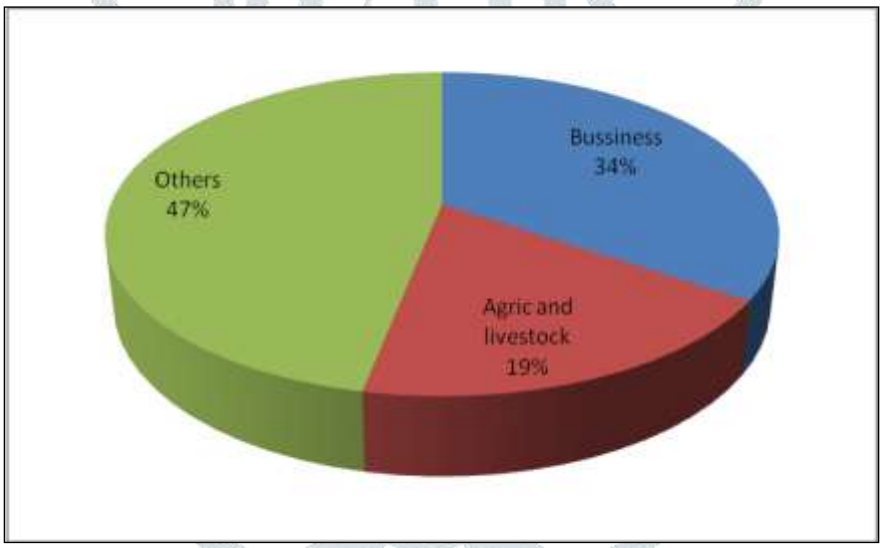

Figure 8: Distribution of elderly caregivers at household by occupation

Apart from this, results in Figure 9 indicate that 86.7% of the respondents work in the private sector and 13.3% work in the public sector. These results indicate that there is a great possibility that respondents who neither work in the agriculture and livestock sector or business work are employed by the private sector at large. Since most of the caregivers (40.63%) were aged 40 – 49 as explained in Fig. 1 above, these individuals are likely to be working in the private sector.

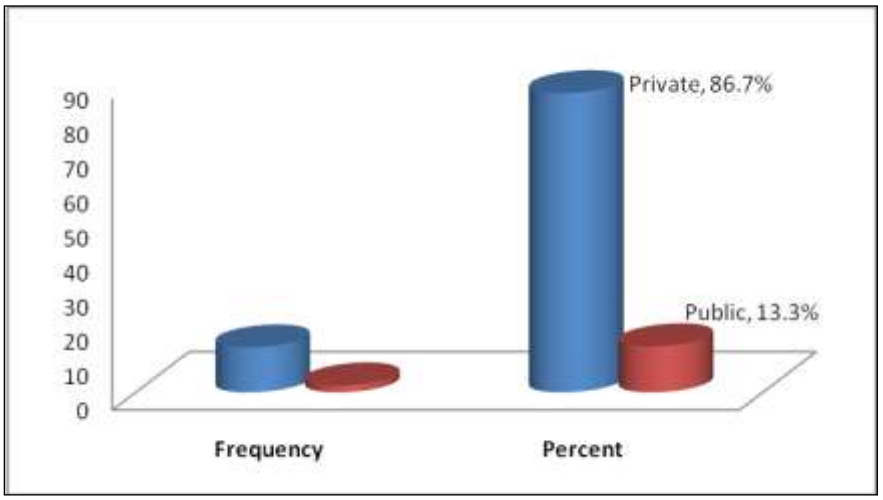

Figure 9: Categorization of other occupations on sector wise (Public/Private)

Basic services provided to aged people

Understanding of basic services

Results in Table 2 show that 87.5% of interviewed individuals think basic services are health services and 12.5% encompass health, food, clothing and shelter services. These results mean that of all the basic needs health needs are observed to be more crucial than other needs. There is a possibility that to elderly group this is true. The results are supported by Muiruri (2011) who observed that in Tanzania the prime basic need to elderly is health service which is influenced by both biological and environmental factors. The author identified common elderly health problems that include aches and pains, arthritis, blood pressure problems, diabetics, heart problems and untreated sores.

Table 2: Response to meaning of basic services

Response	Frequency	Percent
Health services	14	87.5
Health, food, clothing and shelter	2	12.5
Total	16	100.00

Source: Field Data (2016).

Measure of policies addressing basic services for aged people

Results in Table 3 show that 27.78% of the respondents suggest that there are policies to address issues of old people. Also, 72.22% of the respondents denied the availability of such policies and 2.7% gave no response. Results also show that 50% of the positive respondents referred the policy they know is NAP and 40% of the positive responses identified NAP, NSP and NHP are the policies for elderly. These results proclaim that most of the sampled population is not aware of there being policies to address basic services for aged people.

However, out of the few (27.78%) who recognize availability of policies 50% of them are aware of the NAP and 40% are aware of NAP, NASP and NHP being in place. These results explain that despite 50% who know only the NAP there are 40% of other individuals who know NAP and other policies. Upon combining the former and later observations it is plausible that the fraction of sampled population who are aware of NAP is 90%.

Table 3: Availability of policy (s) to address basic services for aged people

Response	Frequency	Percent
Yes	10	27.78
No	26	72.22
Total	36	100.0
National Aging policy	5	50.00
National Aging policy, National social policy and National health policy	4	40.00
National health policy	1	10.00
Total	10	100.0

Source: Field Data (2016)

Therefore these results explain that respondents who were positive to there being policies are generally aware of NAP as one of the policies that is addressing basic services for elderly people.

Results in Table 4 show respondent's reactions to the meaning of NAP and how they judge it in addressing services to elderly people. In the results, 77.1% of the respondents negate to know the meaning of NAP while 22.86% claim to know NAP. When required to state the meaning of NAP results show 62.5% referred NAP as a guiding principle intended to safeguard old people, 25.0% correlated it with provision of pension to elderly and 12.5% referred to NAP as a policy for provision of free health services. These results suggest that despite NAP being in place since 2013 most of the respondents do not know the meaning of NAP. It is plausible that less effort has been placed in creating awareness and sensitizing the aged community on the presence and importance of NAP to their welfare.

Table 4: Response to understanding NAP

Response	Frequency	Percent
Yes	8	22.86
No	27	77.14
Total	35	100.00
Explanation on the meaning		
Safe guarding elderly	5	62.50
Provision of pension to elderly	2	25.00
Free health services to elderly	1	12.50
Total	8	100.00

Source: Field Data (2016).

Table 5 show services provided to aged people and response to the extent to which they visit service providers to obtain the services. The results indicate that all respondents are positive to the need for health, social welfare, transport, and sanitation and housing services. In addition respondents are positive to the idea that health (94.6%) and housing (91.43%) are compulsory services. Results also show none of the respondents disagreed that they do not acquire health care and housing services. These results elucidate the relative higher importance of both health and housing services to the aged people. Generally health problems increase with age, Muiruri (2011) observed as one grows older, environmental and biological aspects have great influence to his/her health.

Table 5: Response to acquiring mentioned basic services

	Response	Frequency	Percent
	Undecided	2	5.4
Health care services	Positive	35	94.6
	Total	37	100
	Positive	26	74.28
Social welfare services	Undecided	5	14.29
	Negative	1	2.86
	Total	35	100
	Positive	28	77.78
Transport services	Undecided	7	19.44
	Negative	1	2.78
	Total	36	100
	Positive	25	71.43
Sanitation and waste removal services	Undecided	7	20
	Negative	3	8.75
	Total	35	100
	Positive	32	91.43
Housing services	Undecided	3	8.57
	Total	35	100

Source: Field Data (2016).

Extent to which basic services are provided to older people

Results in Figure 10 show that 84.4% of respondents observed aged persons in their households. In the results individuals with a negative response are 15.6% of the total sampled population. From these results there are high chances that the number of aged people in households is increasing. This might demand for the need of effective implementation of existing policy frameworks or demand for new policies to safeguard the aged people.

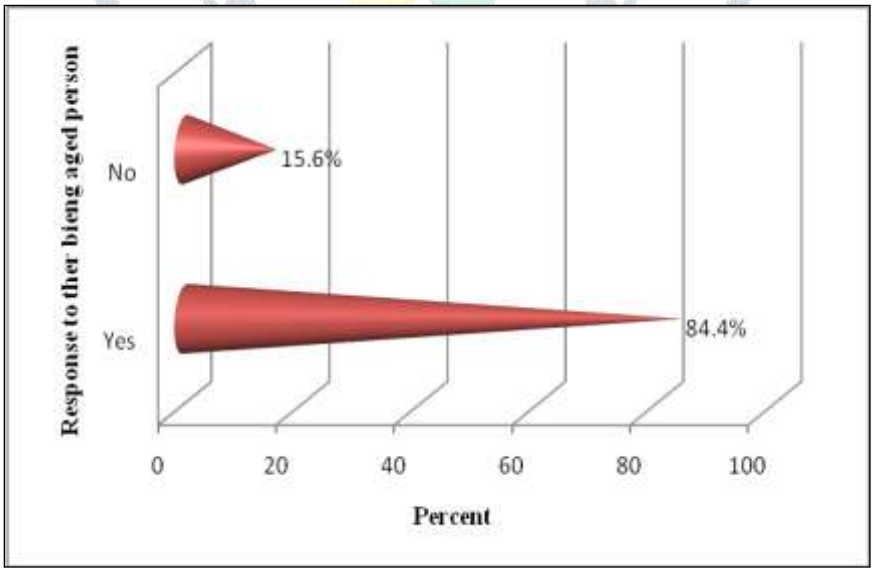

Figure 1: Presence or absence of aged person in household

Results in Table 6 show main service providers to be the government, caregivers, NGO's and banks. The results indicate that 78.8% of the respondents accept that the government provides basic services to old people, followed by care givers, which is earmarked by 75.87% of the respondents. Out of these 48.4 % strongly agree and 15.15% agree that the government provides basic services to aged people (Appendix 3). Table 11 also shows a relatively larger number of negative responses to the idea that the bank provides basic services to elderly in which 39.28% of the respondents give negative results. Furthermore the results show that most (46.15%) respondents who give undecided results are not positive to source of support for elderly basic service provision being NGO's.

Table 6: Response to source of provision of basic services for older people

	Response	Frequenc	Percent
Response to source of support is the government	Positive	26	78.8
	Undecided	5	15.15
	Negative	7	21.21
	Total	33	100.00
Response to source of support are caregivers	Positive	22	75.87
	Undecided	5	17.24
	Negative	2	6.90
	Total	29	100.00
Source of support is NGO	Positive	3	11.54
	Undecided	12	46.15
	Negative	5	19.23
	Total	37	100.00
Response to source of support being the Bank	Positive	9	32.14
	Undecided	8	28.57
	Negative	11	39.28
	Total	37	100.00

Source: Field Data (2016).

These results depict that it is plausible the government has a pivot role in providing basic services to older people compared to other service providers. It being so there are high chances that the enacted social policies including National Health Policy (NHP) and NAP provide direction to provision of the services.

Results in Table 7 show that 83.34% of the respondents are positive to visiting health service centers than other services. Out of them 50.01% strongly agree and 33.33% agree (Appendix 4). The results also show that electricity and energy which has been observed by 60.00% of the respondents is ranked as the second highest visited service. These results suggest that health services are most visited; hence it might be attributed by decreased resistance of the old people to diseases. Social survey work also revealed that old age is often accompanied with a general deterioration in physical capacities, proneness to disease and sickness, and the inability to engage in economic activity. This heightens the risk of poverty and insecurity thereby requiring societies to find mechanisms to support their elderly population.

Table 7:Whether aged people frequently visit service providers for services

Service/ service Provider	Response	Frequency	Percent
Health services	Positive	30	83.40
	Undecided	3	8.33
	Disagree	3	8.33
	Total	36	100.00
Social welfare	Positive	21	58.33
	Undecided	5	13.89
	Disagree	10	27.78
	Total	36	100.00
Education	Positive	36	52.78
	Undecided	10	27.78
	Negative	4	19.44
	Total	36	100.00
Transport	Positive	19	52.77
	Undecided	10	27.78
	Negative	7	19.44
	Total	36	100.00
Electricity and energy	Positive	21	60.00
	Undecided	9	25.70
	Negative	8	14.30
	Total	37	100.00

Source: Field Data (2016).

Conclusion and Recommendations

This research has demonstrated implementation of NAP basing on what basic services are provided to aged people and the extent to which basic services have been provided to aged people. Based on the study, analysis of the results and physical findings it is concluded that in Mbeya Aging is inconspicuous, with a small aged population and it is inevitable that aged people are one of the most needy population group which is yet potential in contributing to poverty reduction and development of the Region and Nation. Moreover, aged people have made clear

their basic needs and priority of these needs. Understanding the basic services has shown the critical needs of which support is required in order to implement set policy strategies more effectively. The study has led to one of important and analytical output from which to engage and furnish basic services needed by aged people.

The study recommends that, for improved implementation of NAP the government should intensify partnership with the private sector and ensure that more attention is geared towards providing basic services to aged people.

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