

THE INFLUENCE OF SURVIVAL STRATEGIES ON ACCESS TO HEALTHCARE SERVICES BY THE ELDERLY IN BAGAMOYO DISTRICT, PWANI REGION, TANZANIA

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ABSTRACT

Purpose of the Study: This study aimed to determine the influence of survival strategies on healthcare access for elderly individuals in Bagamoyo District, Pwani Region, Tanzania.

Research Methodology: The study employed a pragmatic research philosophy with a mixed-method research design. Data were collected from 237 primary respondents, elderly aged 60 and above seeking healthcare services at the selected 14 health facilities, using multistage and random sampling, and purposive sampling techniques for the key informants. The methodology integrated quantitative surveys and qualitative approaches, including structured questionnaires, key informant interviews, and focus group discussions. Data analysis utilized descriptive and inferential statistical techniques, including multiple linear regression and thematic content analysis.

Findings of the Study: The study identified that longer waiting times negatively impact healthcare utilization, and the quality of doctor-patient relationships plays a crucial role in accessing healthcare services. Family support was found to be inconsistent, with only 56.1% of respondents reporting consistent assistance.

Conclusion: The study concludes that survival strategies significantly influence healthcare access for elderly individuals in Bagamoyo District.

Recommendation: The study recommends a multifaceted approach to improving elderly healthcare access, including expanding health insurance coverage, implementing healthcare subsidies, streamlining service delivery, and enhancing doctor-patient relationships through specialized geriatric care training.

Keywords: *Survival Strategies, Healthcare Access, Elderly, Rural Tanzania, Bagamoyo District*

BACKGROUND OF THE STUDY

The erosion of intergenerational connections and modernization have significantly impacted traditional support systems for elderly healthcare access in developing countries like Tanzania (United Nations, 2017). The traditional family support networks that once served as primary caregivers for elderly individuals are increasingly strained by rapid urbanization and changing social structures (Kpessa-Whyte, 2018). This shift has forced elderly individuals to develop various survival mechanisms to access healthcare services, particularly in rural areas where formal support systems are limited (Silva et al., 2018). Research shows that only 4% of elderly Tanzanians benefit from social security schemes, primarily those previously employed in the formal sector, leaving the majority to rely on informal support networks and alternative survival strategies (HelpAge International, 2018).

The challenges faced by elderly individuals in accessing healthcare services are particularly pronounced in rural settings like Bagamoyo district, where poverty levels are higher and out-of-pocket healthcare expenses can be prohibitive (Mpeta et al., 2023). Studies indicate that 57% of elderly individuals avoid using health facilities when sick due to various barriers, necessitating the development of alternative survival mechanisms (Ntahosanzwe, 2013). These barriers are often compounded by critical shortages of essential medicines in public health facilities, forcing elderly individuals to seek alternative means of accessing healthcare (Tungu et al., 2020). The situation reflects broader systemic issues within Tanzania's healthcare system that disproportionately affect elderly populations in rural areas (Amani et al., 2021).

As life expectancy in Tanzania continues to increase, with a rise from 43 years in 1960 to 58 years in 2011, the need for effective survival strategies becomes more critical (Morisset & Wane, 2012). Traditional caregiving systems are increasingly unable to meet the growing healthcare demands of the elderly population, particularly in rural areas where many retirees reside (Frumence et al., 2017). The strain on healthcare facilities is exacerbated by shortages of healthcare workers and insufficient medical supplies, compelling elderly individuals to develop innovative approaches to accessing necessary care (Garcia & Navarro, 2018). These challenges are particularly significant given the rise of non-communicable diseases among elderly populations, which require consistent access to healthcare services (Gyasi & Phillips, 2019).

The development of survival strategies among elderly individuals reflects both the resilience of this population and the inadequacies of formal healthcare systems (Lagana et al., 2020). Research indicates that elderly individuals often combine various approaches, including reliance on traditional medicine, community support networks, and informal financial arrangements, to overcome healthcare access barriers (McKinnon et al., 2017). However, these strategies are often precarious and may not provide sustainable solutions to healthcare access challenges (Schoeni et al., 2007). Understanding these survival mechanisms is crucial for developing policies and interventions that can better support elderly individuals in accessing necessary healthcare services (Wagstaff, 2002).

STATEMENT OF THE PROBLEM

Tanzania's healthcare system faces significant challenges in meeting the needs of its elderly population, despite the existence of policies such as the National Aging Policy and National Health Policy (URT, 2017). The gap between policy intentions and implementation is particularly evident in rural areas, where elderly individuals must develop various survival strategies to access healthcare services (Abdu, 2018). Studies show that elderly individuals often face multiple barriers to healthcare access, including financial constraints, transportation challenges, and inadequate medical supplies, necessitating the development of alternative coping mechanisms (Sanga, 2013). These challenges are compounded by the limited coverage of formal social security systems, which protect only a small fraction of the elderly population (Nzali, 2016).

The survival strategies employed by elderly individuals often involve complex networks of support and informal arrangements that remain poorly understood by policymakers and healthcare providers (Mwangu et al., 2014). While research has examined geographic and quality-related barriers to healthcare access, there is limited understanding of how elderly individuals navigate these challenges through various survival mechanisms (Brown & Tracy, 2019). This knowledge gap is particularly significant given the growing elderly population and the increasing strain on traditional support systems (Andersson & Kåreholt, 2019). The lack of comprehensive research on elderly survival strategies hinders the development of effective interventions that could support and enhance existing coping mechanisms (Schoen et al., 2018). Research indicates that elderly individuals in rural areas like Bagamoyo district often rely on a combination of traditional medicine, community support networks, and informal financial

arrangements to access healthcare services (Kessy et al., 2014). However, these survival strategies may not provide sustainable solutions to healthcare access challenges and can place significant strain on already vulnerable individuals and their support networks (Kawachi & Berkman, 2001). Understanding how elderly individuals develop and utilize these survival strategies is crucial for designing interventions that can effectively support their healthcare needs while addressing broader systemic barriers to healthcare access (Pomey et al., 2015). This understanding becomes particularly important as traditional support systems continue to erode and the elderly population faces increasingly complex healthcare challenges (Thompson & Evans, 2020).

RESEARCH OBJECTIVES

To determine the influence of survival strategies on access to healthcare services by the elderly in Bagamoyo district, Pwani Region, Tanzania.

RESEARCH HYPOTHESIS

Hypothesis (H): The Effects of Survival Strategies on Access to Healthcare Services

This hypothesis posited that survival strategies, including the use of insurance programs and social support, significantly influence access to healthcare services among the elderly. Survival strategies refer to the coping mechanisms elderly individuals adopt to navigate financial and healthcare challenges.

Null Hypothesis (H_0): Survival strategies do not have significant influences on access to healthcare services by the elderly.

Alternative Hypothesis (H_a): Survival strategies have significant influences on access to healthcare services by the elderly.

The hypotheses decision rule was based on whether the regression results support the particular hypothesis. The indicator was if the regression coefficients of the variables show any influence on access to healthcare services by the elderly in Bagamoyo district.

LITERATURE REVIEW

Social Exchange Theory was originally developed by George Homans in 1958 and later refined by Peter Blau in 1964, emerging from the intersection of sociology and social psychology (Homans, 1958; Blau, 1964). The theory fundamentally posits that social interactions are

transactional processes where individuals assess and strategize their social engagements based on anticipated rewards and potential costs. In the context of healthcare access for elderly populations, Social Exchange Theory suggests that individuals evaluate healthcare interactions by calculating the potential benefits against the associated expenses, both financial and non-financial (Raube, 1993). This theoretical perspective proposes that elderly individuals will engage with healthcare services when they perceive the advantages to outweigh the potential challenges, such as financial burden, time investment, or psychological discomfort (Mpeta et al., 2023). The theory argues that healthcare-seeking behaviors are not merely spontaneous actions but strategic decisions influenced by a rational assessment of potential outcomes and personal resources (Tungu et al., 2023).

The theory's core assumptions include: (1) individuals are rational actors who systematically evaluate social interactions; (2) healthcare decisions are motivated by potential rewards and minimizing negative outcomes (Blau, 1964); (3) elderly individuals will sustain healthcare relationships when they provide tangible or intangible benefits (Homans, 1958); (4) survival strategies represent complex exchange mechanisms where resources like family support, financial capacity, and social networks are strategically deployed (Amani et al., 2021); (5) power dynamics within healthcare systems significantly influence these exchange processes, with more resourceful individuals having greater negotiation capabilities (Glass et al., 2016); and (6) healthcare access is mediated through a continuous cost-benefit analysis that considers economic, social, and psychological factors (Berkman & Syme, 2014).

Strengths of the theory include its comprehensive framework for understanding complex social interactions in healthcare contexts (Schoen et al., 2018), providing nuanced insights into motivation and decision-making processes (Holt-Lunstad et al., 2015). The theory effectively analyzes strategic navigation of healthcare systems to maximize benefits (DiMatteo, 2004). Weaknesses include an overly rationalistic view of human behaviour (Street et al., 2013), potential neglect of emotional and cultural nuances (Crenshaw, 1989), limitations in explaining altruistic behaviours (Jones & Thompson, 2018), and an insufficient consideration of structural inequalities (Mwangi et al., 2021). The theory is particularly relevant to the study's objective of determining survival strategies' influence on healthcare access among elderly individuals in Bagamoyo District. It provides a robust analytical framework for understanding how elderly individuals strategically develop and employ survival strategies to access healthcare services.

EMPIRICAL REVIEW

Survival strategies refer to the activities and mechanisms that enable individuals to cope with the circumstances they face. Malone and Dadswell (2018) highlighted that seeking social support, negotiation, and accommodation were coping strategies associated with higher levels of subjective well-being among the elderly. In contrast, strategies such as hopelessness, social isolation, escape, and submission were linked to lower levels of subjective well-being. These coping strategies can create either favourable or unfavourable health outcomes, as they involve reactive measures against stressful conditions that can be either helpful or harmful. However, this study does not explore the long-term effects of these coping strategies on health outcomes, nor does it examine the role of community support systems in enhancing these strategies.

Mariana (2017) notes that some coping strategies can be detrimental. For example, when an elderly person expresses a desire to end their life to escape challenges, it indicates severe frustration. This may also be a cry for attention and sympathy when other measures have failed. Coleman (2015) found that life's frustrations and a general lack of care can drive elderly individuals to contemplate ending their lives, leading to social withdrawal and solitary living. This pessimistic coping strategy can worsen health conditions such as cardiac arrest and hypertension. There is a need for more research on effective interventions to address the mental health needs of the elderly, particularly in rural settings where access to mental health services may be limited.

Positive coping strategies, such as being flexible in adjusting personal preferences and maintaining an open mind, can enhance health and minimize lifestyle-induced diseases. When elderly individuals choose accommodation as a coping strategy, they adjust their goals and preferences to align with those they live with, fostering a healthier lifestyle. Similarly, negotiation helps them adjust their preferences to suit those of others, contributing to their well-being. Several studies have demonstrated the nexus between coping strategies and healthy living among the elderly. In Israel, for instance, it was found that witnessing peers suffering and dying from similar ailments negatively affected elderly individuals' perceptions of life (Ayalon, 2018). Similar findings were reported in China, where the elderly expressed disinterest in living due to the inability to enjoy food, participate in leisure activities, and maintain relationships (Liang and Luo, 2012). Despite these findings, significant gaps remain in the literature regarding survival strategies and healthcare access among the elderly in

developing countries. Most research has focused on developed nations, leaving a void in understanding the unique challenges faced by elderly populations in developing contexts like Tanzania. This research aims to fill this gap by examining how survival strategies affect healthcare access for the elderly in Bagamoyo District, Pwani Region.

Previous studies have often overlooked the comprehensive socio-economic determinants that influence elderly healthcare access. For example, while Malone and Dadswell (2018) and Coleman (2015) provide insights into coping strategies and their health impacts, they do not fully explore how these strategies interact with other factors such as income levels and health literacy in developing countries. Additionally, research by Smith et al. (2016) and Braveman et al. (2011) emphasizes that financial constraints significantly limit elderly individuals' ability to seek necessary medical care, leading to delayed or foregone treatments. However, these studies predominantly focus on high-income countries and do not address the specific survival strategies used by elderly individuals in low-income settings. Future research should focus on developing community-based support systems that can mitigate these negative coping strategies and improve the overall well-being of the elderly.

Studies in African contexts have shown that the availability and accessibility of social support networks significantly influence how elderly individuals manage their health. For instance, Amoah, Edusei and Amuzu (2019) highlight that community support systems play a crucial role in providing emotional and practical assistance to the elderly, particularly in rural areas where formal healthcare services are limited. In Tanzania, initiatives to support elderly healthcare access include the implementation of special health programs and the provision of free healthcare services through the National Health Insurance Fund (NHIF) and the National Social Security Fund (NSSF). Despite these efforts, challenges such as the shortage of geriatric specialists, insufficient healthcare facilities, and funding gaps persist (URT, 2017). These limitations hinder the effective delivery of healthcare services to the elderly, particularly in rural areas where resources are scarce.

This study contributes to the existing literature by specifically focusing on the effect of survival strategies on healthcare access among the elderly in Tanzania. By considering the unique socio-economic and cultural contexts of Bagamoyo District, this research sought to provide a more comprehensive understanding of the challenges and barriers faced by the elderly in accessing healthcare. It addressed the shortcomings of previous studies by incorporating a holistic view

of socio-economic determinants, including income levels, health literacy, and religious beliefs, and examining their interplay with survival strategies. Moreover, other studies have suggested that economic constraints can limit access to healthcare services, compelling elderly individuals to adopt survival strategies that may include reliance on traditional medicine, community support systems, or delaying care until absolutely necessary (Smith et al. 2016; Braveman et al. 2011). These strategies, while adaptive, can lead to deteriorating health outcomes over time due to delayed or inadequate medical intervention. Therefore, understanding how these strategies affect healthcare access is crucial for developing targeted interventions that can improve health outcomes for elderly populations.

CONCEPTUAL FRAMEWORK

The conceptual framework provides a systematic representation of the complex relationships between survival strategies and healthcare access for Bagamoyo District's elderly population. This framework depicts the interconnected factors that influence the elderly population's ability to navigate and access healthcare services, with a focus on the multifaceted survival mechanisms used in resource-constrained environments.

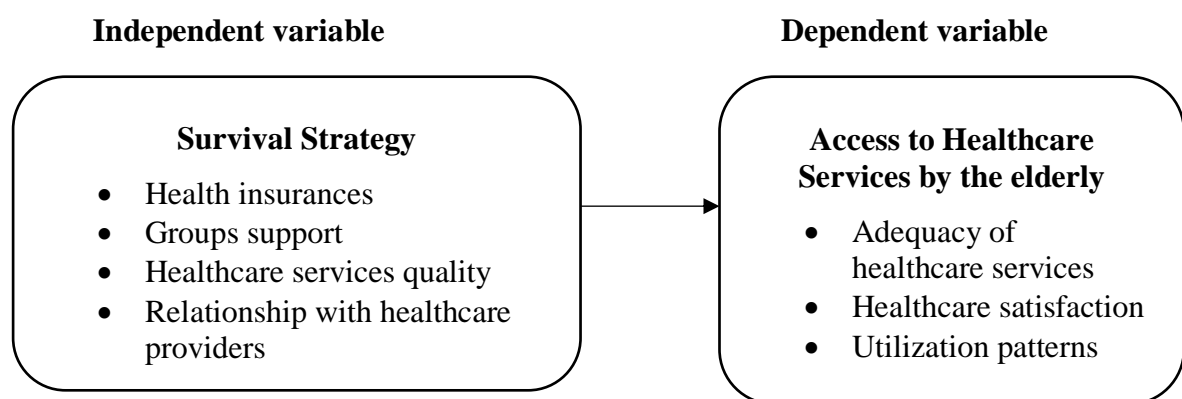


Figure 1: Conceptual Framework

METHODOLOGY

The study employed a pragmatic research philosophy with a mixed-method research design to investigate the influence of survival strategies on the access to healthcare services by the elderly individuals in Bagamoyo District, Tanzania. The research utilized a comprehensive methodology involving multiple sampling techniques: multistage and random, to select 237 primary respondents aged 60 years and above from 14 selected healthcare facilities across the district. The target population comprised elderly individuals attending healthcare services, with

the sample determined using Krejcie and Morgan's (1970) formula and a proportional formula, ensuring robust representation. Data collection instruments included structured questionnaires for quantitative data, key informant interviews, and focus group discussions for qualitative insights. The questionnaires captured variables such as religious beliefs, income levels, healthcare literacy, and survival strategies, while maintaining ethical standards through informed consent and participant anonymity. Data analysis employed a mixed-method approach, integrating descriptive and inferential statistical techniques using SPSS software. Descriptive statistics summarized key variables using measures like mean, standard deviation, and frequency distributions, while inferential analysis utilized simple and multiple linear regression models to examine relationships between independent variables (religious beliefs, healthcare literacy, income levels, and survival strategies) and the dependent variable of healthcare access. Qualitative data underwent thematic content analysis, involving transcription, coding, and identifying emerging themes to provide contextual depth to the quantitative findings, thereby ensuring a comprehensive understanding of healthcare access challenges among elderly populations in Bagamoyo District.

RESULTS AND DISCUSSIONS

The study revealed a profound reliance on family networks as the primary source of healthcare support for elderly individuals in Bagamoyo District, with an overwhelming 96.7% of respondents identifying family members as their primary support system. This finding aligns with existing literature by Mariana (2017) and Berkman and Syme (2014), which emphasize the critical role of familial support in managing healthcare needs, particularly in contexts with limited formal health insurance coverage. The nature of support is predominantly financial, with 79.5% of respondents receiving monetary assistance to address health-related challenges. Qualitative insights underscore this financial dependency, with respondents sharing nuanced experiences of relying on children for healthcare expenses. One participant poignantly noted, "My children try to help, but their own expenses and responsibilities make it hard to rely on them," highlighting the complex socio-economic dynamics that shape elderly healthcare access. The stark contrast in support levels is evident in the data: while 56.1% of respondents rated family support as "often helpful," a significant 43.9% reported inconsistent or inadequate assistance, revealing the precarious nature of familial caregiving in rural Tanzanian settings.

The study's findings extend beyond existing research by illuminating the limitations of alternative support systems, with religious groups and residential communities providing minimal support (1.4% and 1.9% respectively). This underscores the need for comprehensive policy interventions that complement and strengthen family-based care, drawing inspiration from successful eldercare models in countries like Sweden and Japan. The Social Determinants of Health Theory provides a robust framework for understanding these dynamics, emphasizing how social networks, cultural norms, and economic factors critically influence healthcare access. The research suggests that while family remains the primary support mechanism, there are significant gaps in healthcare support that require systemic interventions. Recommendations include establishing local support groups, creating affordable eldercare facilities, and developing government subsidies to alleviate healthcare expenses. The study's unique contribution lies in its nuanced exploration of the interplay between formal and informal support systems, revealing that elderly individuals employ complex survival strategies that blend familial support, limited institutional assistance, and personal resilience.

REGRESSION ANALYSIS AND HYPOTHESIS TESTING RESULTS

The study aimed at explaining the influence of survival strategies on access to healthcare services in Bagamoyo district, Pwani Region, Tanzania. The variables selected for this objective were chosen to capture various aspects of individuals' strategies for managing their healthcare needs and navigating the healthcare system.

Table 1: Linear Regression Results

ccessHCservice_eq~1	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
H_insuranceprogra~40	2.667	.693	3.85	0	1.302	4.032	***
ifgetsupport_HC_eq51	.056	.201	0.28	.782	-.339	.451	
Qservicetime_eq55	-1.008	.437	-2.30	.022	-1.869	-.146	**
relationship_doct~57	.694	.36	1.93	.055	-.016	1.404	*
Constant	13.282	1.718	7.73	0	9.896	16.667	***
Mean dependent var	15.312		SD dependent var		5.206		
R-squared	0.113		Number of obs		231		
F-test	7.170		Prob > F		0.000		
Akaike crit. (AIC)	1399.194		Bayesian crit. (BIC)		1416.406		

The regression analysis reveals several significant insights into survival strategies and healthcare access among elderly individuals in Bagamoyo District. The most pronounced

finding is the strong positive relationship between health insurance enrolment and healthcare access, with a statistically significant coefficient of 2.667 ($p < 0.001$). This underscores the critical role of health insurance in mitigating financial barriers and facilitating healthcare utilization, consistent with research by Ayanian et al. (2017) and Schoen et al. (2018), which demonstrate that insurance coverage enhances preventive care and medical service accessibility.

The study's hypothesis testing provides further substantive evidence for the influence of survival strategies on healthcare access. The null hypothesis, positing that survival strategies do not have significant influences on access to healthcare services by the elderly in Bagamoyo district, was rejected in favour of the alternative hypothesis. Specifically, health insurance participation emerged as a pivotal survival strategy, aligning with the Social Exchange Theory's premise that social interactions are motivated by perceived benefits. The negative coefficient for service waiting time (-1.008, $p = 0.022$) reinforces existing literature by Pomey et al. (2015) and Gulliford et al. (2018), highlighting how prolonged waiting periods can deter healthcare seeking behaviours and compromise timely medical intervention.

While social support showed no statistically significant direct impact on healthcare access, the approach to patient-provider relationships approached significance (coefficient 0.694, $p = 0.055$), suggesting potential importance of interpersonal dynamics. This finding resonates with research by Street et al. (2013) and DiMatteo (2004), which emphasize the role of communication, trust, and mutual respect in healthcare utilization. The study's nuanced exploration of survival strategies reveals that elderly individuals employ complex, multifaceted approaches to navigating healthcare systems, with financial mechanisms like insurance playing a paramount role.

CONCLUSIONS

The results of this research provide critical insights into survival strategies and healthcare access for the elderly in Bagamoyo District, Tanzania. The linear regression analysis revealed significant associations between survival strategies and healthcare service access, emphasising the importance of health insurance enrolment as a key determinant of healthcare accessibility. Individuals enrolled in health insurance schemes were more likely to seek healthcare services, implying that financial protection mechanisms significantly improve healthcare utilisation and overall well-being among the elderly. The study also found that longer waiting times

significantly impede healthcare access, resulting in delayed diagnoses, increased patient suffering, and lower treatment satisfaction. This finding emphasises the importance of streamlining healthcare service delivery and reducing bureaucratic inefficiencies to improve elderly care. Further, the study emphasised the importance of interpersonal dynamics, particularly the quality of doctor-patient relationships, in improving healthcare access. Good interactions between elderly patients and healthcare providers have been shown to improve communication, trust, and adherence to medical advice, all of which contribute to better healthcare outcomes.

RECOMMENDATIONS

The study recommends an approach to improving healthcare access for elderly individuals in Bagamoyo District, focusing on four key strategies: expanding health insurance coverage through targeted policy reforms and public awareness campaigns, implementing healthcare subsidies to reduce out-of-pocket expenses, streamlining service delivery to minimize waiting times, and enhancing doctor-patient relationships through specialized geriatric care training. By providing low-cost insurance options, increasing staffing levels, introducing efficient patient scheduling systems, and creating patient-centred care environments, stakeholders can address financial barriers, reduce service delivery inefficiencies, and foster trust between healthcare providers and elderly patients.

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