Perceptions of old people on the quality of their lives and factors influencing their perceptions

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Abstract

Tanzania is currently experiencing an increase of the proportion of older people in its population. There is inadequate information on the living conditions of this segment of the population. This study strives to answer the questions: how do older people in Tanzania perceive the quality of their own lives? And which factors influence their perceptions? A single point in time cross-sectional survey of living conditions and development (in short, SAUT Survey) was conducted in 2017 (n =1,488) involving people aged 18+ from rural and urban settings in five regions of Tanzania. Data related to people aged 50+ was extracted from SAUT Survey data and used for analysis consistent with similar studies which categorized older people from age 50+ (Gomez-Olive et al., 2017; Mwanyangala et al., 2010). Computer Assisted Personal Interview (CAPI) was used to collect data. Data analysis included Ordinary Least Squares (OLS) and other descriptive techniques such as frequencies and cross-tabulation for variables which were not appropriate for OLS. Overall, the study found out that Social Economic Status was a significant factor on the life satisfaction of both older people and younger generations. Insecurity, particularly lack of availability of enough food and energy such as fuel, firewood and charcoal for cooking were sources of great life dissatisfaction to older people. The study recommends that availability of energy, food, and other basic amenities should be considered when policy makers plan for services of older generations. The study highlights the necessity of undertaking gerontological research to assess the multiple needs of older people, their families and communities to realize their potentials, strengths and care needs.

Key words: Ageing, living conditions, life satisfaction, older people, quality of life, Tanzania.

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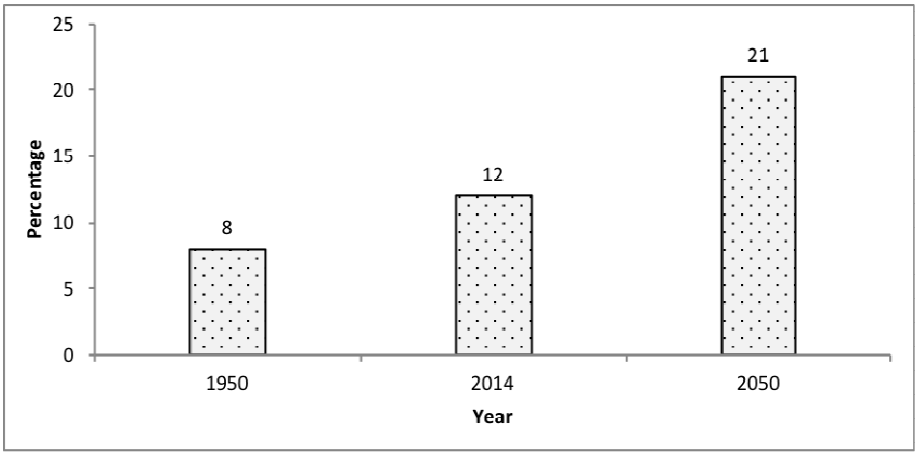
1. Introduction

Ageing population is a real phenomenon in the world (UNDESA, 2013; UNDESA, 2015). Globally, the proportion of old people aged sixty years and above has been increasing in relation to global total population (He et al., 2016; UNFPA, 2012). The proportion of older people aged 60 years and above to the total world population increased from 8 percent in 1950 to 12 percent in 2014 and is expected to reach 21 percent in 2050 (Nair, 2014; UNDESA 2014). It is estimated that by 2050 one person in every five people in the world will be aged sixty years and above (Williams, 2011; UNFPA, 2012; UNDESA, 2015). Figure 1 illustrates the percentage share of older people in total global population.

Figure 1: Percentage share of older people in the global population 1950 to 2050.



Source: UNDESA 2013, 2014, 2015; Nair, 2014.

Advancement in medical practices, control of infectious diseases, improved public health and good nutrition have led to the decline of both infant and adult mortality rates giving rise to longer life expectancy (Aboderin, 2006; HAI, 2002). Increased life expectancy results into additional number of old people in the population, particularly the "Oldest old" (80 years and above) who are the

fastest growing age group in all elderly age groups (Meeks, Nickols and Sweaney, 1999; UNDESA, 2013; UNDESA, 2015).

Based on data from the United Nations Department of Economic and Social Affairs, Population Division (UNDESA, 2012, 2013, 2015), the whole world is ageing. The global community has recognized population ageing as an issue affecting both developed and developing countries of the world (Gomez-Olive et al., 2017; UNFPA, 2012; UNDESA, 2015). However, there are remarkable differences of ageing between developed and developing countries. To date, the oldest aged populations are still found in the developed countries such as Japan, Germany, Italy, and Finland (UNDESA, 2015); but in the future, given the current upward trend of higher older population growth rates exhibited in developing countries, the older population of the world is expected to concentrate in developing countries.

Throughout the world people are living longer and this longevity trend is catching up in many countries of Sub-Saharan Africa including Tanzania (Mwanyangala et al., 2010). The demographic patterns indicate that ageing population is rapidly increasing in Sub-Saharan Africa. The older population in the African continent in general is estimated to be over 50 million and is projected to reach over 200 million people by 2050 (UNDESA, 2013). The largest share of this population is borne by Sub-Saharan Africa where the older population is over 40 million and is estimated to exceed 150 million people by 2050 (UNDESA, 2013; UNDESA, 2014).

The average annual growth rate of older people aged sixty years and over in Sub-Saharan African countries is the higher than in most developed regions of the world. Annual growth rate in Sub-Saharan Africa was 3% in 2015 and is expected to rise to 4% in 2050. During the same period the growth rate in developed countries was 2% in 2015 but is going to decline to 0.4% in 2050 (UNDESA, 2014; UNDESA, 2015). The most ageing populous countries in Sub-Saharan Africa are Nigeria 14.4% and South Africa 8.4% ranking number 179 and 101 in the world, respectively (He et al., 2016; UNDESA, 2013; UNDESA, 2015).

Demographic changes in Sub-Saharan Africa have raised deep concerns over the wellbeing of the aged particularly because of the prevalence of poverty among older people in comparisons to other segments of the population (UNDESA, 2013), lack of developed systematic plans for welfare of the aged, and lesser up-takes for gerontological studies (Makoni, 2008). Life situations of older people in Sub-Saharan Africa are affected by many factors: modernization

and urbanization, decline of traditional support system, internal conflicts, natural and man-made disasters, gender inequalities, inadequate health and legal services, social abuse particularly accusations of witchcraft and older people are often over-shadowed by youth highlights (AU, 2008; HAI, 2002; Nhongo, 2006). Reflecting on the quality of life of older people in Africa, the African Union Policy Framework and Plan of Action on Ageing insists that:

> Today's society has been built thanks to the efforts deployed by previous generations of people who should be guaranteed better living conditions for meaningful transition to old age. These guarantees include access to efficient health care service and specialized living environment, the right to the retirement pension, active participation in leisure, sporting and cultural programmes, and lastly, the right to custody and company of their children and grandchildren (African Union Policy Framework and Plan of Action on Ageing, 1999: p.6).

What is said about Sub-Saharan Africa can also be said about Tanzania. Population ageing is in progress in Tanzania. Aged people accounted for over 5.5 per cent of the total population in 2012 Tanzania population and housing census (URT, 2012). The proportions of elderly in Tanzania are much lower compared to countries which have already experienced the ageing of population in the world such as Japan (33%) or Italy (25.5%). In Sub-Saharan Africa, the aged population in Tanzania is lower than Mauritius (14.7 %), South Africa (7.7 %) and Lesotho 6.2 (%). But it grows almost at the same proportions with countries such as Mozambique (5.1%), Swaziland (5.5 %), Namibia (5.5%), and Botswana (5.9 %) (UNDESA, 2015; URT, 2012). There is no doubt that ageing population is increasing in Tanzania but it is not yet an aged populous country.

An increase of ageing population in a developing country like Tanzania is an issue of concern because of the absence of well-defined social protection and social security mechanisms. Besides, majority of older people in Tanzania live in rural areas facing numerous welfare challenges, which seriously affect their wellbeing: illiteracy, healthcare, vulnerability, feminization (UNDESA, 2015), social exclusion, poverty, income insecurity (HAI, 2016), lack of transport, unfriendly cultural practices and the prevalence of non-communicable diseases (Shemdoe et al., 2012). Despite these challenges, many older people in Tanzania are still economically active because some are household's breadwinners and social care providers especially with the care of orphaned grandchildren.

The complexity of ageing in Tanzania points to the vital need to engage in research on living conditions and quality of life of older people to assess the situation, plan for interventions and eventually guaranteed care and enabling living conditions which older people deserve in Tanzania. There are limited researches on living conditions of older people in Tanzania. This study is a response to this need by broadening the understanding of quality of life of older people in Tanzania. It strives to answer the questions: *how do older people in Tanzania perceive the quality of their own lives? And which factors influence their perceptions?* These questions are answered by assessing different dimensions of the association of life satisfaction with social-demographic factors such as gender, education, marital status, place of origin, living arrangements, and other socio-economic factors.

2. Theory on satisfaction with life/living conditions

This study uses The Multiple Discrepancies Theory (MDT) which asserts that happiness and satisfaction are functions of perceived gaps between what one has and wants, relevant others have, the best one has had in the past, expected to have 3 years ago, expects to have after 5 years, deserves and needs (Michalos, 1985: 347). One of the hypotheses of this theory states that discrepancies, satisfaction and actions are directly and indirectly affected by age, sex, education, ethnicity, income, self-esteem and social support (Michalos, 1985: 348). This theory is likewise relevant in assessing the relationship between satisfaction and other factors such as age, gender, education, ethnicity, income and social economic status as control and independent variables in this study.

3. Literature review

This study adopts WHO definition of quality of life. WHO defines quality of life as "an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns" (The WHOQOL Group, 1995). Studies show that quality of life and subjective evaluation of life satisfaction of older people are determined by factors such as age, gender, financial status, health, social support and social networks (Gureje et al., 2008). The increase of older people in the total population in Tanzania necessitates the exploration of the importance of personal, social and cultural factors that contribute to quality of life among older people. This will help to increase awareness of the importance

of quality of life of older people and add to efforts of promoting healthy ageing and good old age care policies.

There is a view that people are supposed to be "the best judges of the overall quality of their lives" (Frey and Stutzer, 2002: 405). This claim that subjective or individual perceptions of one's life would be the best judge in measuring people's satisfaction in life and wellbeing has led to studies interest in perceived social support and individual's satisfaction with living conditions. Satisfaction with living conditions to some extent entails satisfaction with life. Studies show that the measures of life satisfaction have always been reviewed. In general terms however, "the scales are stable under unchanging conditions, but are sensitive to changes in circumstances in people's lives" (Diener, Inglehart and Tay, 2013: 497).

In this paper, the term satisfaction with life is used to mean satisfaction with living conditions because "life satisfaction relates in strong and predictable ways to life circumstances at the societal level" (Diener, Inglehart and Tay, 2013: 502). In spite of the view by some researchers that there is neither a commonly accepted definition nor a gold standard for measuring quality of Life (Katschnig, 2006: 139), there is a universal agreement that quality of life is defined as a multi-dimensional construct integrating physical, emotional, and social well-being and functioning as perceived by the individual (Lutz et al., 2007). The definition by Lutz et al. (2007) comes from the World Health Organization Quality of Life Assessment (WHOQOL), which states that Quality of Life (QOL) is an individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

The term quality of life has often been used interchangeably with the term satisfaction with life and at times satisfaction with living conditions and happiness (Diener, Inglehart and Tay, 2013; Dickes and Klein, 2011; Frey and Gallus, 2008). Noted here is an example of questions which are used in measuring life satisfaction and subjective well being and sometimes happiness, "All things considered, how satisfied are you with your life as a whole these days?" This question makes clear that a reasoned answer is expected. The survey results correspond well to behaviours commonly associated with happiness (Frey and Gallus, 2008). These types of measures have been found to be reliable, consistent and valid according to studies such as Diener (2009) and Diener et al. (2013).

Several studies have examined the effect of age and gender on life satisfaction of people, in particular, the youth. However, the findings in these studies are inconclusive or rather inconsistent. While some studies report a decrease in life satisfaction with different age groups, others report an increase in life satisfaction with gender and age differences. There is dearth of research on the satisfaction with living conditions of urban dwellers in Africa South of Sahara especially on the availability of social support and financial support. In this regard, there is a need of studying the underlying socio-economic conditions of the urban and rural dwellers and their effects on life satisfaction.

Satisfaction with living conditions is an important aspect to examine since some researchers claim that there is important age differences in the variables associated with life satisfaction (Hutchinson et al. 2004). However, what is more important is the need to capture the subjective experience of the individual's satisfaction with life (Katschnig, 2006). Studies by The Economist Intelligence Unit (2004) found that societal circumstances (e.g., health, political freedom and stability, and material wellbeing) taken together predicted over 80% of the variability of nations in life satisfaction (r = .92). Inconsistencies in study findings across studies could be due to methodological differences or theoretical biases. Another aspect that might be related to inconsistent findings might be geographical differences of the study areas. In this regard, a study from a country in Africa South of the Sahara might give researchers another outlook, which is different from what has been previously studied.

4. Data and methods

Data used in this study comes from a cross-sectional survey study - Survey of living conditions and development (in short, SAUT Survey) conducted in 2017 (n=1,436) involving people aged 18+ from rural and urban settings in five regions of Tanzania: Arusha, Bukoba, Mtwara, Mwanza and Tabora regions. Computer Assisted Personal Interviews (CAPI) were used to collect data.

In Tanzania the cut off age for ageing is 60 years. This is the official government retirement age and all benefits related to old age are calculated with reference to this age (URT, 2003). This study has extracted data related to people aged 50+ and used it for analysis. This is because sample of people aged sixty years and above was too small to guarantee good analysis and therefore the decision was made to broaden the sample by customizing the age 50+. Several studies about the quality of life of older people in Tanzania have also used data

with participants aged 50 years and above (Gomez-Olive et al., 2017; Mwanyangala et al., 2010).

SPSS version 24 was used to analyze data. The initial analysis involved descriptive statistics and the resulting significant factors were subjected to Ordinary Least Squares models with alpha level set at $P<0.05$. Regression analysis is commonly used in this kind of study to pattern different predictor variables and quality of life (Gomez-Olive et al., 2017; Lin et al., 2017).

The outcome variable Satisfaction with Living Conditions was measured in a five-points Likert scale measurement which included questions such as: 1. The conditions of my life are excellent, 2. I am satisfied with my life, 3. So far, I have gotten the important things I want in life. Responses to these questions included values ordered 0=Strongly disagree, 1= Disagree, 2=Neither agree nor disagree, 3=Agree, and 4=Strongly agree. Exploratory factor analysis was carried out. For predictor variables we selected several predictor variables to assess how life satisfaction of older people was significantly associated or not associated with gender, level of education, marital status, social economic status and settlement (rural or urban).

5. Findings

This study focused on how older people in Tanzania perceive the quality of their own lives, and examined which factors influence their perceptions on satisfaction with living conditions. The study assessed different dimensions of the association of life satisfaction with social-demographic factors such as gender, education, marital status, place of origin, social support received and given and security.

In this study, satisfaction with living conditions is the dependent variable measured in Likert scale. People aged 50+ constituted only 20% of the sample. This brought challenges in the scope of analyses. A decision was made to first analyze the whole sample with both older and younger generations included to see if there are life satisfaction differences among them. Later the population of older people was filtered out and analyzed separately.

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Table 1: Sample characteristics

Variable		Male	Female	Total
Age				
	50-59	28.8%	28.5%	57.3%
	60-69	16.6%	13.4%	29.9%
	70-79	7.0%	2.6%	9.6%
	80+	1.5%	1.7%	3.2%
Gender		46.2%	58.3%	100%
Marital status				
	married	42.0%	86.9%	66.3%
	separated	7.6%	3.8%	5.6%
	divorced	10.2%	2.7%	6.2%
	widowed	38.2%	6.6%	21.1%
	never married	1.9%	0.0%	0.9%
Education				
	no formal schooling	27.7%	8.2%	17.2%
	nformal schooling	5.0%	3.8%	4.4%
	primary completed	60.4%	72.7%	67.1%
	secondary completed	5.0%	10.9%	8.2%
	higher completed	1.9%	4.4%	3.2%
	Residence			
Urban		55.1%	37.3%	45.3%
Rural		44.9%	62.7%	54.7%

All these characteristics are controlled by gender, marital status, education and type of residence.

In terms of education more than two-third (79%) had received formal education. Eighty six percent of older females had received formal education (completed primary, secondary or higher education) compared to 67% of males. These differences were significant *(X^2=26.159, df=4, p=.000) and Cramer's V p=.000.*

More than half of all older people (66%) were married. However, marital status exhibited a strong gender dimension. More than three quarters (87%) of older females were married compared to 42% of older males. Reciprocally, majority of older men were both widowed 38% and divorced 10% compared to older women, 6.5% and 2.7%, respectively. These differences were significant (*X^2=78.991, df=4, p=.000) and Cramer's V p=.000*.

The results of OLS with Satisfaction Scale are presented in the following tables, starting with results involving the whole sample and followed by a filtered sample of older people aged 50 and above.

Table 2: OLS with Life Satisfaction Scale (Whole sample)

	Standardized Coefficients		
Life satisfaction item	Beta	t	Sig
Sex	-.015	-.267	.789
Rural	-.057	-1.011	.313
Social ES	.2033	.531	000
Age groups	062	1.131	.259
Food	-.176	-5.840	.000
Water	-.012	-.430	.667
Medical	-.035	-1.186	.236
Energy	-.073	-2.603	.009
Cash	-.129	-4.492	.000

Table 3: OLS with Life Satisfaction Scale (sample older people 50+)

	Standardized coefficients		
Life Satisfaction Item	Beta	t	Sig
Sex	-.011	-.196	.844
Rural	-.057	-1.012	.312
Social ES	.206	3.583	.000
Age groups	.062	1.131	.259
Food	-.209	-3.405	.001
Water	.022	.394	.694
Medical	-.044	-.740	.460
Energy	-.132	-2.185	.030
Cash	-.111	-1.784	.075

Social economic status was a significant factor on the life satisfaction of both older people and younger generations; cash was a significant factor for life dissatisfaction of young people. Insecurity, particularly lack of the availability of enough food and energy such as fuel, firewood and charcoal for cooking was great sources of life dissatisfaction to older people.

5.1. Cross tabulation results

We further analyzed the relationship between some variables of interest in this study in order to know more about living conditions of the sampled population. The cross tabulation was carried out using Syntax with the SPSS software Version 24. The variables which were used in exploring the relationships included: the number of children in the household who are currently living, availability basic facilities, income, and cultural beliefs about witchcraft.

Table 4: Living Arrangements (household)

Characteristic adult	**% hh Head**	**% spouse**	**% child <14%**	**live**
All	59.7	73.6	95.5	26.3
Urban	46.1	40.8	40.4	44.3
Rural	53.9	59.2	59.6	55.7
P-value	*.157*	*.006*	*.218*	*.672*
Male	65.4	65.6	61.0	50.0
Female	34.6	34.4	39.0	50.0
p-value	*.000*	*.000*	*.184*	*.339*

Table 4 indicates household living arrangements of older people. Almost three quarters (73.6%) lived with their spouses; older people living in rural areas lived with their spouses (59.2%) compared to those living in urban areas (40.8%). This finding was statistically significant (p =.006). Similarly, majority of older males (65.6%) lived with their spouses compared less older females (34.4%) lived with spouses. This finding was also statistically significant (p=.000). Over-half of all the respondents (59.7%) were household heads with more males (65.4%) being household heads than females (34.5%). This was found to be statistically significant (p =.000).

Table 5: Basic Facilities in Old People's Households

Variable	Urban	Rural	Total
What is your main source of water in the household?			
inside the hh	45.8%	11.7%	27.0%
inside hamlet	47.1%	73.4%	61.6%
outside hamlet	7.1%	14.9%	11.3%
What is your main source of electricity?			
TANESCO	63.5%	22.6%	42.0%
community generator	0.0%	0.6%	0.3%
solar panels	11.5%	33.5%	23.1%
car battery	2.0%	1.8%	1.9%
motorcycle battery	0.0%	1.2%	0.6%
other	23.0%	40.2%	32.1%
Technology: do you own any of the following?			
own bicyle (Yes)	29.7%	50.0%	40.6%
own motorcycle (Yes)	8.4%	8.6%	8.5%
own radio (Yes)	64.3%	.4%	62.0%
own tv (Yes)	42.9%	15.0%	27.5%
own mobile phone(Yes)	81.9%	82.3%	82.2%
own computer (Yes)	1.9%	2.1%	2.0%

Table 5 shows the availability of basic facilities to old people in both rural and urban areas. Water and electricity are important consumption items in the household. In both urban and rural settings, majority of households (72.9%) in which older people lived obtained water from sources outside the household. Electricity was available to more than half (63.5%) of the households in urban settings compared to less than half (22.6%) of the households in rural areas.

Most of the older people (82.2%) own mobile phones and radios (62.0%). It is very interesting that older people in rural areas own more mobile phones. Radios and televisions are mostly owned in households living in urban areas than in rural areas. Computers constitute the least owned technological item (2.0%) among older people.

Table 6: Sources of Income for Old People .

Variable	Male	Female	Total
Which are sources of income in your household?			
Wages (yes)	3.10%	9.70%	6.70%
Trading (yes)	47.20%	62.70%	55.40%
Rental (yes)	10.10%	11.40%	10.70%
Interests (yes)	2.50%	1.60%	2.00%
Remittances (yes)	12.60%	9.20%	10.70%
Pensions (yes)	1.90%	10.80%	6.70%
Charity (yes)	2.50%	3.80%	3.20%
Other (yes)	35.20%	22.70%	28.70%

Table 6 indicates that more than half (55.40%) of the households in which older people lived depended on trading as the main source of income. More older female (62.70%) live in households whose income came from trading than households in which older males (47.20%) lived. Other sources of income in these households were rental (10.70%) and remittances (10.70%). Wages and pensions which are usually stable income sources in old age were only available to less than a quarter (6.70%) of all the households in which older people were living.

Life of older people in Tanzania is marred by many acts of violence. Many older people are socially abused by either their families or communities by being accused for witchcraft practices, for which they may be liable to heavy punishments including torture, assault, eviction and death. As a result, many older people live in fear of being implicated as witches for the many misgivings taking place in the society. This study measured how the belief in witchcraft affects the private life of older people. The results are shown in figure 2.

Figure 2: Influences of witchcraft on older people's personal life

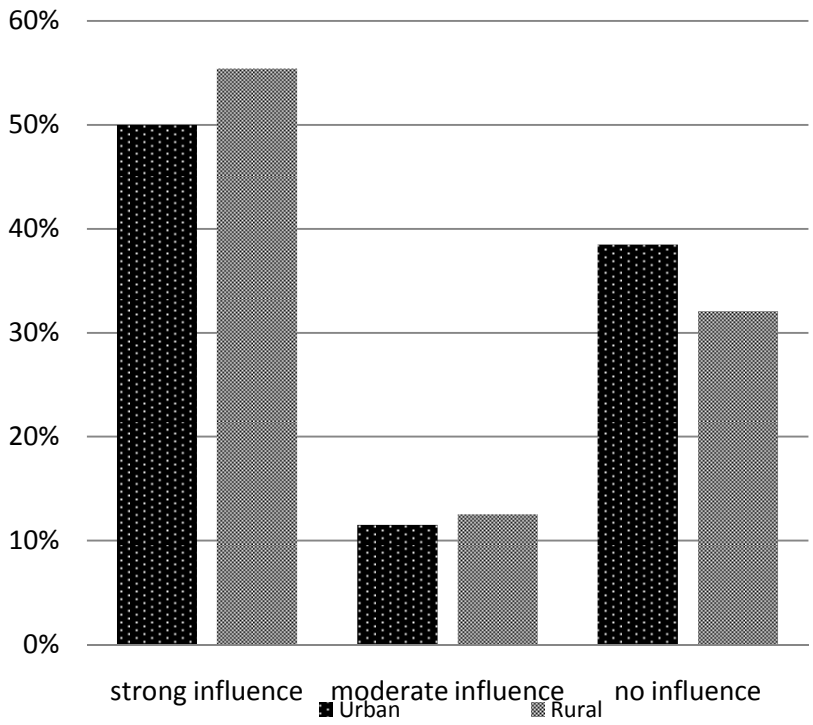

Figure 2. shows that witchcraft has a strong influence on older people's private lives. Among those who admitted that witchcraft has a strong influence in their lives, more than half (55.5%) of them came from rural areas as compared to their counterparts in urban areas (50%). And among those who said witchcraft has no effect on their lives, majority of them 38.5 % came from urban areas than rural areas (32.10%).

6. Discussion

Aged people accounted for over 5.5 per cent of the total population in 2012 Tanzania population and housing census (URT, 2012). Their satisfaction with living conditions is an agenda which goes beyond research findings on quality of life to include socio-political implications of this group of people in the society. Studies show that quality of life and subjective evaluation of life satisfaction of older people are determined by factors such as age, gender, financial status, health, social support and social networks (Gureje et al., 2008). This study consistent with previous studies such as Gureje et al., (2008) assessed different dimensions of the association of life satisfaction with social-demographic factors such as gender, education, marital status, place of origin, living arrangements, basic facilities, and sources of income.

Consistent with the Multiple Discrepancies Theory (MDT) which asserts that satisfaction is a function of perceived gaps between what one has and wants (Michalos, 1985: 347), the study found out that when it comes to age differences, older generation and the young generation did not differ much in their perceptions of factors which make one satisfied or dissatisfied. When the two groups were compared, social economic status, food, energy and cash were factors which significantly influenced satisfaction with living conditions in both groups. Availability of cash was however, less significant in influencing satisfaction with life among the older generation ($t = -1.7$, $p = .075$), than among the younger generation ($t = -4.49$, $p = .000$). Majority of the respondents lived in rural areas. The immediate concern of older people in these areas is how to meet daily living needs. Thus, items like food and cooking energy items (firewood and charcoal - these are the only alternative sources of cooking in rural areas, See table 5) catch the attention of many; and the absence of these items can trigger psychological problems to older people. Age is usually a determinant of life satisfaction among older people (Chen, 2001). However, in this study age was not considered in the analysis simply because the study population was relatively young in terms of old age populations. Only 9.6% of the sample was 70+ and about 87% of older people in the sample were below the age of 70.

This study significantly found that many older people were living with their spouses. This is a significant factor in life satisfaction in old age because married older people tend to be more satisfied with life (Møller, 2007). Older people living with their spouses (and most likely with other people in the family) can gain the support they need from their spouses and this leads into life

satisfaction (Chen, 2001). Majority of older people living with spouses were found in rural areas than in urban areas. This can partly be explained by the rural-migration nature of people in Tanzania. Usually people who move to urban areas in search of employment delay their matrimonial engagements because of economic conditions and some may live as bachelors. Therefore, they are more likely to live in urban areas without spouses.

It was also found that older males were more likely to live with spouses than older females. This is very true in many Tanzanian contexts. There is a greater variability in marriage in later life in Tanzania. Women in particular have low propensity to re-marry when they become windows (UNDESA, 2009). But chances are greater for re-marriage of older widower males.

Households heads were largely older men (65.4%) but the results also shows that there is an increasing significant numbers of aged women (34.6%) who are becoming heads of their families. This is consistent with many studies in Tanzania. According to HBS (2007), 13.4 per cent of all households headed by women in Tanzania were being headed by older women aged 65 and above. However, such households tend to be vulnerable to poverty.

Majority (95.5%) lived with children under the age of 14. Living with children and other close family members is a norm in many parts of Tanzania and Africa. A study by Mazzucato (2008) indicates that majority of older persons in Africa still live together with their close family members. Grand-parenting is one of such noble duties widely practiced by older people in Tanzania. Many older people are responsible for the care of their grandchildren, some of these are orphaned grandchildren (Spitzer and Mabeyo, 2011). The time-tested joking relationship between older people and young children and grandchildren is, needless to say, a factor in the life satisfaction of older people. The presence of young children in the household stimulates the roles of older people. In many African cultures older people are involved in socializing younger generations and imparting values and norms which would ensure society's survival and continuity (Nhongo, 2004). And in many contexts children do not always grow with their biological parents but can live in houses of kin parents such as grandparents. It is believed that such parents play significant roles for children's development. Exchange of children between families of biological parents and social parents is also an expression of group belonging which add to the satisfaction of old age life. Expanded social network and quality relations have positive impacts on the lives of older people: it

exposes older people to multiple interactions with family members from different generations; it can lead to improved care and health outcomes for older people (Bongaarts and Zimmer, 2002; Brown et al., 2005).

However, living with young children can also be detrimental to the living conditions of older people. Studies on intergenerational relations in Sub-Saharan Africa show that living in multigenerational families does not necessarily guarantee good care of older people (Bainame et al., 2011). Lerisse et al. (2003), Mboghoina and Osberg (2010) have found that one of the major impoverishing factors for elderly people in Tanzania is the burden placed on them for the care of orphaned (grand) children. Elderly in these households also suffer from innumerable health complications including stress, loss of sleep, depression, negative social relationships and the adoption of poor health behaviors such as smoking and (heavy) drinking (Hughes et al, 2007) – these can lead to life dissatisfaction of older people.

Other findings indicate that majority of households in which older people live have less income sources. Many depend on trading of products which is not very reliable source of income. In rural areas trading is mainly done on agricultural products which have very low market value, markets are local and periodical, and in a bad harvest year trading can diminish triggering a financial turmoil in the household. Given the fact that majority of older people in Tanzania are not covered by social security schemes, disturbances in household income is extremely dangerous to their living conditions.

Basic amenities constitute a substantial source of life satisfaction in old age. A study conducted by Møller (2007) on the life satisfaction of older people in South Africa showed that household amenities such as assured water supply, electricity, telecommunications, and ownership of cattle, sheep and poultry in rural areas, add to the life satisfaction of older people.

Generally, the study shows that older people in rural areas were most disadvantaged: they have less sources of income, basic facilities such as water are not easily accessible and they live in households which do not own technologies which can connect them to the world. The latter deserves special attention. It is encouraging that majority of older people, including in rural areas, own mobile phones for their basic communication needs. However, older people in urban areas have more advantage in the acquisition and use of these technologies that it is to their counterparts in rural areas. These inequalities in the use of technologies are not impressive as far as the life of older people is

concerned. Disconnection to media such as radio and televisions can create information backlog to older generations. This affects not only their capacity to timely access information but also infringes their very basic right of being informed.

Witchcraft has a strong influence in their lives of older people. Life situations of older people are often worsened by accusations of witchcraft – which is the worst factor in the discrimination and abuse of older people's rights (Nhongo, 2006). Accusation for witchcraft can be the source of fear and discomfort in the lives of older people as there are evidences that such cultural attitudes have led to kills of older people. However, differences existed between those who came from rural areas as compared to those from urban areas. The latter are less affected by such attitudes probably because of the cosmopolitan outlook of people living in urban areas which does not nurture such feelings of hatred.

7. Conclusion

Following the above discussion, it is obvious that the demographic transformations which have been experienced in the developing world for decades are now felt in Tanzania. These ageing transformations can affect the living conditions of older people in both rural and urban areas. Using quantitative data (n=345) from SAUT survey 2017, the study employed descriptive statistics and ordinary regression to examine the satisfaction with living conditions for older people aged 50 years and above.

Majority of older people still live with their spouses in the same households with limited income and inadequate basic facilities. Social Economic Status was found to be significant factor for determining life satisfaction of older people. Insecurity, food and energy deficiencies were the main predictors of life dissatisfaction to older people.

Although this study cannot be generalized, findings obtained are substantial in the understanding of life satisfaction of older people in Tanzania. It provides basic empirically based information to kick-start a large scale study of life satisfaction of older people in rural and urban areas in Tanzania. The results obtained in this study can be used to off-set overlooked social policy measures for successful ageing. This study revealed few indicators for life dissatisfaction of older people implying the need of undertaking future research studies and adoption of instruments which can capture more indicators to reveal in detail life satisfaction of older people in Tanzania.

This study also recommends for the government to undertake comprehensive programs to ensure protection and welfare of older people. Aged people are vulnerable to poverty and disabilities. In a country like Tanzania where majority of the people who are ageing now had no formal employment and thus no strong base for savings in old age, the conditions of life in old age are precarious. The government of the United Republic of Tanzania has to intervene for the welfare of the aged, to uplift those who have already descended into impoverishment to attain a life of dignity and to protect others from experiencing a life of economic and social deprivations in the future. Special attention should be given to older people living without spouses in urban areas – living alone leads to less support in old age and thus less life satisfaction.

There are positive political gestures towards welfare of older people in Tanzania. In recent years the government has taken a bold step in incorporating ageing in one of its ministries – the Ministry of Health, Social Welfare, Gender, Older People and Children. This political recognition of the aged is a milestone to the inclusion of older people in the national developmental agenda. However, there is a need for the government to take broad policy measures to ensure the wellbeing of older persons by liberalizing its health system making it universal in coverage to include older people who are likely to be affected by multiple health problems, introducing public transfer payments, and take bold and stern measures in the fight against ageism. These policies should be backed by legislations. Without provisions from the legislation it is not possible to hold anybody accountable for creating conditions for life dissatisfaction of older people.

This study further suggests for the harmonization of social institutions for old age wellbeing. Social welfare for the aged in Tanzania is still done informally. This is inadequate. Appropriate wellbeing of older people depends on both the family as well as the state. This is primarily because the two social institutions are not equal in terms of resource possessions and capacities. Families are rich in emotional and psychological support but limited in material resources and scope. Conversely, the state has more material resources, expertise, and coverage but can be limited in terms of physical, psychological and emotional care. An integration of the services from both institutions is always needed in order to offer balanced and quality ageing-in-place.

Several limitations existed with regard to the formulation and methodology of the data used in this study. The analysis of data from this study pointed to the

influence of witchcraft in the lives of older people but did not allow for the in-depth examination of the manifestations of this concept. Building on these weaknesses, future studies can consider developing research instruments which can capture information on witchcraft effects on older people and the extent to which it disturbs their daily private activities.

References

Bainame, K., Burnette, D., & Shaibu, S. (2011). Socio-demographic correlates of older adults' living arrangements in Botswana. *Botswana Notes and Records*, 46: 106-120

Bisegger, C., Cloetta, B., von Rueden, et al. (2005). Health-related quality of life: gender differences in childhood and adolescence. *Soz Praventivmed,* 50: 281–291.

Bongaarts, J., & Zimmer, Z. (2002). Living arrangements of older adults in the developing world: An analysis of demographic and health survey household surveys. *Journal of Gerontology: SOCIAL SCIENCES*, 15B(3): 145–157.

Bowling, A. & Stenner, P. (2011). Which measure of quality of life performs best in older age? A comparison of the OPQOL, CASP-19 and WHOQOL-OLD. *Journal of Epidemiology & Community Health*. 65: 273 – 280.

Brown, W. M., Consedine, N. S., & Magai, C. (2005). Altruism relates to health in an ethnically diverse sample of older adults. *Journal of Gerontology*, 60(3): 143–152.

Chen, C. (2001). Aging and life satisfaction. *Social Indicators Research*, 54(1): 57-79.

Denissen, J. J. A., Butalid, L., Penke, L., & van Aken, M.A.G. (2008). The effects of weather on daily mood: A multilevel approach. *Emotion,* 8: 662–667.

Diener, E. (ed.). (2009). *The science of well-being—the collected works of Ed Diener*. Springer: Dordrecht.

Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out? *Journal of Personality and Social Psychology,* 101: 1278–1290.

Diener, E., & Chan, M. Y. (2011). Happy people live longer: subjective well-being contributes to health and longevity. *Applied Psychology: Health & Well-Being,* 3(1):1–43.

Diener, E., Inglehart, R., & Tay, L. (2013). Theory and validity of life satisfaction scales. *Social Indicators Research.* 112(3): 497-527.

Dickes, P. & Klein, C. (2011). Satisfaction in life conditions and well-being. VALCOS project supported by the Luxembourg, "Fonds National de la Recherche" (contract FNR/VIVRE/06/01/09) and CEPS/INSTEAD, the Ministry of Higher Education and Research of Luxembourg.

Frey, B. & Gallus, J. (2008). Subjective well-being and policy. *Topoi*, 32(2): 207-212.

Frey, B.S. & Stutzer, A. (2002). What can economists learn from happiness research? *Journal of Economic Literature,* XL: 402-435.

Gabriel, Z. & Bowling, A. (2004). Quality of life from the perspectives of older people. *Ageing & Society.* 24: 675–691.

Gureje, O., Kola, L., Afolabi, E. & Olley, B. (2008). Determinants of quality of life of elderly Nigerians: results from the Ibadan study of ageing. *African Journal of Medicine and Medical Sciences,* 37(3): 239–247.

Gomez-Olive, F.X., Schröders, J., Aboderin, I., et al. (2017). Variations in disability and quality of life with age and sex between eight lower income and middle-income countries: data from the INDEPTH WHO-SAGE collaboration. *BMJ Glob Health.* 20;2(4)

Gottlieb, B. (1985). Social support and community mental health. In Sheldon Cohen & S. Leonard Syme (eds.), *Social support and health.* New York: Academic Press, pp. 303-326.

HAI & AU. (1999). *AU policy framework and plan of action on ageing*. Nairobi: HelpAge International.

HAI. (2002). *State of the world's older people 2002.* HelpAge International.

He, W., Goodkind, D., & Kowal, P. (2016). U.S. Census Bureau, International Population Reports, P95/16-1, An Ageing World: 2015. (No. P95/16-1). Washington, DC: U.S. Government Publishing Office.

House, J. S. & Kahn, R. L. (1985). Measures and concepts of social support. In Sheldon Cohen & S. Leonard Syme (eds.), *Social support and health*. New York: Academic Press, pp. 83-108.

Huebner, E. S., Suldo, S., Valois, R. F., et al. (2004). Brief multidimensional students' life satisfaction scale: sex, race, and grade effects for a high school sample. *Psychological Reports*, 94: 351–356.

Hutchinson, G., Simeon, D.T., Bain, B.C., et al. (2004). Social and health determinants of well-being and life satisfaction in Jamaica. *The International Journal of Social Psychiatry*, 50: 43–53.

Katschnig, H., 2006. How useful is the concept of quality of life in psychiatry? In Katschnig, H., Freeman, H., & Sartorius, N. (Eds.), *Quality of life in mental disorders.* John Wiley & Sons Ltd: West Sussex, pp. 3–17.

Lin, Y-C., Chang, J-C-., Chen, Y-M, et al. (2017). Health related quality of life among frail and pre-frail older adults in Taiwan. *International Journal of Gerontology,* 11: 449-452.

Economist Intelligence Unit. (2004). The economist intelligence unit's quality-of-life index. Retrieved from November 17, 2012 from http://www.economist.com/media.

Makoni, S. (2008). Ageing in Africa: A critical review. *Journal of Cross Cultural Gerontology,* 23: 199-209.

Meeks, C.B., Nickols, S.Y., & Sweaney, A. L. (1999). Demographic comparisons of aging in five selected countries. *Journal of Family and Economic Issues,* 20(3): 223-250.

Michalos, A. C. (1985). Multiple discrepancies theory (MDT). *Social Indicators Research,* 16: 347–413.

Møller, A. (2007). Satisfied and dissatisfied South Africans: results from the General Household Survey in International Comparison. *Social Indicators Research*, 81(2): 389-415.

Mwanyangala, M. A., Mayombana, C., Urassa, H., Charles, J., Mahutanga, C., Abdullah, S., & Nathan, R. (2010). Health status and quality of life among older adults in rural Tanzania. *Glob Health Action,* 3: 36–44.

Netuveli, G., Wiggins, R.D, Hildon, Z., Montgomery, S.M, & Blane, D. (2006). Quality of life at older ages: evidence from the English longitudinal study of aging (wave 1). *Journal of Epidemiology & Community Health,* 60: 357–363.

UNDESA (2013).World Population Ageing 2013. ST/ESA/SER.A/348. (No. ST/ESA/SER.A/348.). New York: United Nations. Retrieved from www.un.org/…df/ageing/WorldPopulationAgeing2013.pdf.

UNDESA. (2014). Concise report on the world population situation in 2014.

UNDESA. (2015). World Population Prospects, 2015 Revision (No. ESA/P/WP.241). New York: United Nations.

UNFPA. (2012). Ageing in the Twenty-First Century: A Celebration and A Challenge. New York: United Nations Population Fund (UNFPA).

URT, (2012). 2012 Population and Housing Census. Dar es Salaam. National Bureau of Statistics (NBS), Ministry of Finance.

Vangelist, A. L. (2009). Challenges in conceptualizing social support, *Journal of Social and Personal Relationships*, 26(1): 39–51.

The WHOQOL Group (1995). The World Health Organization Quality of Life Assessment (WHOQOL): Position Paper from the World Health Organization. *Social Science & Medicine*, 41: 1403–1409.

Wilcox, B. & Vernberg, E. (1985). Conceptual and theoretical dilemmas facing social support research. In Sarason, I., Sarason, B., & Nijhoff, M. *Social support theory: Research and applications*. Publishers Boston, pp. 3-20.

Williams, P., Barclay, L., & Schmied, V. (2004). Defining social support in context: A necessary step in improving research, intervention, and practice. *Qualitative Health Research*, 14(7): 942-960.