

Short Review

The Overview of the Elderly Population

Malale Tungu Mondea*

Department of Health and Allied Sciences, Muhimbili University, Dares Salaam, Tanzania

*Corresponding author: Malale Tungu Mondea, Department of Health and Allied Sciences, Muhimbili University, Dares Salaam, Tanzania. Tel: +46907865000; Email: malaletungu@gmail.com

Citation: Mondea MT (2017) The Overview of the Elderly Population. J Aging Neuro Psychol: JANP-102. DOI: 10.29011/JANP-102.100002

Received Date: 10 July, 2017; **Accepted Date:** 27 October, 2017; **Published Date:** 3 November, 2017

Introduction

According to data from World Population ageing report of 2015, the number of old population aged 60 years and above, has increased in most countries and are projected to accelerate in the coming years. The report shows that between 2015 and 2030, the number of elderly aged 60 and above is projected to grow by 56 percent (901 million to 1.4 billion) while by 2050, the global population of elderly is projected to 2.1 billion [1]. Statistics shows that elderly grow faster in urban areas than in rural areas whereby between 2000 and 2015, the elderly aged 60 and above increased by 68 percent in urban areas while in rural areas increased by 25 percent. Many developing countries like Tanzania adapting health systems to serve a growing number of elderly to maximize health and wellbeing. The government through health care systems spends a small portion of the budget on health care for elderly and in most cases health care for elderly is not a priority policy [1,2].

Elderly and health care in Tanzania

The total population in Tanzania is about 44.9 million and is dominated by working age population aged between 15-64 years old (52.2%) and young population less than 15 years old (43.9%). Elderly population aged 65 years and above is only 3.8% while elderly population aged 60 years and above is 5.5%. Life expectancy at birth in Tanzania has been increasing from 43 in 1960, 51.0 in 2002, 58 years in 2011 to 61.8 in 2012 [3,4,5].

Elderly in Tanzania have no formal social security schemes or free medical services. About one out of 100 old Tanzanians was entitled to social security coverage in 2006. Only 11 per cent of them had access to healthcare fees exemption at a health facility in 2011. The majority of elders proceed to work, especially in agricultural activities in rural areas in order to sustain daily life. In 2011, 70 percent of elders (aged more than 65) were still active on the labor market in Tanzania, against 55 percent in Kenya; 30 percent in Korea and less than two percent in France [2,6].

Wealth and Medical expenditure for the elderly population

The increasing health expenditure for the elderly is a major concern for the global economy [7]. Health expenditures can be catastrophic, especially for the elderly, who are vulnerable age group population and often lack social security in Less Developed Countries like Tanzania. With the increase of the vulnerable elderly population, the cost and the utilization of health care services for the elderly have also increased proportionately. Subsequently, the per capita health expenditure and share of Gross Domestic Product (GDP) spent on health are expected to increase [8].

Methodology

This study will use a cross-sectional household survey to measure the self-reported health problems, the pattern of access to health care services, determinants of wealth and medical expenditure of the health care services and to assess the current priority setting methods and procedures among elderly people in Nzega and Igunga districts, in rural Tanzania which will include questions from SAGE and EQ5D classification system. Through this survey old people (above 60 years old) will report by rating the main health problems including mobility, self-care, usual activities, depression, discomfort and other related symptoms.

My expectations include

- To help older people through talking directly to officials especially under decentralized governance system about health care services need of the elderly population group and to ensure their rights are protected.
- To push for the immediate implementation of free access to health care services with friendly environment for the elderly population group.
- To work with human rights organizations and other NGOs to

challenge hurtful beliefs and customs that lead to the harassment of the elderly people due to accusations of

- Witchcraft especially in rural areas.

References

1. World population, ageing. Suggest Cit United Nations, Dep Econ Soc Aff Popul Div (2015) World Popul Ageing. United Nat (ST/ESA/SER.A/390): 164.
2. Mwanyangala M, Mayombana C, Urassa H, Charles J, Mahutanga C, Abdullah S, et al (2010) Health status and quality of life among older adults in rural Tanzania. Glob Health Action 3: 36-44.
3. National Bureau of Statistics (NBS), Office of Chief Government Statistician (2013) Population Distribution by Age and Sex: The United Republic of Tanzania: 471.
4. (URT) Tanzania in Figures (2016) Natl Bur Stat Dar es Salaam, Tanzania.
5. Tanzania TUR of Health Sector Strategic Plan July 2015-June 2020. Minist Heal Welf. 2015.
6. Morisset J and Wane W (2012) Old and Vulnerable: The Status of Tanzania's Elders. World Bank 2012.
7. Brinda EM, Rajkumar AP, Enemark U, Prince M JK (2012) Nature and determinants of out of pocket health expenditure among elderly in a rural south Indian community. Int Psychogeriatr 24: 1664-1673
8. Rudawska I (2013) Epidemiologic and demographic trends as a challenge for European health care systems. Probl Zarz 11: 34-52.