

**Learning with older people about their transport and
mobility problems:
improving access to health services and livelihoods**

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A collaborative transport research project in Tanzania

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Collaborators:

- Vikuge community peer researchers
- Kibaha Local Government Authority
- HelpAge International Tanzania
- Good Samaritan Social Services Trust
- Research on Poverty Alleviation [REPOA]
- Abdul Awadh, transport consultant
- Durham University, UK



Background: transport services study focused on older people

- Older people commonly face **mobility-related social exclusion**
- **Older people are a rarely-researched group in transport studies**
- Our key aim = to explore transport constraints impacting on access to health and other services important to older men and women
- Importance of obtaining data disaggregated by location, gender, age, household composition etc.
- 10 village study, Kibaha district



Research in Kibaha district

- Research focused on 10 settlements
 - 4 villages located off-road, with no clinic
 - 5 villages located off-road, with clinic
 - one small town located on the paved road [Kongowe]
- Findings present important evidence of an ongoing transport and communications revolution in rural Kibaha with **widespread implications for all age-groups and relevance well beyond this district**



Roads and transport in Kibaha district

- Many roads are barely passable after heavy rains
- Roads traversing black cotton soils particularly intractable in rains
In the rains even the boda-boda doesn't go. You have to carry the sick person on your back and ferry them across the stream till you get to where the boda-boda is available [settlement leader]
- Motorcycle taxis are now the main transport mode [except in Kongowe]— rapid spread to all study settlements in last 2-3 years





Participatory research rooted in innovative co-investigation

3 research strands:

- 1. Innovative Participatory Peer Research by 12 Older People** trained as community co-investigators
 - also helped shape design of conventional checklist interviews and survey questionnaire
- 2. Qualitative in-depth check-list interviews** with older people, key informants, boda-boda drivers [N=194]
- 3. Survey research:** questionnaires to older people [N=339]

Participatory co-investigation

- Draws on methods developed in earlier child mobility study [www.dur.ac.uk/child.mobility]
- 12 Older People Peer Researchers recruited [8 men, 4 women, all 60-70y]
- 1-week training workshop led by HelpAge trainer
- Peer researchers work in all 10 study settlements [74 in-depth interviews by Older People research team]
- Design of [more conventional] qualitative checklists and survey builds on preliminary findings of peer researchers]



Context: living conditions of Older People [OP] in the study settlements

Main household fuel: 94% wood; 6% charcoal

Household drinking water: in some settlements 100% OP households depend on wells

Caring: many OP care for grandchildren [some orphaned, many have migrant parents]







Older People's Livelihoods

- **OP's education levels** low – 72% had no education [83% older women, 47% older men, **never** attended school]
- 82% have no pension or grants [F=78%, M=87%]. 11% receive remittances [F=15%, M=4.5%] and 4% pensions.
- **OP's main occupation:** farming [80% older women, 89% older men]
- **Land ownership:** majority of farms under 5 acres
- OP typically **cultivate** only $\frac{1}{4}$ to $\frac{1}{2}$ total land owned
- **Labour of grandchildren** and children [if living locally] often an essential support
- **Low produce prices** due to farmgate sales – older people cannot carry large loads on boda-boda or bicycle

Other income sources of OP

- 4% OP have **pensions**; 11% OP receive regular **remittances** [but many more receive irregularly]
- **Kibaruwa** [casual wage labour] widespread : 45% older men, 23% older women reported doing kibaruwa [e.g. farming, road maintenance] in the last year – to get immediate cash



When I don't have some money I have to find a place where they hire people to dig and work as a casual labourerto feed my grandchildren and me. [Widow 66y, 4 grandchildren, Vikuge]

Health status of OP

- 6% reported leg pains, 6% eye problems and 5% waist pain as disabling factors),
- 38% older women, 47% older men used health services in the month prior to the survey
- Main reasons for health-seeking by OP in last year: malaria [17%], swollen joints/leg problems [11%], 'fever' 10%
- Difficulties of OP in seeking treatment:
 - Fees/costs of health treatment F=59%, M=64%
 - **Travel difficulty F=47%, M=48%**
 - **Travel cost F=35%, M=39%**
 - Health service quality F=20%, M=26%



OP's *principal* difficulty in seeking treatment [N=339]

	None	Fees/costs of health treatment	Travel difficulty	Travel cost	Quality of service	No one to accompany	Prefer Traditional healer
F	31%	37%	9%	5%	5%	3%	6%
M	37	31	7	6	11	2	3
Total	34	35	9	6	8	3	5

Cost of treatment and medicines + travel difficulties/costs a major impediment

- *Free medical service [for older people] is spoken about but not practiced – it's political rather than practical!*
[Settlement leader]
- *[At the clinic] They can say, 'go and buy medicines. We don't have medicines here.'* [Woman c.80y]



Transport-related health difficulties/costs

- **Journey to the clinic:** Mode of OP transport on last visit to clinic:
Walking F=47%, M=46%; Motorcycle taxi F=29%, M=23%; Bicycle F=3%, M=6%; Bus F=4%, M=5% [mostly Kongowe];
I have problems with my leg so I can't walk far. Even going to the nearby clinic, I can sit four times. And then there is no medicine.....
[Woman 80+y]
- **Journey to buy medicines**
Working in the remote areas is not easyWe do not have enough medicine and we do not have a pharmacy here - people have to go to [nearest town] which is about 4000Tsh one way [by boda-boda] so as to get some medicine. [Clinical officer]
- **Referral to hospital**
You may call the ambulance from the hospital but you pay fuel 20,000 so the boda-boda is cheaper. I've not seen an ambulance this year. [settlement leader]

Other transport issues:

1. Intra-village domestic loads

- Domestic load carrying [water, fuelwood, farm produce] is a major burden for OP
- Very few OP own a wheelbarrow or cart
- Water, headloaded in 20kg containers:
 - 22% OP have to collect from locations over 30 mins from home.
 - 70%F, 47%M carry all the water they use [usually 2X per day]
 - Grandchildren help when not at school
- Fuel wood:
 - 47 % OP have to collect wood from locations over 30 mins from home
- Grain to maize mill [n.b. most villages lack mills]:
 - Mostly carried by children/grandchildren



I don't have strength to go to farm but I try to fetch water. I don't have a child or grandchild here. I go just down there to the well....thirty minutes per journey. I do this three or four times a day....But I can't carry a bucket like this so I carry in the gallons (brings out two gallon containers). I carry two but I cannot go all the way – I have to stop for rest and carry on, stop and carry on again.

[woman c.80y, three children all dead, Vikuge]

2. Load-carrying as a health problem for OP

- Medical investigations are few: mostly only anecdotal evidence of health impairment
- Heaviest loads carried by older women: water [30%], firewood [29.6%], farm produce [18%]
- Heaviest loads carried by older men: firewood [46%], water [22%], farm produce [21%]
- Estimated weight of heaviest loads for most OP = 20kg
- Pain associated with carrying widely reported, except among oldest [80y+]who can no longer carry

OP reports of most important load carrying impact in week prior to survey

	No problem	Headache	Waist/back pain	Tiredness
Female	22.2%	19.7%	29.1%	12.3%
Male	13.7	12.2	43.5	13.7
Total	18.9	16.8	34.7	12.9

LOAD PAINS

- *I do carry heavy loads like farm produce and firewood for cooking- almost 10kgs or 15kgs - the weight of loads increases especially at harvesting seasons. I suffer very much due to loads carrying - bones pains and I go for treatments at the dispensary. [Woman 79y, Mwanabwito]*
- *I carry heavy loads all the time, though due to my age nowadays I carry up to 20kgs but in the past I was able to carry even 30 - 35kgs on my head. I do suffer ... back pain, headache and neckache. If it is serious I go to the hospital, if not I only take pain killers. [Woman 68y, Kongowe]*



3. Travel beyond the village



- **Pedestrian travel** predominates in OP travel inside and outside the village
- **Bicycles** principally a male mode
 - 9% older women, 89% older men know how to cycle [but only 40% older men still cycle]
- **Motorbike taxis:** 18% older women, 31% older men used in the week before the survey – now ubiquitous
- **Minibuses, buses:** only a viable alternative to boda-boda in accessible areas of Kongowe and along the paved road [benefits =comfort, lower cost, speed].



Boda-boda, a transport revolution for rural Kibaha, even for OP



- ***OP would prefer other motorised transport [bus, minibus] BUT the only real alternative is usually walking***

boda-boda has improved my life ... now it is simple to travel to Mlandizi and even to transport the farm produce to town. Not only that, many goods are now available at our village ...so we do not need to travel to Mlandizi frequently for shopping.

[Man 73y, Kitomondo]

- **Important even in Kongowe**

I like travelling by boda-boda because it takes me up to my home place... the buses [are more comfortable but] do not come up to our home places... and the buses are not available at night time. [Widow 62y, living with one daughter and 3 grandchildren, Kongowe]

Boda-boda: the downside

- **OP biggest dislike is speed of travel [principal disadvantage say 39% older women, 36% older men]**
- **Cost limits usage and excludes the poorest [n.b. especially high night-time and rainy season charges]**
- **Discomfort - dust, vibration etc.**
- **Dangers for sick/very old – have to be wedged between driver and 2nd passenger**
- **Fear of traffic accidents: 2.5% older women, 4% older men in survey reported they had had a motorcycle accident**
- **Passenger helmets often unavailable + fears of ‘fungus’**
- **Dangers and discomfort for pedestrians**



Mobile phones: a complementary new rural connector

- **Owned** by 41% older men, 15% older women
BUT widely available through relatives and friends
- **Boda-boda services especially efficient when ordered by mobile phone:**

I have a phone and in my phone contact I have one number of a boda-boda operator who I usually call in case I need boda-boda.

[Widow 67y, Ngeta]

- **In some cases virtual mobility can replace physical mobility [social interaction + money transfers] - many reports of reduced journeys**

I don't have to travel so much nowadays - maybe when there is a funeral or a crucial thing for me to travel, but for minor things I use my brother's phone and we talk. [Woman 66y, Soga]



Review and prospect

- Substantial recent access improvement in remote areas, even for OP, especially re emergency health travel - due to boda-boda + mobile phone uptake
- Diversity of mobility experience by age, household composition, economic status, health status, location, gender
- Mobility-related isolation is strongest among very poor older women and men without supportive children and grandchildren living nearby
- Transport difficulty/costs may be a tipping point re health seeking among the very poor, though communities try to back-stop in emergencies
- Virtual mobility of mobile phone supports stretched households [where children are in town and grandchildren left with grandparents]

Findings from this OP study have wider implications for community well-being

- New connectivities resulting from boda-boda+mobile phone usage have positive potential to improve rural life for all ages BUT
- Findings indicate urgent need for:
 - improved boda-boda services for OP and all ages [safe, comfortable]
 - other practical transport interventions, e.g. for intra-village domestic loads
 - non-transport interventions to improve access [boreholes, firewood plantations etc.]

Recommendations

- Explore how motorcycles could be modified to transport sick and vulnerable people
- Enforcement of the free health care policy
- Find means to support older people to sell their produce in markets where they can obtain a fair price
- Promote emergency fund by local government authorities to support the transportation of vulnerable people for referrals

- Promote road safety awareness among operators and users including increased usage of protective gears such as helmets – address the fear of skin diseases
- Promote modified local ambulances for emergency transport
- Promote collaborative effort between local boda boda operators and older people connected through mobile phones for emergency health access

- Road engineering to enable safe road access for motorcycles
- Involving local transport operators to support vulnerable people to access health services
- Access to secure income for vulnerable people, including older people, through social pension and other livelihood support