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Abstract

Limited healthcare literacy among elderly populations in Bagamoyo district, Tanzania, impairs their ability to navigate healthcare systems, understand medical instructions, and make informed health decisions. Despite various initiatives, a significant knowledge gap exists in understanding how healthcare literacy levels influence elderly individuals' access to healthcare services. Anchored in the Social Determinants of Health (SDH) theory, this study aimed to determine the effect of healthcare literacy on access to healthcare services among the elderly in Bagamoyo district. The mixed-method research design employed a pragmatic approach, targeting elderly individuals aged 60 years and above attending health facilities. Using Krejcie and Morgan's formula and a proportional formula, a sample size of 239 respondents was determined, with 237 participants ultimately included. Data collection utilized structured questionnaires, key informant interviews (KIIs), and focus group discussions (FGDs), focusing on education levels, healthcare awareness, and health information comprehension. Descriptive and inferential statistics were employed for quantitative analysis, while qualitative data underwent thematic analysis. Linear regression results revealed a significant positive relationship between healthcare literacy and access to healthcare services (coefficient=2.501, p-value=0.000), with the model explaining 5.6% of the variance. Qualitative findings highlighted challenges in healthcare delivery and education, emphasizing the need to adapt communication styles to ensure comprehension and adherence to medical advice. The study concludes that healthcare literacy plays a critical role in shaping health outcomes among elderly populations in rural settings like Bagamoyo district. It recommends prioritizing healthcare literacy in healthcare provision strategies through tailored education campaigns, multi-channel health communication platforms, and enhanced provider-patient communication.

Keywords: *Healthcare Literacy, Access to Healthcare Services, Elderly, Bagamoyo District, Pwani Region, Tanzania*

1.0 Background of The Study

Healthcare literacy among elderly populations has emerged as a critical determinant of healthcare access and outcomes globally, with particular significance in developing nations like Tanzania. Studies by Smith, Byles, and Kingston (2016) highlight how inadequate healthcare literacy among elderly individuals significantly impairs their ability to navigate healthcare systems, understand medical instructions, and make informed decisions about their health. This challenge is particularly pronounced in rural areas like Bagamoyo district, where limited exposure to formal education and healthcare information compounds the difficulties elderly individuals face in accessing and utilizing healthcare services effectively. Research by Wang, Xie, and Fisher (2018) and Li and Sun (2020) demonstrates that healthcare literacy extends beyond basic reading and writing abilities to encompass understanding medical terminology, interpreting health information, and effectively communicating with healthcare providers.

The intersection of healthcare literacy with aging presents unique challenges, as highlighted by Tyagi and Paltasingh (2017) who found that declining cognitive abilities, sensory impairments, and limited technological literacy among elderly populations can further compromise their ability to access and understand healthcare information. In Tanzania specifically, Morisset and Wane (2012) observed that while life expectancy has increased from 43 years in 1960 to 58 years in 2011, corresponding improvements in healthcare literacy among the elderly population have not kept pace. This disparity is particularly concerning given that only eleven percent of elderly Tanzanians were exempted from healthcare costs by 2011, making it crucial for them to understand and navigate complex healthcare systems and insurance schemes.

The relationship between healthcare literacy and healthcare access is further complicated by cultural and societal factors, as demonstrated by Mutisya, Osala, and Liku (2017), who found that approximately 80% of elderly individuals in developing countries face significant barriers in understanding and accessing healthcare services due to limited healthcare literacy. Frumence, Nyamhanga, and Amani (2017) further elaborate on how healthcare literacy challenges in Tanzania are exacerbated by the shortage of healthcare workers in rural areas, making it difficult for elderly individuals to receive adequate explanation and guidance about their health conditions and treatment options. This situation is particularly acute in areas like Bagamoyo district, where healthcare facilities often lack dedicated personnel to assist elderly patients in understanding and navigating healthcare services.

The impact of healthcare literacy on elderly healthcare access is also influenced by broader social and economic transformations. Garcia and Navarro (2018) demonstrate how urbanization and changing family structures have disrupted traditional knowledge transfer systems, leaving many elderly individuals without adequate support in understanding and accessing modern healthcare services. In Tanzania, these changes have coincided with the implementation of new healthcare policies and systems, as noted by Kpessa-Whyte (2018), creating additional complexity that elderly individuals must navigate. The situation in Bagamoyo district reflects these broader challenges, with healthcare literacy emerging as a crucial factor in determining whether elderly individuals can effectively access and benefit from available healthcare services.

1.1 Statement of the Problem

The relationship between healthcare literacy and healthcare access among elderly populations in Bagamoyo district presents a significant challenge that requires urgent attention. Despite Tanzania's National Aging Policy and various healthcare initiatives, Ntahosanzwe (2013) reports that 57% of elderly individuals avoid using health facilities when sick, with limited

healthcare literacy being a major contributing factor. This avoidance is particularly concerning given that only 15% of elderly individuals receive the free treatment they are entitled to under Tanzanian law (URT, 2007), suggesting that limited understanding of healthcare rights and systems significantly impairs access to available services.

The problem is further compounded by the lack of comprehensive research examining how healthcare literacy specifically impacts healthcare access among elderly populations in rural Tanzania. While studies by Abdu (2018) and Tungu et al. (2020) have investigated various determinants of healthcare access, there remains a significant gap in understanding how healthcare literacy levels influence elderly individuals' ability to navigate healthcare systems, understand medical instructions, and make informed decisions about their health care. This knowledge gap is particularly critical in Bagamoyo district, where factors such as limited formal education, language barriers, and complex healthcare systems create additional challenges for elderly individuals seeking to access healthcare services, as highlighted by Amani et al. (2021) and Mpeta et al. (2023).

1.2 Objective of the Study

To determine the effect of healthcare literacy on the access to healthcare services by the elderly in Bagamoyo district, Pwani Region, Tanzania.

1.3 Research Hypothesis

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

Null Hypothesis (H_0): Healthcare literacy does not have significant effects on access to healthcare services by the elderly.

Alternative Hypothesis (H_a): Healthcare literacy has significant effects on access to healthcare services by the elderly.

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

2.0 Literature Review

2.1 Theoretical Review

This study is anchored in The Social Determinants of Health Theory (SDH), originally propounded by Dahlgren and Whitehead (1991) and later developed by Tarlov (1996). The theory views health as a phenomenon determined by a range of social determinants, including peace, social justice, food, income, balanced ecology, sustainable resources, and equity. According to Tarlov (1996), inequalities in the quality of housing, education, social acceptance, employment, and income are closely linked to disease, thereby influencing health outcomes. The theory embeds three interrelated concepts addressing the root causes of health inequality: the psychological/behavioral aspect suggesting that psychological stress leads to unhealthy conditions; the social causation theory positing that individuals with higher socio-economic status maintain better health; and the life-course perspective explaining how accumulation of social, economic, and environmental exposures throughout life influences health outcomes (World Health Organization, 2010).

In the context of healthcare literacy and access among elderly individuals in Bagamoyo District, the SDH theory provides a comprehensive framework for understanding how social and economic inequalities shape healthcare outcomes. Elderly individuals who have had access to better education are more likely to possess the health literacy required to understand medical instructions and treatment options, while those with lower literacy levels may struggle to

comprehend medical advice, leading to delays in treatment or misuse of medications (Marmot and Wilkinson, 2005). The theory's life-course perspective is particularly relevant, as it considers how a lifetime of exposure to poverty, low-quality education, and insecure employment accumulates to create profound health disparities in old age. This is exacerbated by the high prevalence of chronic diseases and mental health issues among the elderly, which are often the result of long-term exposure to poverty and inadequate healthcare (World Health Organization, 2018).

The SDH theory's emphasis on socioeconomic status as a driving force behind health inequalities aligns perfectly with examining healthcare literacy's impact on access. Elderly individuals with lower socioeconomic status are not only more likely to experience poor health outcomes but also face structural barriers such as inadequate healthcare infrastructure and limited availability of services in rural areas. Tanzania's commitment to Universal Health Coverage under the National Health Policy aligns with the SDH framework, aiming to reduce health disparities. However, the policy's implementation in rural areas like Bagamoyo has been uneven, leaving many elderly individuals without sufficient healthcare access due to systemic gaps in service provision (URT, 2020). The theory helps explain how disparities in education and income lead to divergent health outcomes, particularly in rural, under-resourced regions like Bagamoyo, where many elderly individuals rely on informal employment and lack social security benefits, further limiting their ability to pay for and understand healthcare services (Berkman et al., 2011).

2.2 Empirical Review

Health literacy significantly influences healthcare access and outcomes among elderly populations, with higher literacy levels consistently associated with improved health outcomes. The Centers for Disease Control and Prevention (CDC, 2010) defines health literacy as the ability to gain, process, and comprehend basic health information and services needed for appropriate health decisions, emphasizing three core aspects: effective utilization of health information, informed decision-making, and understanding health from a community perspective. Studies by Noblin and Ashley (2017) have demonstrated that elderly patients with higher literacy levels show greater proficiency in using health information technology and managing their health decisions, while those with lower literacy levels struggle with comprehending medical information and following treatment procedures accurately.

Research by Malone and Dadswell (2018) establishes a direct relationship between health literacy and health behaviours, revealing that higher literacy levels correlate with increased healthcare service utilization and better communication with healthcare providers. The World Health Organization (2012) emphasizes that quality of life is intrinsically linked to an individual's ability to understand and manage their health within cultural and goal-oriented contexts. This relationship extends to Kabole's (2013) findings, which identify three primary ways health literacy impacts elderly healthcare: ensuring medication adherence, empowering the rejection of detrimental traditional beliefs, and facilitating effective provider communication. Higher literacy levels enable elderly individuals to better understand prescriptions, challenge negative health-related stereotypes, and engage more effectively with healthcare providers.

The literature further reveals important considerations for developing countries like Tanzania, where socioeconomic, cultural, and healthcare systems differ substantially from developed nations. Research resources and infrastructure limitations in developing countries have led to an emphasis on context-specific interventions that address unique local challenges. Studies by Noblin and Ashley (2017) and Malone and Dadswell (2018) highlight the importance of understanding these distinct contexts when developing healthcare literacy programs. This

research builds on these findings by examining health literacy's impact on healthcare access among elderly individuals in Bagamoyo District, with the goal of designing effective, culturally appropriate healthcare interventions that respond to local needs and capabilities.

2.3 Conceptual Framework

The conceptual framework illustrates the relationship between healthcare literacy and access to healthcare services among the elderly in Bagamoyo district. The framework demonstrates how education levels, healthcare-seeking behaviour and the impact of education on healthcare management influence service adequacy, satisfaction, and utilization patterns.

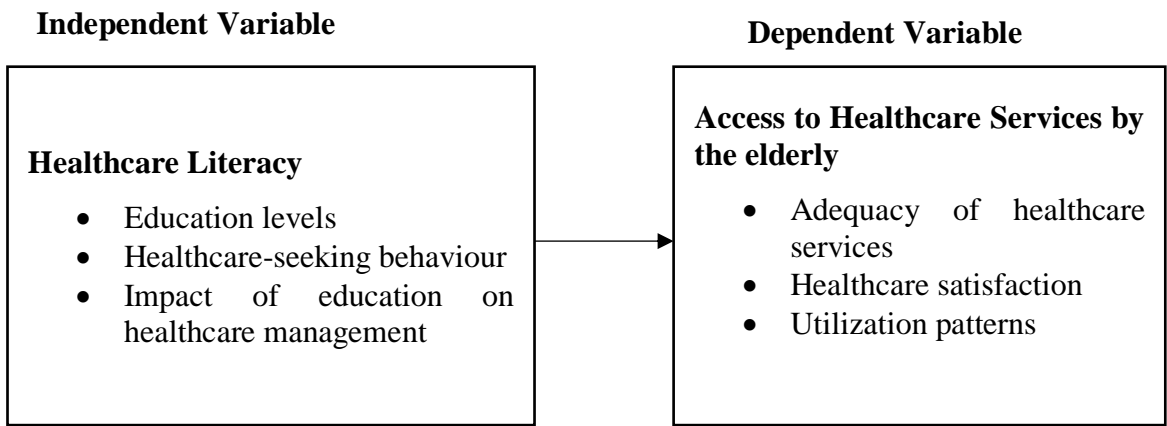


Figure 1: Conceptual Framework

3.0 Research Methodology

The study employed a mixed-method research design under a pragmatic research philosophy, incorporating both qualitative and quantitative approaches to comprehensively understand how healthcare literacy influences elderly healthcare access in Bagamoyo district of Pwani Region, Tanzania. The research targeted elderly individuals aged 60 years and above who were attending health facilities during data collection, with a total population of 4,998 elderly individuals (2,441 males and 2,557 females) and an annual healthcare facility attendance of 1,570 according to 2022 Bagamoyo District health records. Using Krejcie and Morgan's formula, and a proportional formula a sample size of 239 respondents was determined, though the actual study achieved 237 participants. The study utilized a three-stage sampling approach: first, multistage sampling was employed to select 14 health facilities across 10 wards of Bagamoyo district, followed by random sampling to select elderly respondents from health facility records, and finally, purposive sampling to select 15 key informants (14 facility medical officers and 1 district medical officer) along with 11 participants for focus group discussions. Data collection instruments included structured questionnaires for quantitative data collection and key informant interviews (KIIs) and focus group discussions (FGDs) for qualitative insights, with specific focus on healthcare literacy aspects including education levels, healthcare awareness, and health information comprehension. The reliability of these instruments was rigorously tested through a pilot study conducted with 20 respondents across seven healthcare facilities and validated using Cronbach's Alpha, which yielded coefficients of 0.7733 for unstandardized items and 0.8086 for standardized items, indicating strong internal consistency. The research proceeded only after securing necessary ethical approvals from various authorities including SPUL Board of Postgraduate Studies, SPU-ISERC, NIMR, NatHREC, and COSTECH, ensuring compliance with research ethics standards particularly regarding vulnerable elderly populations. Data analysis employed both descriptive statistics (means, standard deviations, frequencies) and inferential statistics (Pearson's correlation,

simple and multiple linear regression) to assess relationships between healthcare literacy variables and healthcare access, while qualitative data underwent systematic thematic analysis through transcription, coding, and theme identification, with SPSS software being utilized for statistical analyses to ensure robust and comprehensive findings regarding the impact of healthcare literacy on elderly healthcare access.

4.0 Finding and Discussions

The specific research objective was to analyze the impact of health-care literacy on the access to healthcare services by the elderly in Bagamoyo district of Pwani Region, Tanzania. The study question was, in which ways do literacy levels affect access to healthcare services by the elderly in Bagamoyo district of Pwani Region Tanzania? The study focused on the questions revolving around respondents’ access to healthcare consultations, perceived contribution of healthcare literacy on the access to healthcare services by the elderly in Bagamoyo district. It also had a look on the correlation between healthcare literacy and access to healthcare services. Multivariate analysis was employed on the discussion about healthcare literacy and elderly access to healthcare services.

4.1 Respondents Healthcare Literacy Status

The study examined respondents' healthcare literacy status by analysing their educational attainment and primary sources of health information, as these factors significantly influence their ability to understand, access, and utilize healthcare services. Understanding these aspects is crucial for developing effective healthcare interventions that address the specific needs of elderly populations in Bagamoyo district.

Table 1: Respondents' Educational Levels and Sources of Health Information

Educational Level	Frequency	Percent (%)
Did not attend formal education	91	38.4
Primary	115	48.5
Secondary	17	7.2
Tertiary	14	5.9
Total	237	100
Sources of Health Information	Frequency	Percent (%)
No health-related news access	65	27.4
Newspapers	7	3
Internet	20	8.4
Public health meetings	102	43
Other sources	33	13.9
Missing System	10	4.2
Total	237	100

The findings reveal a complex interplay between educational attainment, information access, and healthcare-seeking behaviours among elderly residents in Bagamoyo District. A significant portion of respondents (38.4%) reported no formal education, reflecting historical socio-economic barriers that continue to impact healthcare access. As one elderly respondent noted, "I rely on the traditional healer because they explain things in ways I understand, unlike hospitals where they use complicated words." This sentiment highlights how limited education can lead to preference for traditional healing practices. In contrast, 48.5% of respondents had primary education, enabling basic health literacy though challenges with complex medical information persist. Regarding health information sources, public health meetings emerged as the primary channel (43.0%), highlighting the importance of community-based health

initiatives. However, a concerning 27.4% reported no access to health-related news, potentially contributing to healthcare access barriers. The limited use of modern information channels, such as newspapers (3.0%) and internet (8.4%), reflects both technological and educational barriers facing elderly populations.

These findings align with previous research while offering new insights into the relationship between education and healthcare access. Studies by Noblin and Ashley (2017) and Malone and Dadswell (2018) found that higher literacy levels correlate with increased healthcare service utilization and better provider communication. However, this study extends these findings by revealing more complex dynamics in Bagamoyo, where cultural and generational factors significantly influence healthcare behaviours. For instance, some educated individuals combine traditional and modern healthcare approaches based on perceived efficacy, demonstrating that healthcare choices are influenced by both educational and cultural factors. The Social Determinants of Health (SDH) Theory is evident in these findings, as socio-economic factors clearly shape both health literacy and healthcare access patterns. The strong preference for public health meetings and informal information networks emphasizes the need for culturally relevant, community-based health communication strategies that can effectively reach elderly populations with varying levels of education and technological access (Smith & Davies, 2018; Martinez et al., 2020).

4.2 Respondents Access to Health Advice

The study examined patterns of healthcare advice access among elderly respondents in Bagamoyo District, analysing frequency of consultations, preferred healthcare facilities, timing of medical advice-seeking, and satisfaction levels. This comprehensive assessment provides crucial insights into how elderly individuals interact with healthcare systems and their preferences for accessing medical guidance.

Table 2: Healthcare Advice Access Patterns Among Elderly Respondents

Frequency of Access	Frequency	Percent (%)
All times	91	38.4
Rarely	86	36.3
Never	24	10.1
Missing System	36	15.2
Total	237	100
Healthcare Facility Preference	Frequency	Percent (%)
Private facilities	21	8.9
Government facilities	87	36.7
Both government and private	123	51.9
Missing System	6	2.5
Total	237	100
Timing of Medical Advice	Frequency	Percent (%)
Anytime	47	20.43
Before illness	11	4.78
During treatment	172	74.78
Total	230	100
Satisfaction Levels	Frequency	Percent (%)
Unsatisfactory	3	1.3
Uncertain	4	1.7
Satisfactory	180	75.9
Very satisfactory	42	17.7
Missing System	8	3.4
Total	237	100

The findings reveal complex patterns in healthcare advice access and utilization among elderly residents in Bagamoyo District. While 38.4% of the respondent’s report having access to healthcare advice "all times," a concerning 36.3% report rare access, and 10.1% report never having access, highlighting significant gaps in healthcare consultation availability. Regarding facility preferences, most respondents (51.9%) utilize both government and private facilities, suggesting a strategic approach to healthcare access that maximizes available resources. However, the timing of medical advice-seeking shows a reactive rather than proactive pattern, with 74.78% seeking advice only during treatment, while just 4.78% pursue preventive consultations. Despite these access challenges, satisfaction levels remain notably high, with 93.6% reporting satisfactory or very satisfactory experiences with received medical advice. These findings align with existing research while offering new insights into healthcare access patterns in rural Tanzania. Studies by Gill et al. (2017) and Brown and Tracy (2019) have documented similar challenges in healthcare access among elderly populations, particularly in resource-limited settings. However, this study extends these findings by revealing the sophisticated ways elderly individuals navigate between formal and informal healthcare systems. As evidenced by one informant's observation, "When an elderly person comes to the clinic or hospital for services, they expect to receive all the prescribed medicines. If you tell them that a particular medicine is not available and they need to buy it from a pharmacy, they don't understand" (R3, November 2023), highlighting the gap between expectations and healthcare system realities. The integration of digital health tools with community-based models shows promise for improving healthcare access (Barberan-Garcia et al., 2021), though success depends heavily on addressing socio-economic and technological barriers. This research contributes to the broader understanding of elderly healthcare access in rural settings,

emphasizing the need for comprehensive approaches that combine traditional and modern healthcare delivery methods while considering local contexts and constraints.

4.3 Perceived Contributions of Healthcare Literacy on the Access to Healthcare

Services by the Elderly

This section examines how elderly respondents in Bagamoyo District perceive the impact of their healthcare literacy on their ability to access and utilize healthcare services, focusing on symptom recognition, treatment adherence, and preventive healthcare understanding. Note: SD = Strongly Disagree, D = Disagree, U = Uncertain, A = Agree, SA = Strongly Agree

Table 3: Healthcare Literacy Impact on Healthcare Access and Understanding

Statement	SD (%)	D (%)	U (%)	A (%)	SA (%)	Total (%)
Recognition of illness and timing of medical care	3	8	4.2	79.7	3.8	98.7
Understanding medical needs	8.4	16.5	8	62.4	3.4	98.7
Adherence to treatment protocols	3	6.9	2.6	82.8	4.7	100
Understanding preventive measures	1.3	5.9	8	76.8	6.3	98.3

The findings reveal strong positive perceptions of healthcare literacy's impact on healthcare access and utilization. Notably, 83.5% of respondents indicate that their education level enables them to recognize illness and determine appropriate timing for seeking medical care. Similarly, 82.8% acknowledge their ability to adhere to treatment protocols, while 83.1% report understanding preventive healthcare measures. These high percentages suggest that respondents with better healthcare literacy feel more confident in managing their health needs and navigating healthcare systems. The results align with existing research by Lee, Tsai and Kuo (2016), who found positive correlations between health literacy and healthcare utilization among elderly populations. However, the results also reveal important disparities, with 16.5% of respondents disagreeing about understanding their medical needs, highlighting potential gaps in healthcare literacy that need addressing. Socio-cultural beliefs, language barriers, and varying levels of education access continue to influence healthcare literacy levels across different demographic groups within Bagamoyo District. The findings emphasize the importance of developing targeted educational initiatives and health literacy programs that consider these disparities while empowering elderly individuals to actively participate in their healthcare management.

4.4 Regression Analysis and Hypothesis Testing Results

The study objective was to analyse the impact of healthcare literacy on access to healthcare services among the elderly in Bagamoyo district, Pwani Region, Tanzania. To achieve this, a composite measure of elderly access to healthcare services was developed, encompassing various dimensions such as respondents' level of education, healthcare-seeking behaviour, and perceptions of the impact of education on healthcare management. This variable serves as a key predictor in the following linear regression analysis.

Table 4: Linear Regression Results

AccessHCservice_eq~1	Coef.	St. Err.	t-value	p-value	[95% Conf	Interval]	Sig
Healthcare literacy	2.501	.669	3.74	0	1.182	3.82	***
Constant	10.607	1.296	8.18	0	8.054	13.161	***
Mean dependent var		15.290	SD dependent var		5.235		
R-squared		0.056	Number of obs		237		
F-test		13.963	Prob > F		0.000		
Akaike crit. (AIC)		1446.537	Bayesian crit. (BIC)		1453.473		

The linear regression results reveal a significant positive relationship between healthcare literacy and access to healthcare services among the elderly in Bagamoyo district. The coefficient of 2.501 indicates that a one-unit increase in healthcare literacy corresponds to a 2.5-unit increase in access to healthcare services, holding other variables constant (p-value = 0.000). The F-test (F = 13.963, p-value = 0.000) confirms the overall significance of the regression model. However, the R-squared value of 0.056 suggests that only 5.6% of the variance in access to healthcare services can be explained by healthcare literacy alone.

These quantitative findings align with the qualitative analysis, which identified challenges in healthcare delivery and education as key themes. A key informant highlighted the impact of education on elderly patients' understanding and adherence to treatment instructions, stating, "Yes, education has an impact because an elderly person with little education will understand things more slowly. Following treatment instructions becomes very difficult, ..." (R4, November 2023). This emphasizes the need to adapt communication styles to ensure comprehension and adherence to medical advice, recognizing the diverse educational backgrounds within the elderly population.

The positive impact of healthcare literacy on access to healthcare services is consistent with existing literature. Studies by Berkman et al. (2011) and others have shown that individuals with higher levels of education are more likely to engage in preventive health practices, adhere to medical treatments, and utilize healthcare services appropriately. Improved healthcare literacy is associated with better treatment adherence and health outcomes across various populations (Bostock & Steptoe, 2012; Jordan, Osborne, & Buchbinder, 2011).

The regression results support rejecting the null hypothesis, as the positive coefficient (2.501) and low p-value (0.000) indicate a strong and statistically significant relationship between healthcare literacy and access to healthcare services. This finding aligns with the Social Determinants of Health (SDH) Theory, emphasizing how knowledge and understanding of healthcare systems directly affect the health outcomes of elderly populations. It also extends the Health Literacy Framework, highlighting the importance of obtaining, processing, and understanding basic health information in making informed healthcare decisions. Furthermore, this finding connects to Jean Watson's Theory of Transpersonal Caring, as higher healthcare literacy enables elderly individuals to engage more meaningfully in their care, fostering trust

and caring relationships. By confirming the strong influence of healthcare literacy, the study highlights that targeted interventions aimed at improving health literacy among the elderly could significantly reduce barriers to healthcare access, thereby enhancing overall health outcomes. The study's context in rural Tanzania emphasizes the global relevance of this framework, particularly in low-resource settings where healthcare literacy can drastically alter healthcare access.

5.0 Conclusions

The analysis of respondents' healthcare literacy status highlights the significant influence of educational attainment and primary sources of health information on their ability to understand, access, and utilize healthcare services effectively. The examination of healthcare advice access patterns uncovers both the challenges and the sophisticated strategies employed by elderly individuals in navigating between formal and informal healthcare systems. The perceived contributions of healthcare literacy on access to healthcare services underscore the strong positive impact of education on symptom recognition, treatment adherence, and preventive healthcare understanding. The regression analysis results provide quantitative evidence supporting the significant positive relationship between healthcare literacy and access to healthcare services, aligning with the qualitative findings and existing literature. These findings collectively emphasize the critical role of healthcare literacy in shaping health outcomes and the importance of developing targeted interventions and policies that address the diverse educational backgrounds, socio-cultural factors, and resource constraints faced by elderly populations in rural settings like Bagamoyo district. The study's insights contribute to the broader understanding of the Social Determinants of Health (SDH) Theory, the Health Literacy Framework, and Jean Watson's Theory of Transpersonal Caring in the context of elderly healthcare access in Tanzania, highlighting the need for comprehensive, culturally relevant, and community-based approaches to healthcare delivery and health education initiatives.

6.0 Recommendations

Based on the study's findings, it is recommended that healthcare provision strategies prioritize elderly healthcare literacy as a core component. Healthcare programs should focus on enhancing healthcare literacy through tailored education campaigns that address the unique needs of elderly individuals, simplifying complex medical information and promoting lifelong learning. Adopting multi-channel health communication platforms, such as community-based initiatives, digital platforms, traditional media, and interpersonal networks, can improve the dissemination of health information to elderly individuals, particularly in remote or underserved areas. Further, enhancing communication between healthcare providers and elderly patients through patient-centred consultations and specialized training in geriatric care can bridge the gap between providers and patients, leading to better healthcare outcomes, increased patient satisfaction, and more effective disease management.

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