The Influence of poverty on Elderly Health: A Case Study of Islamabad City

MPhil Thesis

Submitted to

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CERTIFICATE

This is to certify that this thesis entitled: "*The Influence of Poverty on Elderly Health- A Case Study of Islamabad City*" submitted by Ms. Lamia Iqbal is accepted in its present form by the Department of Development Studies, Pakistan Institute of Development Economics (PIDE), Islamabad as satisfying the requirements for partial fulfillment of the degree in Master of Philosophy in Development Studies.

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Declaration

I hereby declare that all my data produced in the thesis is my own, collected data from the field and is by no other improper means composed. If any part of my data is caught plagiarized, my thesis shall be subjected to immediate rejection and I shall not raise any objection to it, if the allegation is proved. However some secondary data is cited along with their reference sources.

Lamia Iqbal

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Contents

ABSTRACT

Pakistan is one of the poorest countries of the world. 24.3% of the people are living below the poverty line. There is lack of resources that having greater effect on the health of elderly. The population of elderly increases, and the problems associated with them as well. Poverty was the cause of such poor health and livelihood patterns in the area. In current study how aging, gender, health issues increases poverty in elderly were discussed. For the study major objectives were, to explore the socio-economic problems of elderly and examine the reciprocal relationship of poverty, aging and health among the elderly in Islamabad. Qualitative sampling procedure were adopted for the study with major emphasis on the in-depth interviews, purposive sampling methods. Health and economic conditions of the old-agers were analyzed and find out that, due to lack of children's interest for the wellbeing of parents, lack of financial resources and due to aging, elderly people needed someone for their care. There was no one for their help, children were engaged in their livelihood, so they do not have time for their parents. The study also documented that, due to aging the health conditions of the elderly were poor, they need extra care but lack of emotional attachment and connection of youngers with parents they faced both physical and psychological health issues, and aging increases the intensity of such issues. Study also concluded that, elderly people needed external help because they were not able to take care of themselves. The present study concluded that only the health conditions but the experiences by elderly due to less economic resources and social negations of responsibilities such as children and other relatives were the root cause of their ill-health. Children must cooperate with them, it was their moral and ethical responsibility. Parents are the fortune for youngsters they must cooperate with them and get benefits in the form of blessings and well of God.

Key words: *Elderly, Health, Economic Conditions, Societal Responsibility (ies)*

CHAPTER 1

1 INTRODUCTION

The boost in human life expectancy has led to a considerable increase in the elderly. The elderly population is going up worldwide and analogous trends are being observed not only in Asia but also in Pakistan. Pakistan's demographic trends show that between 1990 till 2010, the population aged 6o years increased by 75.1%. It is projected that the life expectancy will increase to 72 years by 2023. According to the projection of WHO report 1998, 5.6% of Pakistan's population was over 60 years of age, with a probability of doubling-up to 11% by the year 2025 (Gapminder, 2011).

It is observed that aging also bring poverty to the elderly. Poverty deprives people from the standard life style. Poverty is complex as it comprises of many aspects that constitute the livelihood of the people. Besides lack of material means, elderly also face other consequences that are lack of ability to participate effectively in economic, social and political life. The elderly are thus not able to participate in decision-making processes which affect their living conditions.

Poverty is a situation where elderly survives with problems that follow them, living hand to mouth and in regular need due to lack of basic necessities of life and resources of production. In Pakistan there is lack of special planning for the senior citizens. There are inappropriate social policies for the welfare of senior citizens which worsen the present situation of the elderly in Pakistan. Aging bring number of problems for the individuals. One of the most crucial effect of aging is on health.

Poverty is about not having enough cash to fulfill the needs, even the basic needs which includes food, clothes, shelter. Actually it is much more then not having enough money. Poverty is huger, being sick and not being able to see a doctor. Many have little scope to save against future costs of poor health or even to pay for health services today. Extreme poverty interacts with health in many ways and undermines a whole range of human capabilities, possibilities and opportunities. Poverty also leads to a threat of health. People enduring poverty are less educated, and have not much

idea about health issues, they have less knowledge about health care centers , they don't know much that how to promote health (Khawaja, 2005).

Another important factor that correlates with poverty and health in many ways is old age. Old age persons are also known as the elderly. The concept of old age contains a relative articulate set of expectations and experiences which include social and cultural signals as well as statistical thresholds of old age. Most developed countries accepted the age of 65 as a definition of the elderly or older persons.

The process of aging is a biological truth which is beyond human control. Common perspective shows that the elderly indicates those individuals who are above 50years of age. The elderly play a very important role in society especially in our culture, some are considered as institutions because they transfer local cultures to the younger generations. Some of the elderly play a vital role in conflict resolution and maintaining peace in the society. They are intermediaries, representative figures, men on who authority could agree. Some old persons still act as advisers and supervisors in family.

Pakistan is also going through the demographic transition phase like other developing countries around the globe. continuous improvement in life expectancy and low fertility rate has resulted in population boom with nearly 180 million dwellers, which further may reach to 210 million by 2020 (Elahi, 2012).

As the percentage of elderly people grows in relation to other age groups, more assets will be requisite to meet demands for health care and other services. In order to understand the basic human demands of elderly people we need to study them properly. For that reason Gerontology was introduced which is defined as the study of the maturing and development through middle age and later life. Gerontology is the study of aging across the life course. It encompasses the social, psychological, and biological aspects of the aging process. Gerontology is a multidisciplinary field and can be applied to a variety of careers and professions. The field of gerontology is actually quite broad, containing many professionals who focus on various aspects of

aging and development. While it could be considered one large field, it actually consists .It isn't just about studying old people. It's a broad study area, including:

- Physical changes, like those in the muscles, skeleton and hormone systems
- Mental changes, including how thoughts and memories change
- Social changes, such as how one interacts with others and how society interacts with old ones.

Social and economic policies, services, and research are needed to enhance the well-being of older adults and to eliminate the ageism that prevents older people from living with dignity, realizing their full potential, and accessing resources. Health and mental health care, including promotion initiatives to prevent and ameliorate physical, psychological, and cognitive disability and disease, substance use disorders, and suicide among older adults; primary and acute care, including effective medications and sexual health care; rehabilitative services and assistive technology; psychotherapy and substance abuse treatment; palliative and hospice care; and specialized geriatric and Gerontological health and mental health services. A medical insurance for senior citizens provides such individuals with financial benefits besides offering monetary help in case of unforeseen medical emergencies. A health insurance policy empowers an elderly person to go for health check-ups, financial help during emergency health problems as well long term medical treatment. This study aims to find out the ground realities of elderly life in Pakistan, their socio economic status along their health conditions.

The troubles of elderly populace turn out to be diverse when the phenomenon of ageing is not escort by socio-economic advancement. That means a huge section of the elderly population, due to their somewhat disadvantaged socio-economic position; continue to live on low level of continuation. The augment in the level of poverty certainly affects the lives of the elderly population the most. This is because, the elderly who are in general poorest of the population, are destitute of socio-economic chances due to their less ability to contribute in socio-economic activities efficiently.

The recent rising trends in poverty in Pakistan pose a new set of challenges that are likely to affect the elderly population with no economic and social support. Poverty levels in Pakistan have shown variations over the past decades. The poverty level based on caloric intake declined from about 47 percent in 1969-70 to 17 percent in 1987-88. However, the decade of 90s, during which the structural adjustment programme of IMF was being implemented, showed a substantial increase in the levels of poverty in Pakistan. The recent estimates show that 33 percent population is living below or on poverty line and they had a less access to health care centers. (Qureshi & Arif, 2001)

Moreover there is lack of government policies for elderly people who worsen the whole situation of the old and poor population in Pakistan.

1.1 Statement of the Problem

Pakistan is one of the poorest countries of the world. 24.3% of the people are living below the poverty line. The notion of poverty also added miseries in the life of elderly people. There is lack of resources which put negative impacts on the living standard of the individuals generally and having greater effect on the health of elderly specifically. Poverty is both a cause and a consequence of poor health. Poverty increases the chances of poor health. As the population of elderly increases the number of problems associated with elderly also increased in Pakistan. Here in this study, it has been explored that how aging, gender, health issues is created by poverty in elderly. This study will also analyze that what kind of problems elderly people are facing in economic, health and in social life with increasing their age in the locale of the study.

1.2 Objectives

- To explore problems of elderly in socio-economic context.
- To examine the reciprocal relationship of Poverty, Aging and Health.

1.3 Research Questions

What problems are being faced by elderly in socio-economic context?

What is the reciprocal relationship among poverty, aging and health?

CHAPTER 2

2 LITERATURE REVIEW

A literature review is a theoretical and methodological contributions to a particular topic. It is associated with academic oriented literature, such as thesis or article, a literature usually precedes a research proposal and results section.

Aging is elaborated by Frank in his article in a logical way. He not only discusses the biological but also discuss the socio-cultural factors of aging. According to him, change in individual life is not only biological or physical but also socio-cultural in human life. Aging can also be exmine into primary and secondry parameters, primary aging is about biological change which is also called physical chage and second on is secondry change which is produced in a result of environmental change (Frank, 2007).

Frank explains that we can understand the concept of aging in two different ways. Aging can be understand on the basis of biological or anatomical changes as well as it can be understand on the basis of changing roles and statuses with time.

The increase in elderly people often related to technological advancement and human mastery over health care and other contributing factors to aging as Ali in his article stated that agig in general population affectsthe socio-economic conditions of individual in society because of the income ratio which is being decreased in elderly (Ali, 2012)

. Originally, in the article it was described that, that with the promotion of technological advancments, the process of aging is less miserable andelderly lifestyle is btter than ever before. In contrast, it was also analyed that, technological advancements have created more burden on aging person in socio-economic conditions, and in the stability of this socio-economic stability of the society as a whole.

According to the report of United Nations the ratio of elderly is growing day by day in the whole globe which will bring change in the social structure of different societies. Population above 65 years is rapidly increasing from past two decades and it was predicted that till 2015 it may became 20 percent and till 2050 it might be 30 percent of overall population(United Nations, 2008)

. Aging is one of the important issue which much be discussed in present scnerio because the population of elderly is increasing day by day on international level. In near future, the rapid increasement of elderly will make huge population of old age peoples and elderly would be making a significant part of the overall population therefore it is important to be prepare theoratically about the comfuture problems.

> While in Pakistan according to the report (Sathar & Casterline, 1998) that, like other countries demographic transition also took place which means that the number of elderly is also increasing. It was defined that demographic transaction was begun since 1990 (Sathar&Casterline, 1998)

The present study suggests that the average length of life has risen from 47 to 73 years in this century, but the maximum life duration has not increased. Hence, survival curves have assumed an ever more rectangular form. Eighty percent of the years of life lost to non-traumatic, premature death have been eliminated, and most premature deaths are now due to the chronic diseases of the later years. Present data allow calculation of the ideal average life span, approximately 85 years. Chronic illness may presumably be postponed by changes in life style, and it has been shown that the physiological and psychological markers of aging may be modified. Thus, the average age at first infirmity can be raised, thereby making the morbidity curve more rectangular. Extension of adult vigor far into a fixed life span compresses the period of senescence near the end of life. Health-research strategies to improve the quality of life require careful study of the variability of the phenomena of aging and how they may be modified (James & Fries, 2002).

Care-taking of the older people is very necessary. The physical aspect is the domain of the physician and the physical therapist. These people are trained to maintain the body and help it return to a sense of normal following an injury or illness. Since the body changes as one gets older, the same techniques that were useful on a younger person may not be useful now. Timing must also be considered since elderly people may take more time to heal from a simple injury. Mental and the social changes a person experiences can greatly impact him or her in several interactive ways. Many people may feel like they are losing their minds or getting Alzheimer's disease because they can't remember anything this leads to depression and social isolation. Your body never really stops growing and changing. Some of your cells even live past your death, continuing to grow and work. Reeling it back from death talk, there needs to be a better understanding of the changes that happen to a person as they age. You don't want to give 20-year-olds, 40-year-olds, 60-year-olds and 80-year-olds all the same treatment. The population around the globe is aging and this demographic shift influences every aspect of society (kawalyzck, 2003).

Now a days in Pakistan, elderly people are facing number of problems due to lack of policies and protection bills by government, poor economic conditions and other cultural factor contribute into their miseries.

The elderly populatio ecame a issue for a commuity whe there is o proper planing for socio-economic achivements for them. A huge portio of populatio is out of socioecoomic participatio which makes socioecoomic disastars for comig populatio. The dependency ratio which is recorded uder the poulatio is 15 and of those 65 years and above to the working age population (15-64 years) shows an increasing trend in Pakistan that is, from a value of 6.7 for the year 2000 to 7.9 in the coming and 12.1 by 205 (U.N. 2002).

Poverty brings several adverse effects to elderly life and health is one of the biggest victims in this regard. Several studies show that there is a direct relationship between elderly health and poverty. As discussed below,

In the article it was endeavored to shed light on the explanatory value of material, psychosocial and behavioral factors for the poverty-health association on old age

population which are diagnostically different, but in social reality often intertwined. Our study has shown PR to be associated with increased FI. We found PR associated with increased levels of frailty among older adults, and the gap persisted, even slightly increased throughout old age (Stolz & Freidl, 2017).

In the above- mentioned study "FI" means frailty index whereas "PR" is poverty risk. It is shown in the above study that there is a direct relationship between the two variables. Poverty comes with different sort of health problems i.e. physical health issues, psychological health issues and different sort of behavioral issues.

Another study focusing on poverty and health gives more empirical results as,

Health related treatments were seen to be costly from previous time. People above 55 years have mostly more health issues tan the young generation. Cancer, diabetes and heart conditions can easily affected old agers and these kinds of diseases required treatments. So, the medical treatments became so costly that adults are falling for bankrupts to keep those medical treatments (Hansford, 2018).

It is clear from the provided study that with increase in age, health status tends to decline rapidly. People of older age are at larger risk of some lethal diseases. In this situation poverty has a crucial role as discussed above. There is a huge tendency that people of older age suffering from diseases become economically weak and become unable to get proper treatment.

On policy level, there is a need of providing some welfare programs to the poor elderly so that they can fight this difficult phase of life. Studies show that there are some programs in different countries in this regards. For example,

It was descried that there is some legislation from past few years who works to help the older adults to fight for poverty. For instance, In America, the disabilities act led to door ad door to provide community based services and accessibility. On the other and, the older America act provides support to the poorest elders. They also provide protecting programs like Medicare and social security. It is essential for preventing more seniors from falling into poverty. Americas fighting for such programs and they wanted to make their seniors strong (Walls, 2018).

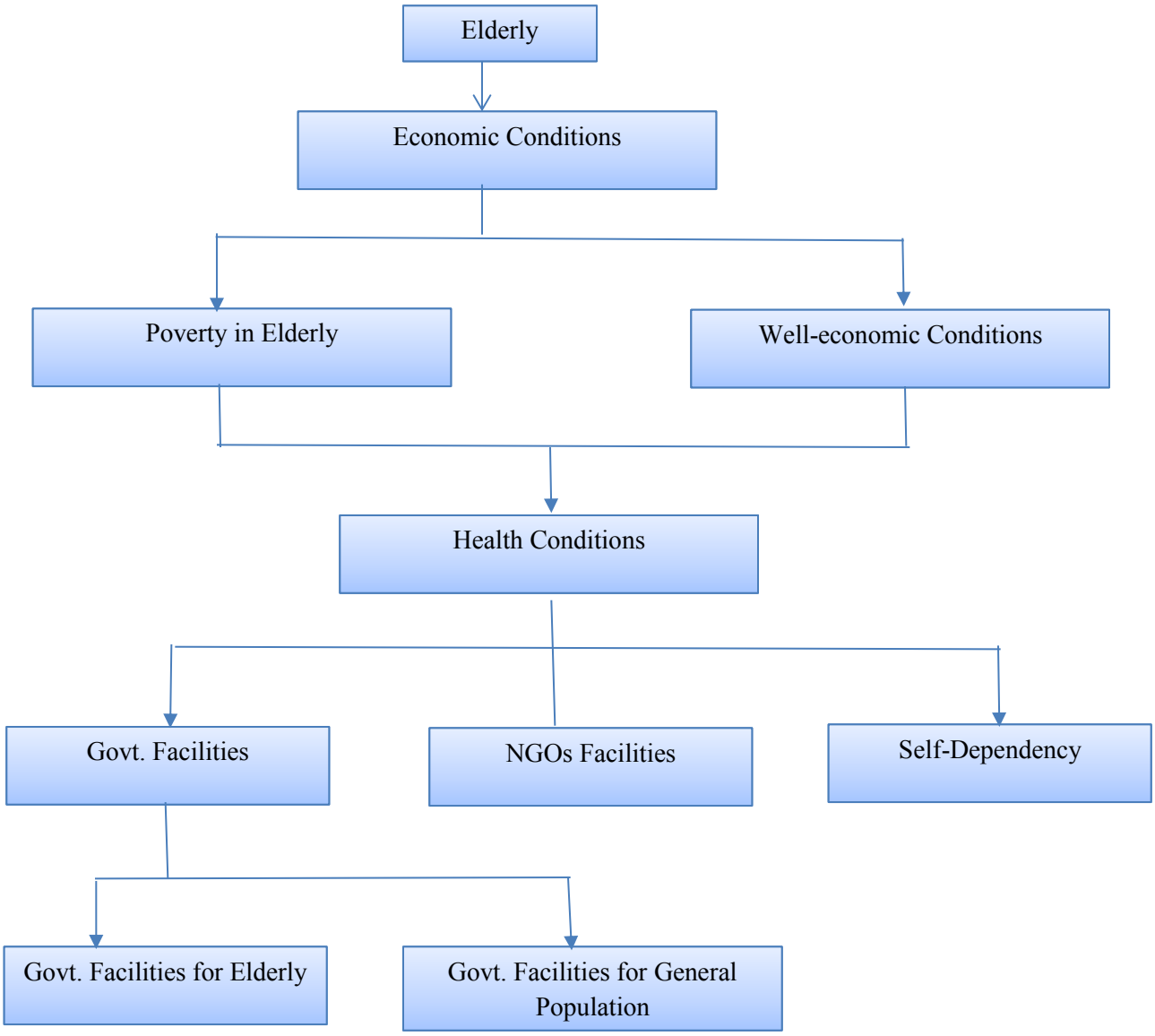
The augment in the level of poverty certainly affects the lives of the elderly population the most. This is because, the elderly who are in general poorest of the population, are destitute of socio-economic chances due to their less ability to contribute in socio-economic activities efficiently.

“The recent rising trends in poverty in Pakistan pose a new set of challenges that are likely to affect the elderly population with no economic and social support. Poverty levels in Pakistan have shown variations over the past decades.1 The poverty level based on caloric intake declined from about 47 percent in 1969-70 to 17 percent in 1987-88. However, the decade of 90s, during which the structural adjustment programme of IMF was being implemented, showed a substantial increase in the levels of poverty in Pakistan. The recent estimates show that 33 percent population is living below or on poverty line”(Qureshi & Arif, 2001) .

.However, There is little uncertainty that normally talking crime has a greater impact people, and that it can have severe effects on their worth of life. None the less, one of the contradictions criminological considerations of 'risk' and 'fear' remainders that while aged people agonize as much or more from the fear of crime as early people, they appear least likely of all groups to be mistreated. In the Islington Crime Survey, example, only 15 per cent of those who reported requiring been victims of violence aged over 45 years (Pain, 1995).

2.1 Conceptual Framework

Preset study is about to analyze the elderly health which is being affected by poverty. The whole study and its analyses is given in the proceeding conceptual framework which will give the idea about present research and study; there are different aspects through which we can visualize our research problem and research gap of the present study.



2.2 Elderly:

Elderly was considered those man and woman who are above 50 years and they are affected by poverty. In the present topic the researcher have main focus upon elderly health which is influenced by poverty.

2.3 Economic Conditions:

Economic conditions of elderly are being visualized in the proceeding work, it is important here to know the basic economic conditions of elderly and how economic condition affects elderly health. Secondly, it is also important to analyze that what differences is made in poor elderly population and in wealthy population.

2.4 Government and other Sectors/Institutions Facilities:

Elderly health in international community is the basic responsibility of government but here in developing countries Non-government organizations also perform this work. Government is not providing basic facilities for elderly health it is being visualized in the proceeding research.

CHAPTER 3

3 RESEARCH METHODOLOGY

In every social and biological research, certain methods and tools were used for data collection. The methodology involved the use of particular techniques and methods for the collection of data. According to Pelto, the logic in use which involves the process of particular techniques for data collection (Pelto, 1978).

The objective of methodology lies in seeking the answers of research questions and finding ultimate truth and information about particular phenomena to make it understood. There were two major approaches for data collections in social sciences e.g. quantitative and qualitative. For the present research study, i have used qualitative research methods for data collection.

This ethnographic description majorly deals with the gerontology and public health in reference to poverty. For the study, participant observation was administered to understand the personality behaviors of respondents from locale. The living styles, as well as construction of reality around them were documented to make the study more comprehensive. Methods which were used during present study is described below.

3.1. Qualitative Research:

Qualitative research was characterized by its unique features, that related to understanding of social aspect as people understand. The methods, which were (in general) used in this researches generate words/themes and concepts rather than numbers or variables for data analysis (Patton, February,2007).

The primary data was collected through semi-structured in-depth interview schedule from the capital territory of Islamabad, some other methods were also administered for data collection which were discussed in detailed below.

1. Participant observation
2. Sampling
3. Interviews
4. Case study

5. Focus group discussions
6. Field notes
7. Audio recording

3.2. Participant observation

Rapport building is one of the most fundamental steps in research. It was used to establish a relationship with the community members to gain their trust and confidence about sharing the specific ideas and the patterns of their behavior. A powerful tool, that helped researchers for collecting authentic information. Rapport building provided manifesto for selection of respondents and key informants (Bogdan, 1973).

In the present research study, due to the nature of the study it was important to maintain a friendly relationship among respondents because without it, it was not possible for me to explore the real information and patterns of behavior about concerned topic. In start-up of the research I have faced many difficulties in the field because as I was a stranger for the respondents and they did not shared anything about their personal life. To overcome this hesitation, I spend more than one week to develop a healthy relationship with the respondents. Key informants helped a lot to make myself more native and neutral for them. After getting the confidence of the respondents that I would never use their information other than academic work, they gave consent for interviews and sharing daily life activities with me.

3.3. Key informants

Key informants remained major source of information, especially regarding the various patterns and behaviours of the community. Key informants were those persons who provide formal and informal information regarding the normative structure of the particular group and the value system, traditions, behaviors which exhibit in their community and the life style of the community members. They remained the main source of information, till the completion of thesis and do helped

in validating research and data interpretation. Selection of the key informant is important and depends on the luck and working relationship between the two groups on trust based.

It was necessary for the researcher to explain the objectives of the study to the key informants, so they helped in obtaining useful data. In the study the key informant were chosen very carefully, because without their proper support, the selection of respondents and the facilitators were very problematic. I have spent three weeks for selection of the key informants. They were familiarized with proposed concept for their better utility, they worked according to some scholars as the assistance of researchers. They do not have the intellectual knowledge about concepts or thoughts but they have all the desired information and know the process who things worked in the particular community. For the present study 2 key informants were selected and they helped for data collection and interpretation of behaviors of the community.

1. Ameen Bhatti a 42 years old key informant lived in the area since his birth. He helped to identify the respondents and make them understood about my presence. He assisted in data verification as well.
2. The second key informant was Miss Sajjida, she was working with Bedari Foundation for last 8 years, she has the better household information about the community and helped to understand the behavioral characteristics of the community.

According to Bernard (2011), good informants are the people, who talks easily, understand the information you needed, and who are glad to give you information or get it for you.

3.4. Sampling

For any social or biological research, sampling is very important part of it. It gives the proper directions for selection and rejection of respondents. In both the researches different techniques were used for selection of respondents which majorly directed by the type of research. It is not possible for the respondents to be interviewed all of the

community members so under the scientific directions of the research domains some strict procedures must followed to get the number of respondents.

The basic idea behind sampling was the analysis of some of the elements in a population, which would be representative and provides useful information on a particular pattern for understanding and analysis. Sample was of 30 persons, which were selected from the community by non-probability sampling procedure. Purposively, respondents were selected to discuss the relevant issues of aging and poverty. Purposively, respondents were selected and interviewed for getting useful information on the topic.

3.4.1. Purposive sampling

In current research study as stated earlier, under the clear directions from research type, qualitative research tools and techniques were identified and administered. It was further documented that both qualitative and quantitative approaches have different means of data collection and analysis. In this technique, the researchers selected respondents purposively.

For the selection of the respondents, background information were provided by the key informant and the facilitators and on the basis of that information researcher developed his own nature of knowledge. The choice of respondents were guided by the judgment of the investigator. There are no particular procedures involved in the actual choice of respondents. In such cases, the important criterion of choice was the knowledge and expertise of the respondents, and hence their suitability for the study. Through this technique, purposely 30 respondents were selected on the basis of their relevance for the current study.

3.5 Interviews

Interviews are the face-to-face interaction with the respondents. It was documented by different scholars that, there were number of interview techniques and face to face interaction is one of them which was extensively used in qualitative researches. For the present research study, in-depth interviews have been conducted. It was detailed

interviews which helped me in gaining detailed and valid information by cross checking the answers to different questions. For interviews an in-depth interview guide was used which consists of different themes under particular aspects of the research topic.

3.5.1 Interview guide

The tool which was used to conduct the in-depth interviews developed after review of literature. Number of themes were developed and in-line with the objectives of the study. There were 9 leading questions were part of the tool. It resembled to a cheat-sheet but it has very loose rules for selection and rejection of the question. The questions were always remained open ended and have the possibility to change or re-structured during the interviews. For the current research study objectives were operationalized into questions which leads respondents for their understanding about the concept of aging and the well-being of the respondents in the context of health related problems. Generally, the interview guide had two categories, one question regarding the aging and the other for the health issues and challenges faced by the individuals.

3.5.2 In-depth Interviews

From the respondent selected after getting their consent about the interviewed, with the help of key informants for the study asked series of question regarding the personal concerns of aging and health aspects. The tool provide qualitative data, which was again narrated and listed before the completion of field data collection. After collection of data, it was categorized according to different themes for analysis which was discussed in later chapters.

Series of questions were asked from the respondents, according to the research question and objectives of the study. Before recording the interviews it was asked either if they had not any observation all the interviews recorded. Only five of the respondents gave consent about the recording, others refused to document their

voices, there were 30 in-depth interviews conducted. During the interview, field notes were developed which helped during the report writing (Boyce, 2006).

3.6 Case Study

The case study method is the tool for data collection which was widely used in qualitative research techniques. It is the ethnographic tool which used to document the important happenings, events and personality traits for making the study more accurate and up to the mark at community level. From all the 30 respondents, seven case studies were conducted due to the ground based realities and the essence of the study.

3.7 Focus Group Discussion (FGD)

The focus group discussion is the technique which was used to clarify the data. It was used with leading questions; there were only seven leading questions for the FGD in present research. It was very helpful for getting different opinion on selected issues in given time of people.

One FGD was conducted from the respondents which contained 8 respondents. Different tabooed concepts were asked in the meeting to developed the consensus of the respondents. The method was used for validating the data, and for extracting more information which was not possible to extract in one to one interviews. The FGD was conducted and during interviews, the conceptual development maintained for identification of information, no one was able during the FGD to hide anything for the researcher if anyone do, the other will shared. The focus of the study was to extract information from different age groups, and their views about health and about the dietary patterns they had.

3.8 Field Notes

As stated earlier, during the interviews, field notes, diaries were used to maintain the visit brightly, because interview collection and case studies were only the help which provide assistance during thesis writing. Jotting is an important and reliable method

of data collection, which was used for narrative description of the interviews, because during interviews it was not possible to develop eye-contact with the respondents or to take interviews. So, jotting was only the themes which was recalled when thesis was in writing process. To overcome the data lose or the important information because of human error, this technique was used to make the study more authentic and scientific.

3.9 Audio Recording

With the passage of time, due to the development of technology and the tools for data collection, now the data collection is very easy from old times. I had collected 5 interviews after the consent of respondents.

3.10 Locale

The present study was conducted from the capital territory of Islamabad.

3.11 Research Ethics:

As a researcher the following research ethics will be followed.

- I will take permission from the respondents.

- I will pay attention to keep a non- hierarchical relation between us.
- I will use local language with them in order to make them comfortable.
- The name of the subject/ participants will remain hidden.

3.12 Positionality:

The nature of qualitative research sets the researcher as the data collection tool. It is reasonable to expect that the researcher's beliefs, political stance, cultural background (gender, race, class, socioeconomic status, educational background) are important variables that may affect the research process. (Bourke, 2014)

There is no clarification without Positionality. You have to a place yourself somewhere in order to say anything at all (Bourke, 2014).

I am from the Panjabi family (Qureshi) from Balochistan. I spend majority of my time in my district Sibi. I got my education and primary learning from Sibi. I have great social, economic and cultural relationship with this area because it has shaped my primary identity. Due to my great cultural, economic and cultural relations, I wanted to study the divert cultures. I tried to be neutral while studding this area. This was my first experience to visualize my old-agers through the lenses of researcher. This time I was not native of this area (Islamabad) I was just a researcher, and it was my primary objective to study all those aspect of my research which can answer my research question. From this research I got more information about old-agers and from the bounding hierarchal relationships which I described and analyzed in my research work.

3.13 Reflexivity:

Reflexivity pertains to the "analytic attention to the researcher's role in qualitative research". It is both a concept and a process as a concept; it refers to a certain level of consciousness. Reflexivity entails self-awareness, which means being actively involved in the research process (Erlinda C. Palaganas, 2017).

I never experienced my position as a researcher in that area. I studied these individuals by the lenses of researcher. I was reflected during my study both positively and negatively. I found a lot of troubles and oppressions which were face by old-agers. This study gave me a sense about the problems which is being faced by elderly, and it makes me thoughtful about the conditions of my own life. These people make me stronger for my future. It gave me the idea that no one can help when a person became older or came to old-age. I can prepare myself for that conditions which I saw within/in my respondents.

Chapter 4

4 Area Profile

Islamabad is the capital city of Pakistan located inside the federal Islamabad capital territory. With a population of two million, it is the 10th largest city of Pakistan, whereas the larger Islamabad Rawalpindi metropolitan area is the third largest in **Pakistan** with a population exceeding five million.

Islamabad is located in Pothohar Plateau, in the northeastern part of the country, between Rawalpindi District and the Margalla Hills National Park to the north. The region has historically been a part of the crossroads of Punjab province and KPK with the Margalla Pass acting as the gateway between the two regions.

4.1 History

Islamabad, located on the Pothohar Plateau of the Punjab region, is considered one of the earliest sites of human settlement in Asia. Some of the earliest Stone Age artifacts in the world have been found on the plateau, dating from 100,000 to 500,000 years ago. Elementary stones recovered from the terraces of the Soan River give evidence to the activities of early man in the glacial period. Items of pottery and utensils dating back to prehistory have been found in the archaeological sites.

Excavations have revealed evidence of prehistoric culture. Remnants and human skulls have been found dating back to 5000 BC that show this region was home to Neolithic people who settled on the banks of the Swaan River, who developed small communities in the region at around 3000 BC. One end of the Indus Valley Civilization flourished here between the 23rd and 18th centuries BC. Afterwards the area was an early settlement of the Aryan community. A Buddhist town once existed in the region. Many great armies such as those of Zahiruddin Babur, Genghis Khan, Timur and Ahmad Shah Durrani used the corridor through Islamabad on their way to invade the rest of the Indian Subcontinent. Modern Islamabad is based on the old settlement known as Saidpur. The British took control of the region from the Sikhs in 1849 and built South Asia's largest cantonment in the region.

4.2 Recent history

Islamabad has attracted people from all over Pakistan, making it one of the most cosmopolitan and urbanized cities of Pakistan. As the capital city it has hosted a number of important meetings, such as the South Asian Association for Regional Cooperation Summit. In 2014, major changes have brought in Islamabad. Construction of the Rawalpindi-Islamabad Metro bus began on 28 February 2014 which was completed in March 2015, with 60 buses plying on the route. The Rawalpindi Development Authority look after the project with a cost of approximately Rs 24 billion, which was shared by both the Federal government and the provincial government of Punjab. In October 2005, the city suffered some damage due to the earthquake which had a 23 Magnitude of 7.6. Islamabad has experienced a series of terrorist incidents including the July 2007 Siege of Lal Masjid (Red Mosque), the June 2008 Danish Embassy bombing, and the September 2008 Marriott bombing.

4.3 Construction and development

When Pakistan gained independence in 1947, the southern port city of Karachi was its first national capital. In the 1960s, Islamabad was constructed as a forward Capital for several reasons. Conventionally, development in Pakistan was focused on the colonial

centre of Karachi, and President Ayub Khan wanted it equally distributed. In addition, Karachi having tropical weather conditions was located at one end of the country, making it vulnerable to attacks from the Arabian Sea. Pakistan needed a capital that was easily accessible from all parts of the country. Karachi, a business centre, was also considered unsuitable partly because of intervention of business interests in government affairs. The newly selected location of Islamabad was closer to the army headquarters in Rawalpindi and the disputed territory of Kashmir in the north.

In 1958, a commission was constituted to select a suitable site for the national capital with particular emphasis on location, climate, logistics, and defense requirements along with other attributes. After extensive study, research, and a thorough review of potential sites, the commission recommended the area northeast of Rawalpindi in 1959. A Greek firm of architects, Konstantinos Apostolos Doxiadis , designed the master plan of the city based on a grid plan which was triangular in shape with its apex towards the Margalla Hills. The capital was not moved directly from Karachi to Islamabad; it was first shifted temporarily to Rawalpindi in the early sixties and then to Islamabad when the essential developments work was completed in 1966.

4.4 Geography

Islamabad is located at 33.43°N, 73.04°E at the northern edge of the Pothohar Plateau and at the foot of the Margalla Hills in Islamabad Capital territory. Its elevation is 540 meters (1,770 ft). The modern capital and the ancient Gakhar city of Rawalpindi stand 24

side by side and are commonly referred to as the Twin Cities, where no exact boundary exists between the two cities.

To the northeast of the city lies the hill station of Muree, and to the north lies the Haripur District of KPK lies on the southeast, Taxila , Wah Cantt and Attock District to the northwest, Gujar Khan, Rawat, and Mandrah on the southeast, and the metropolis of Rawalpindi to the south and southwest. Islamabad is located 120 kilometers (75 mi) SSW of Muzaffarabad, 185 kilometers (115 mi) east of Peshawar, 295 kilometers (183 mi) NNW of Lahore, and 300 kilometers (190 mi) WSW of Srinagar, the capital of the Indian state of Jammu and Kashmir.

The city of Islamabad expands to an area of 906 square kilometers (350 sq mi). A further 2,717 square kilometers (1,049 sq mi) area is known as the Specified Area, with the Margala Hills in the north and northeast. The southern portion of the city is an undulate plain. It is drained by the Kurang River, on which the Rawal Dam is located.

4.5 Climate

The climate of Islamabad has a humid subtropical climate with five seasons, that is, Winter (November–February), Spring (March and April), Summer (May and June), Rainy Monsoon (July and August) and Autumn (September and October). The hottest month is June, where average highs routinely exceed 38 °C (100.4 °F). The wettest month is July, with heavy rain falls and evening thunderstorms with the possibility of cloud brut and flooding. The coolest month is January. Islamabad's micro climate is regulated by three artificial reservoirs: Rawal, Simli and Khanpur Dam. The latter is located on the Haro River near the town of Khanpur, about 40 kilometers from Islamabad. Simli Dam is 30 kilometers north of Islamabad. 220 acres of the city consists of Margalla Hills National Park. Loi Bher Forest is situated along the Islamabad Highway, covering an area of 1,087 acres. The highest monthly rainfall of 743.3 mm was recorded during July 1995. Winters generally feature dense fog in the mornings and sunny afternoons. In the city, temperatures stay mild, with snowfall over the higher elevations points on nearby hill stations, notably Muree and Nathia Gali. The temperatures range from 13 °C in January to 38 °C in June. The highest

recorded 25 temperature was 46.6 °C on 23 June 2005 while the lowest temperature was −6 °C on 17 January 1967. The city has recorded snowfall. On 23 July 2001, Islamabad received a record-breaking 620 mm of rainfall in just 10 hours. It was the heaviest rainfall in Islamabad in the past 100 years and the highest rainfall in 24 hours as well.

4.6 Demographics

Islamabad had an estimated population of around 1.67 million in 2011which according to the estimate of Population Census Organization will rise to around 2 million in 2020. The national language of the country that is Urdu is mainly spoken within the city as well as English. The mother tongue of the majority of the population is Punjabi, at 68% and the major dialect is Pothohari dialect. 15% of the population are Pashto speakers, 18% speak other languages. The total migrant population of the city is 1 million, with the majority (691,977) coming from Punjab. Around 210,614 of the migrated population came from Sindh and rest from KPK and Azad Kashmir. Smaller populations also emigrated from FATA, Balochistan, and Gilgit Baltistan.

4.7 Religion

Islam is the leading religion in the city, with 95.53% of the population Muslim. In rural areas this percentage is 98.80%. Per 1998 census in urban areas the percentage of Muslims is 97.83%. The second largest religion is Christianity, with 4.07% of the population, 0.94% in rural areas and 5.70% in the city. Hinduism accounts for 0.02% of the population, and other religious minorities are 0.03% of the total population.

4.8 Culture

Islamabad is home to many migrants from other regions of Pakistan and has a cultural and religious diversity of considerable antiquity. Due to its location on the Pothohar Plateau, remnants of ancient cultures and civilizations such as Aryan, Soanian and Indus valley civilization can still be found in the region. A 15th-century Gakhar Fort,

Pharwala 26 Fort, which was built on the remains of a 10th-century Hindu fort, is located near Islamabad.

4.9 Education

Islamabad possesses the highest literacy rate in Pakistan at 88% and has some of the most advanced educational institutes in the country. A large number of Public and private sector educational institutes are present here. The higher education institutes in the capital are either federally chartered or managed by private organizations and almost all of them are recognized by the HEC (Higher Education Commission of Pakistan). High schools and colleges are either affiliated with the Federal Board of Intermediate and Secondary Education or with the UK Universities Education Boards, O/A Levels. According to Academy of Educational Planning and Management's report, in 2009 there were a total of 913 recognized institutions in Islamabad (31 pre-primary, 2 religious, 367 primary, 162 middle , 250 high, 75 higher secondary and intermediate colleges, and 26 Degree Colleges).

4.10 Health care

Islamabad has the lowest rate of infant mortality in the country at 38 deaths per thousand compared to the national average of 78 deaths per thousand. Islamabad has both public and private medical centers. The largest hospital in Islamabad is Pakistan Institute of Medical Sciences hospital. It was established in 1985 as a teaching and doctor training institute. PIMS functions as a National Reference Center and provides specialized diagnostic and curative services.

4.11 Transport

Airports: Islamabad is connected to major destinations around the world through Benazir Bhutto International Airport which is previously known as Islamabad International Airport. The airport is the third largest in Pakistan and is located outside Islamabad, in Chaklala, Rawalpindi. In fiscal year 2004–2005, over 2.88 million passengers used 27

Benazir Bhutto International Airport and 23,436 aircraft movements were registered. Gandhara International Airport is under construction at Fateh Jang to cope with the increasing number of passengers. When completed, the airport will be the largest in Pakistan. The airport will be built at a cost of and400 million and is expected to be complete and operational by 2016. This will be the first green field airport in Pakistan with an area of 3,600-acre.

The Rawalpindi-Islamabad Metrobus is a 24 km (14.9 mi) bus rapid transit system that serves the twin cities of Rawalpindi and Islamabad in Pakistan. It uses dedicated bus lanes for its entire route covering 24 bus stations.

All major cities and towns are accessible through regular trains and bus services running mostly from the neighboring city of Rawalpindi. Lahore and Peshawar are linked to Islamabad through a network of motorways, which has significantly reduced traveling times between these cities. Islamabad is itself situated on G.T Road (N-5); in the southern patch from Highway Chowk till Swan camp and in the northern patch from Motorway Chowk till Nicholson square. Moreover, Islamabad is also situated on Rawalpindi-Srinagar Kashmir Road which is also called as N-75 from Islamabad till Kohala and Islamabad-Muree Expressway from Satra Meel, Islamabad till Lower Topa, Murree (an alternate old route is also available from Satra Meel till Lower Topa via Murree City). A national highway N-80 connects Islamabad to Kohat via Fateh Jang while a highway connects Islamabad to Rawalkot via Kahuta and Azad Patan. Another road connects Islamabad to Kolti Sattian via Lehtrar.

Islamabad Highway is the main artery of the city which runs from Highway Chowk (G.T Road) till Zero point and is being changed into a signal free corridor. A patch of this Highway from Zero point till Faisal Mosque is known as Faisal Avenue (8th Avenue).

CHAPTER 5

5 Discussion and Analysis (I): Economic Aspects of Elderly

Economic conditions of the old-agers were described from both observation and from the in-depth interviews which was conducted from the respondents. Economic conditions were basically the conditions which were considered through their mode of incomes and through the assists they had. This chapter mainly focused upon the financial and economic capabilities and incapability's of the elderly. Their conditions in terms of income, either in bad or good condition. The major source for obtaining desired data was interviews and participant observation during the field. The results of the tools are as under for the clear understanding of economic conditions of the elderly and their own perception about the economic status, which ultimately leads towards good and healthy life.

5.1 Children's Responsibility towards Elderly

In subcontinent, specifically in India and Pakistan the patrilocal residential system practiced. Male members lived their fathers and or if they married of wanted to established their own residential unit it called urilocal residential system. In joint and extended families male working as breadwinner for the families, first the responsibility remained on fathers and with the passage of time it shifts towards children of the family. Elder male child would be the responsible of younger siblings and the parents. It was observed that parents were not happy from their children's behavior in the locale. They did not fulfill the responsibilities of their families and the parents. Most of the elderly blamed their children for the bad economic conditions.

A respondent shared,

> *'I have consumed all my money on my two sons. One of them is a doctor and the other is working in a designated position in govt. department. When they was young I meet their all desires, they were my beloved child, they still are my beloved child but with the*

passage of time and under the influence of their wives now both of them are not taking care of us me and my wife. We are living here in the colony alone, they send some money for the household uses but did not visit or send any extra amount if we stuck in health problems. Now due to age factor, number of disease increases and the economic burden as well. I have asked to my elder son about the health condition but he has no time for us to check-up. He send some amount for check-up but did not come along.'

Another respondent stated the same situation regarding the negligence of children as,

'I have five children, three girls and two boys, i was govt. servant and now I am living a pensioned life. I'm living at my father's house which is inherited. All my children married now and boys living in closed vicinity. After spending three to four years with me they moved out for their personal space. They visited me after one or two weeks because they remained busy in their livelihood. I am the responsibility of my children but they did not care much about it. Visiting me and my wife once in a week is the only responsibility they performing, other than that elder one shared, dad you have money why you need us, you can buy anything you want.' I was surprised to hear this statement that they valued money over any emotional attachment. If i got sick i have to take care of myself rather then asking my children for help, because in last year i had cough, I tried my best to solve the issue, visited doctors by self and purchased medicine but in-van finally i visited

CMH for my treatment and asked my sons to visit along but they were busy so not able to go along.'

Some of the families stated that their children left them and cannot force them to earn as well as did not send any money for survival. One of the respondent stated,

'We do not have any source of income; our children did not help us economically, they left us when they got married. My wife does house-job in neighbors, she earned and we barely survived.'

Children considered in Pakistani society the most helpful persons in the lives of their parents but in present research study, children were most selfish, they think for their own selves rather than investing on their parents as they do when they were child. Moreover, elderly search for different mode of incomes like a respondent stated,

'I am not financially well-off; I do not have any property, that is why I am not able to earn my livelihood. My relatives do not support me because I am poor and poor do not have any social value.'

Table 1. Source of Help

Sr. No.	Source of Help	Number of Respondent	Percentage
1	Children	1	3.3
2	Relatives	3	10
3	Relavies' children	5	16.6
4	Neighbours	11	36.6
5	Fiends	10	33.3
	Total	30	100.0

Source: Interviews

Table showed the type of help which was obtained by the elderly people from the community. There was only one family (father and mother) get help (financial and other moral from their children). Category 3 was about the emotional and moral supports given by the elders from their Youngers.

It was also documented that morally, emotionally and psychologically friends and neighbors were the only facilitators for the elderly people in the locale. One of the respondent stated,

> *'My neighbours and friends are the only family i have, they care for me, they support me and taking care about my health issues. My children are living in the same city but they visit often to me and not aware of my issues and problems. They did not ask and I did not share my issues with them.'*

Like stated in table two the help given by the neighbours and the friends, a respondent stated that,

> *'My relatives have lot of property, they have strong economic conditions as compared with any of the household of the relatives but they did not support me when I asked them about my financial condition, i think they might want me financially dependent and remained in bad economic conditions.'*

Relatives were the second foremost helpful persons after the close or in-group siblings or than parents. But, when you need them morally or emotionally they will facilitate you but on the name of monetary help the situation becomes worse because most of the time refused to help. As stated earlier about the condition of the relatives when they have all the resources but did not helpd any of the needy relative. Everyone should have ascites for their old-age survival, but if you do not have anything to eat the assets would be the only thing for survival. As it was said by the respondent,

'Beside Allah (God) no one helped me; even my own children did not help. I do not want help from any of my relatives because they associated lot of bad things with such generosity. My children and relatives left me when my health conditions was not good and I need money for my health issues, but there was no one at that time to help me out from that critical situation.'

Table 2. Episodic Sickness in last one month

Sr. No.	Source of Help	Number of Respondent	Percentage
1	Once in Week	9	30.0
2	Once in 2 weeks	7	23.3
3	Once in 3 Weeks	6	20.0
4	Once in Month	2	6.6
5	Often	6	20.0
	Total	30	100.0

Source: Interviews

Table shows the overall health condition of the elderly people from the area. It was documented that the numbers of per month sickness increases with the average age increase. The visits of medical facility centers were counted in the table above. Some of the respondents was not able to visit medical facilities on every sickness. Blood-pressure, liver infection, kidney issues were some of the common health issues among the elderly people of the study were documented.

Every society supports their elders and this is the common phenomenon because they utilized all their energies for the development of families and the community generally. Without money there is no further development of Health; in other way round health is the money which is necessary for the development of livelihood and for the stable life experiences. The elderly people of the locale do not have sufficient money for their livelihood rather than spending on their health conditions.

5.2 Financial Conditions of the Elderly

Financial conditions of the elderly people were not sufficient for their survival in the area. All the respondents were living very low-income level which was not sufficient for their monthly expenses that is why they were motivated to opt other financial resources like asked their friends for help or to their relatives for their financial help. It was documented that, income was the major source which provide spirit to the life of elderly people. If they have sufficient resources (money) then their life would be smooth. Elderly took pensions from government departments or left job due to unstable physical conditions. They needed relaxations because of the age-factor and care from children which were missing in this whole scenario, a respondent stated,

> *'I'm pensioner from government job which is very limited for me now a days because of my health condition. All of the money spend on the health that is why living very hand to mouth. Due to health condition it is not possible for me to work, this dual nature of the problem stuck me in uncertain situation. I do not have any source of income by my own which might assist in livelihood of me and my wife.'*

The case study, visualized the position of elderly in the community, that they are those who spend their life for the development of the community and now they are at the verge of their lives and living very terrible life.

Table 3. Age Bracket of the Respondents

Sr. No.	Economic Status	Number of Respondent	Percentage
1	65 to 70	14	46.6
2	71 to 80	11	36.6
3	80 and Above	5	16.6
	Total	30	100.0

Source: Interviews

Table depicts the overall age bracket of the respondents which also represents the health condition of the elderly people. The situation was very tricky in the community, there were 46.6% of the respondents who belonged to the first category, 36.6% belonged to the second and remaining 16.6% belonged to the highest category of age which was more than 80 years old.

They do not have any job and having not stable physical conditions which forced them to set at home, but if they do not go out for earning how they can survive. Government have given maximum sixty years for the job, after retirement their conditions were not stable for any hard or soft work, because they needed special care and relaxation in the family. In this situation they have only one companion which is their wives. She stood beside the elderly and that is more satisfaying for them. A respondent shred his views,

> *'My children left me, my relatives left me, there is no one who care and worried about my health except my wife. She was always besides me whenever I needed her. She spend all her good time with me all her dreams some of them comes true and some were died with time, my condition was not good sometimes I frustrated with my current situation but, in all circumstances she was with me she is with me, she is the only hope i have for my life.'*

Table 4. Economic Status of Elderly People

Sr. No.	Economic Status	Number of Respondent	Percentage
1	Less than 2,000	9	30
2	2,001-5,000	7	23.3
3	5,001-7,000	6	20
4	7,001-9,000	3	10

5	9,001-11,000	4	13.4
6	11,001-13,000	1	3.3
	Total	30	100.0

Source: Field Data

Table depicted the overall economic value of the respondents. As stated in category one which has highest number of respondents, it was 30% of the total sample size. The average population which was living under PKR 2000/- per month along with their wives living very hand to mouth life. During interviews it was observed that the none of was childless, they all had children but they were not fulfilling their moral deities. From first category three of the respondents engaged in begging not professional begging but, their relatives helped them or if they needed some money they asked to the neighbors.

The second category has the second highest rate of the economic status which had monthly income from five to eight thousands per month. Some of them retired from govt. jobs. The third category had 20% of the total sample size from category second to category six, all the elders were pensioner. There was only one individual who had more than PKR 13,000 income, he had influence on the family members and children taking care of their father very well. The table gives the idea about the compulsion of old-agers; these old-agers do not have any sours of income which they utilize for their survival.

5.3 Problems associated with old age

It could be understood, that aging/going older is psychophysical as well as social process that changed all functional skills and that influences among the close group. The old age come up with a number of health (physical or psychological) health problems. Old-age people lived in the community and part of the families, if they were not treated according to the normative structure of the community the functional part of the community remained unattainable. After spending the whole life in govt. or private job sector, when the individual retired from their designated position and enter in the phase of elderly person, such loss might reduce their status in the

community and they might fell instability. Same in the case with the spouse, during interviews it was asked from the respondents that whether they have alive spouse, from them there were only four male individuals who were living single.

5.3.1 Social Status of Elderly people

There were not only the issue of finance faced by the elderly people, the worst thing was the problem of recognition by the community. It was further elaborated by the community respondents that,

> *'When you have power, economic, political or any influential power over people or even over family members it would developed a sense of expected behavior from the community. But when you retired from the position, the behavior which was associated with designation disappeared, though it is natural thing but we as a human overlooked the real situation and always remained in fall hope. When the associated behavior changes, we fell more because now we have time to think and to analyze how people react on our voices.'*

Stated case study showed the major reason why community members react in a certain way. When a question was asked from the respondent either they get equal social status as they were enjoying before their retirement and current life? a respondent stated,

'Even my children did not recognize my status after my retirement, now they have jobs their status is higher that is why they avoid to meet me. Once in a month they will come to see me and my wife.'

A number of psychological problems also there which was faced by the elderly people. After the retirement and at the age where you are not able to do anything forced elderly people to re-construct their identity in new social space where there is

no close one, economic space in which they were dependent or the physical condition that body is not much efficient to react and facilitate them. Under such circumstances, new social space provide them space to re-develop their personalities.

5.3.2 Family Problems

To meet all the requirnments in the community/society elderly people dependent on social networks, that supporting mechanisms could be the network of friends, family, relatives or neighbours. In different countries like the most developed/advanced countries taking care of the individuals or the elderly people remained the responsibility of state because there is no social networks to facilitate them. Here in Pakistan, this responsibility is upon social networks e.g. family. Children were the custodian of such networks.

But, here in locale the situation was worse, due to the negligence of the children, the current life of the elderly people unstable. The traditional and strong family system it was earlier, joint and extended families now replaced with the nuclear family system that is why the normative structure remained under observation and in transition. In the modern and mechanized world now the importance is only given to the young ones because they are productive and do particiapted in economic affairs of the community so their participation is more acceptable rather than those who now liability of the community like the elderly people of the selected area.

5.3.3 Paranoid Disorder

Paranoid disorder are disorders with delusions as a main abnormality. This problem follows disturbances in mood, behavior and thinking. Paranoid disorders are usually of short duration, but sometimes they prove to be chronic. They mostely occur under adverse circumstances. The major causative factors of this disorder were found to be common among elderly. Freud, a distinguished psychologist, believes that paranoid disorder results from family and personal sense of distortion and a basic feeling of insecurity. Freud remarks that the personality of a paranoid patient is marked by the

symptoms of sullen quietness, sensitivity avoidance of people and a fear about a frightening, inimical world.

Probably, most of the people who going through their life outside hospital are suffering from paranoid disorder, they may be harmless to others but are generally unable to experience closeness with people and consequently, full psychological growth with advancing age, such people start avoiding their attachments. A respondent stated,

> *'I was govt. employ and get around one lake, but after retirement and now the age factor is included, I am 71 now, so the situation is worse among the social groups e.g. my children now they are competent and earn sufficient livelihood. The situation is difficult, when it comes to me as the benefits of my investment, children now more focused onwards their future rather than collective consciousness.'*

5.3.4 Insecurity

Insecurity is a psychological disorder that arises when an individual is surrounded by tension. In case of elderly people, it arouse usually after widowhood or when the relatives and children stop caring for them. insecurity was observed to be less among the elderly because the cultural norms were to be cared. A respondent stated,

> *'After the death of my wife, my daughter in law and children came to visit me and start living in the upper story, i was also emotionally disturbed and this inclusion in the family was a pleasant addition, which I liked very much. But with the passage of time the involvement of the daughter in law in the household affairs make me conscious that the situation what is looking is not like that. After spending three years my son asked me to transfer the*

house on his name because now he thought it was his right that i must gave his rights to him. Than i realized it was my bad option to allow them to live with me. From that to onward, the situation of my house becomes more insecure for me because my son and daughter in law both are not giving me time or space in their matters.'

5.3.5 Anxiety

All the respondents were facing the problem of anxiety that was caused by many factors, for instances poor financial condition, absence of spouse, death of near and dear ones, inability to fulfill the basic need of their children, lake of job, absence of old friends and anxiety of death. In fact they spend most of their time at home. They started getting involved in household matters just to keep themselves busy but this involvement in household affairs made their presence vulnerable. They have lot of other habits which were part of their daily routine life. That is why when they asked for breakfast to the daughter in law or the son for breakfast or dinner, the situation becomes very complicated and in some cases worse, because they were not able to get all the eatables by self, due to lack of body strength.

The case was disused by the respondent as;

'I served in govt. office, after retirement since long, i get up early in the morning and i do breakfast on my regular time when an officer goer do, my daughter in law is working lady and has three kinds, two of them enrolled in a nearby private school. From last three months, she is feed-up of my early breakfast routine, but it was beyond my habit. Ones she was angry on children and react on my breakfast demand very disappointing way. From that to onward, now we lived in our own spaces. This situation developed a sense of anxiety in my personality, because now whenever I

wanted to do something I first think about my daughter in law, my son and then act accordingly.'

Elderly people has a great tendency towards religious activities because they wanted to overcome their sins and get rid of the final punishment. They did not want to go to hell as a punishment for their sins. As they have a lot of spare time, so mostly they spend it is apologizing from Allah Almighty. I have noticed that due to the age factor, usually the retirees given great attention to religious obligations. Thus, fear of Allah, fear of hell, fear of their last stage of life, their physical condition and the day judgment made them more sensitive and depressed. The started to react on small issues because of their high level of anxiety and stress. In short, continuous stress leads a person towards anxiety.

5.4 Future planning of Elderly

Elderly do not have any future planning's in their lives because they are at the last stage of their lives. They have small houses in which they could spend their lives with their wives. They completed the period of their jobs and because of physical instability they were not able to do work in this stage. It was observed that old-age wives were doing house jobs and also they were caring their husbands in three families because, livelihood is must for the survival of individuals. Moreover, some of them stated,

'We do not have any future planning, our children left us and we are looking towards Allah. Government have no plan for us, they did nothing for us. We want government to do something for us which made the last part of our lives more stable and prosperous.'

The study explored the conditionality of old-agers, there was sanitation problems which was observed by researcher during field study. They have many problems such as not having clean water, poor dressing.

5.5 Concluding Remarks from Observation

Through data and the participant observation it was observed and concluded that the poor condition of health and the economy made their lives worse. Without moral support, and emotional attachment with the community and the family it was not possible to have achieved the stable and prosperous elderly life if the close relatives or the siblings accept the responsibility. The discussion concluded with remarks that the poor conditions of elderly health and economy made their conditions more badly.

The children and relative does not support them financially and economically. They do not have any governmental or nongovernmental job to support their wives and to support themselves. It was observed that special care and relationships must be developed for the equal care and emotional stability of elderly people. Elderly people were alone in their lives, only wives were there and they were the last and foremost support what they have. Wives took responsibilities which belonged to the children. They wished to have financial ascites, that may support their selves. Moreover, at the time of their worst health conditions elderly people faced negative responses from their relative and children who could support them if they wanted. Family support especially children's support is must, but the condition is worse, secondly, if elderly people save something for their future, then their lives might be stable, and the load of different problems may lessen from them.

CHAPTER 6

6 Discussion and Analysis (II): Health and Societal-Aspects of Elderly

Health conditions of the elderly depend upon the responses which they get in their familial and societal lives. It was observed that their prestige and the pride among the community was very low regarding the societal behavior of the community. Same in the case with their health conditions, due to lack of emotional support and the attachment to a certain group (which we already discussed in previous chapter 'family') for its social stability. They provide positive/constructive output to the community and when it is time to pay back, society reacted negatively, which made the situation unacceptable.

The chapter discussed the reciprocal relationship of poverty, aging and health in the context of social life of the elderly people in the area. Elderly people faced lot of problems at the end of their life spam and poverty add fuel to fire. Due to less economic resources they did not afford health facilities and public hospitals. At the later age after 70s they need proper care and positive response from children and relatives which was not present in the selected community.

6.1 Issues affecting poverty among aging

A number of factors were identified during interviews which influenced the aging and poverty. As people get old, certain dependencies developed on the close groups, some of them are as under;

6.1.1 Retirement

First of all the income of the individuals matters. As stated in previous chapter, those who received pension, their live to some extent was stable due to available economic resources. Meanwhile those who does not have any resource either pension or any business they lived very miserable life. According to the data from the interviews, it

was documented that there were 83.3% of the respondent who lived under PKR 9,000/- per month. The amount was very low and not fulfill the needs of both husband and wife.

Aging, itself is the phenomenon in which human faced physical weakness, lack of economic resources increased the anxiety among both the husband and wife, and ultimately leads towards the swear health conditions. A respondent stated,

> *'Economic resources are must for better livelihood and for the prosperity at elderly age. Because at that time no one can bother you un till or un less you have something for them. Even children left the parents on their own.'*

According to another respondent,

> *'This is the world of desires, if you are able to complete or fulfill the desires of your children you will be treated very proudly and loveably, and the situation become worse when you have nothing for them at elderly age.'*

6.1.2 Health care

There is only two types of major expenses in elderly age. One on the food and other on the health and if we measure the average among both the later consumed more percentage than the former. With the increase in age, the average health condition shifted towards declination. There is no other way for the development. Those who had good physical and psychological health in their young age they barely survived, others switched to medical treatment after their 70s. According to a respondent,

> *'Health is wealth, without health if you are billionaire the money is worthless or if you have very limited*

resources but with good health you may enjoy all the luxuries of life without even Dearing the low budget.'

Health care facilities in the selected locale were poor. There were no proper cleaning mechanism in the community center. Most of the time, no doctor available, there was only one watchman and one lab attendant who was there to give you headache tablets and some cough syrups. It was documented that,

'In the medical center, only one doctor visited the facility after one month. It was his regular visit, otherwise he spend his time on his clinic in nearby urban center where he earned sufficient amount other than his job here in the medical center. If no doctor present, than how anyone can say the community does not have any disease patterns.'

Un-till or un-less after the provision of the doctor and maintenance, it is not possible that any community member visit the facility. Natives have limited resources, so non-functionality of the medical center add vulnerability among the elderly people.

6.1.2.1 Gender based discrimination

Gender is a sensitive determinant of health and illness. Power and control were developed through gender e.g. men and women have over the socioeconomic determinants of their health and lives, their social position, status and treatment in society and their susceptibility, slenderness and exposure to specific health and illness. Socialization occurs in the household not only through the acquisition of gender-appropriate behaviors, but also through observing others. Whenever the household is characterized by family income and the elderly family members, children encounter another dimension of gender socialization. Research also showed that married males lived a peaceful life.

6.1.3 Energy

Body energy is necessary to perform any type of work and performing function of the society. Aging is the major factor which deals with the weak structure of the community members. It was observed that every respondent facing weakness in the phase of their lives. Aging, itself is a vulnerable stage of life in which man would be dependent on others. Low intake of calories mean low level of physical development, low physical development mean less performance in any type of work low productivity. At household level the productivity of household members measured to find out their role.

A respondent stated,

> *'Weak body structure, low intake and high consumption of calories made body more slim and weak. After 70s the blood making process becomes very slow, as well as other bodily functions performed very slow which means that he/she may be collapsed.'*

Energy is the main source which provide humans power to move, work and act in a certain parameters. Human generate energy through different ways, but the major and easy way is eating, drinking and exercising for the body shape and for storage of calories.

6.1.4 Food insecurity

This is the fourth factor which affect the health of the elderly people in the locality. It was observed in the field and documented during interviews that, natives who had very limited resources they were not able to maintain the hygienic condition of food. At elderly age the metabolism of body become slow and the digestive system did not function properly, so digestive issues developed rapidly. A respondent stated,

'Elderly age is the curse of God Almighty, in this time your children and relatives left you. Due to weakness and aging, no one could give job or any earning work. That is why all the savings used in this time frame if you have any, because no one is concerned about your health and hygiene, the individual always alone on this track.'

As stated in previous chapter, children and closed relatives left the individuals and only wife if he has the companion of elderly age. But the situation become worse in some cases like if both of them become sick, because they belonged to the same age group and expose to the health issues, food security that is why any other dependent is must for their care and help.

6.1.5 Transportation

Movement or mobility was the major issue which was observed and documented in the area. It was observed those who were living near to the relatives or their children they have privilege to the transportation for medical center visits, visit friends etc. On the other hand those who lived far from their children or relatives they faced major issue in transportation.

No one from all the respondents drive car or any other transportation machinery due to the age factor because after 70s low eye-sight, hearing issue both are the major health issues which create hinder during driving so they avoid driving.

6.2 Gender Socialization

Gender socialization entails learning how to perform the behaviors that are consistent with one's gender. Moreover, both genders are held to account for their performance, such that social sanctions follow when one deviate from expected gender role. It was evident that, with such gender expected roles male members of the selected

community was not able to share their views and problems with their wives. It was very much common thing all around the country that manhood must be maintained. How much problems male elderly members faced keep with them. For elderly women the emotional attachment with the grandchildren was the only aspect where they enjoyed. According to a respondent,

> *'What is going on, how to survive were the question which were answered by the male members of the society. How to live and the interaction among the families and the relatives lie with the women of the families, it was documented during interviews that from early childhood to till elderly people male and females have defined roles and the act according to it till their last day.'*

Another respondent shared,

> *'I do not like to share my feelings and problems with anybody even with my wife. My anxiety level remained very high most of the time with my wife. My friends and office colleagues know about my this state of mind that when i get bored from my existing situation.'*

Rapid population growth and increased in living standard have also played part in psychological health of elderly people. Such emotional imbalance and disturbance arise from poor ability to cope, can also be found among some elderly women. Elderly male were more than three time strong compared to the women.

6.3 Social ties and Health Issues

It is usually understood that social bonds played a significant role in the preservation of psychological wellbeing. Social ties were surrounded by such unique orientation of societal structure and functions but networks and support of society was embedded with a broader set of macro-social exchanges. Pakistani culture is different due to its Islamic nature which draws its values on social justice and collective representation. Pakistani culture is very rich in diversity and includes structures and mechanisms of

social order: joint family system, patriarchy, marriage. Marriage is a sacred union, a permanent union; low educational status of women, strict code of conduct for women and primary role for women in child bearing and child rearing are some of the prominent aspects of the Pakistani society.

These factors categorically alter the occurrence, manifestations, treatment, and outcome of psychological disorders in elderly people. Thus, psychological health can be seeing as a wide range of related fields. Social ties also have some positive effects in making elderly people more active in their daily routine life activities.

6.3.1 Neighbourhood

Neighborhood affect all the population but more effected the elderly people. They spend whole life with multiple people and neighbours that is why they have large exposure. They have more physical and mental health issue rather than the boys and the adults of the community and more often rely on the social networks. In some areas social networks were strong like in KP and in South Punjab where people still maintained their respect and care for elderly people.

Those who are living in close locality were treated as the family members in rural areas of the country but the present research was conducted in metropolitan city, here the traditional normative structure were not actively influencing the personalities and behaviors of the individuals. As earlier stated about the benefits and issues of neighbours they helped more than the family members in the locality, one of the respondent stated,

'Our neighbors are our relatives, they were present in every part of happiness or in every second of grief.'

6.3.2 Effects of Disability

Disability increased the vulnerability of the elderly people in the community. There were four respondents who were physically unfit. One had one hand, the other one had sewer back boon pain. Two of the respondent had joint pains. Such physical conditions in elderly age disturbed the social networks.

As stated earlier, children and relatives left them, when those who have physical issues they become liability upon the neighbors when asked from them how neighbours react if you asked them for help, one of the female respondent stated,

> *'I have asked for help two weeks ago when I went for my monthly checkup. Hamad is the elder son of my neighbours, he dropped me to the hospital. When i reached there i found, i missed my slip at home, I have requested to Hamad to give me favor, he went back home and bring my slip, when i go to the voucher counter I again realized that my CNIC was not in my purse. I feel very ashamed that if I asked him again to go back home for my CNIC, he may not come back and come back without getting medicine at that time.'*

The situation among the disabled community members at elderly age very difficult because they faced dual problems one because of aging and other due to their physical condition and weakness.

6.4 Causes of Poor Health Conditions

In the selected area, there were several causes for poor health conditions of elderly people in which the foremost case was poverty. They do not have any financial source, which facilitate them for feeding and medication purposes. A respondent stated,

> *'Due to my bad economic condition, my health condition becomes worse day by day. If i have any source of income that make me relaxed and satisfied mentally and physically.'*

Lack of other income resources and financial aid from children or from relatives, make the life easy but as stated in previous chapter the inclination of relatives and the

children towards the help and affections was low so their involvement was lessen, such type of character make the elderly people vulnerable.

Aging is another important factor which was not majorly discussed by different scholars in-line with the poverty and elderly. Aging itself come up with certain characteristics, weak body, less efficiency, low quality of production, consumption and health issues etc.

6.5 Government Response to Old-Agers Health Problems

The concept of old-age homes, shelter homes and the shelters for elderly people is not much common in Pakistan. It was considered against the Muslim norms and the ethical consideration of the South Asian community. People were not motivated in rural and semi-urban areas for sending their parents to old-age homes, it was considered the ill-mannered for the children and very disgraceful act. But in Islamabad and Karachi now a day in Lahore there were some of the old-age home working which provide shelter and moral support to the elderly people.

At community or family level, children and relatives left their elderly people but they did not disconnect with them. Due to busy schedule, government jobs, and business children forget to spend some time with their parents. A respondents shared,

> *'My all children enjoying very prosper lives, they remained busy all the time but come back to see me on every Sunday. During the week if i need something i just made a call and they fulfill my demand. But, this whole circle has many falls, they did not live with me, me and my wife wait for them on every Sunday, we feel very alone but happy when we see them happy and prosperous.'*

From all community members, some of them suggested if government provide them shelter facility they will lived their lives happily. But the situation is changed in the urban centers. Parents and did not want to go, but due to force economy they pushed in backyards in this individualistic world.

According to the respondent,

'Government is not doing anything for elderly people the health facilities.'

Another respondent stated,

'The Governmental hospital is not able to treat old-agers; we do not stand in lines due to certain health condition and there were some centers who have full set-up for women. Government did not have any setup for old-agers'

Table 5. Government Health Facilities

Sr. No.	Facilities	Number of Respondents	Percentage
1	Government Hospital	13	43.3
2	Government health unit	8	26.6
3	Private Doctors	9	30.0
	Total	30	100.0

Source: Interview Schedule

Above tables showed the average number of visit to the hospital. Every human being visit once in his/her life to hospital. Highest number who visited the hospital in last one month was the patients of Govt. Hospital. Whereas the second category was 26.6% community members, they visited sleeper, And there were only 30.0 of the respondent who visited hospital, and did not get influenced by male.

Hospital must have a proper setup for elderly, but it was observed from old-agers that they hesitate from going to government hospitals. Means they do not want to go there, but they do not afford for private hospitals that's why they compel to go to government hospitals.

6.6 Social Response to Old-Agers Health Problems

Social responses toward elderly people were negative regarding the perception of children and the relatives. In the community it was to some extent partially positive but overall stance of community was negative. Respondent stated that, *'our people do not do anything for us, they just think of their selves.'*

Table 6. Social Responses

Sr. No.	Facilities	Number of Respondents	Percentage
1	Family	4	13.3
2	Relatives	5	16.6
3	Friends	6	20.0
4	Colleagues	7	23.3
5	Neighbours	8	26.6
	Total	30	100.0

Source: Interview

Table depicted the overall interaction of the community members with elderly people. It was documented that there were neighbors on the higher level of interaction with the elderly people. Family was the lowest part which helped the elderly people 13.3% in the whole month. The question was asked during the collection of data for social responses, about the number of visits done by the family members, relatives, friends, colleagues (before retirement) and the neighbors. Those who lived near the elderly people, they visited more often to the elderly people which made them alive. If we develop the model of assistance by the community members according to their preference and consistency the first one would be neighbors, the second who visited more elderly people were the colleagues, on the third was fiends, than relatives and in last the family. The close kin, which were remained the strength of any community here become the weakness of the community Table depicted the overall interaction of the community members with elderly people. It was documented that there were

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6.7 Concluding Remarks

During the field it was observed that poverty, aging and the health were intermingled concepts, they overlapped each other but money remained the central part of the chapter. As stated in previous chapter, the health condition of the elderly might changed but there is no income generation activity e.g. they are not fit for hard or soft work. Poverty was the prominent part of the social life which influenced all aspects of life. Because of the economy, health sector were dependent on each other. The different scholars discuss aging in different ways, but their major consensus remains on effective utility of the concept aging.

Issues affecting poverty and social understanding were discussed in start of the chapter. The chapter has six major headings/themes but overall there were thirteen headings which discussed the role of aging, elderly, poverty and health. Elderly people usually visit government hospitals for treatments. Respondents stated that, 'healthcare expenditure was not affordable and government does not provide proper treatments.' Moreover, elderly people get every type of treatment/help from government/neighbours sources and beside it they do not have any other source.

Chapter 7

CONCLUSION

Economic and health conditions of the old-agers (elderly) have described in the present study. Old-agers faced societal negligence from the relatives and even from their children. Children do not support their parents, because after getting married, they were living in their separate households. Study documented that, economic and health conditions were poor elderly do not have any proper source of income, they need helped from relatives but they did not give any positive response. The health conditions were also poor due to less economy. Some of the respondents took pension from the government, majority of them were jobless, and they were not in good health to do some physical job for their survival.

Their physical conditions do not allow them to do hard or even soft work in the public or private sectors. Such physical conditions made them compel to take help from wives even their wives were not in the better condition, relatives and specifically from their children. Their children did not support them, it was one of the reason that is urbanization. The demands of urbanization compel children to have separate households. The modernization of social products changed relationship behaviors in the familial and in the societal life.

Old-agers wanted their lives to be relaxed and free from all types of hurdles. They did not want their children to serve them but it was beyond their imagination without help from the children they were not able to survive. Moreover, they do not have any future planning due to aging. Elderly demanded from the government for their healthcare and social security; because there was no one to support them.

Government policies for old-agers were not existed in practical sense. There was no implementation of elderly rights in the capital of Pakistan. The worst health conditions explored the fact that elderly need proper treatments and special care from children and from government. Moreover, governmental policies for youth is always active to utilize their labor force in the nation development projects but they neglected the elderly health because government thought elderly health may not be as

favorable in labor force as youth labor, so the elderly health sector was neglected according to the respondents. Elderly health issues which was generated by poverty was not the issue of Pakistan, it is an international issue and in every state even in developed countries elderly needed proper health treatments, preferably care, even many of the developed countries made separate housing for elderly because of their special care and health protection. There is need to develop old-homes in Pakistan to take care of such elderly people who spend all their lives for the development of Pakistan and now they were living very miserable life without proper medication under social negligence.

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Annexures