

## Problems Faced by Senior Citizen in Contemporary Society: Findings from the Household Survey in Karachi-Pakistan

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### ABSTRACT

Aging is a process where over time an individual experiences a decline in performance, productivity and health. Traditionally, the care of the aged has been the responsibility of the family. But new trends have emerged to transform family structures which has reduced the capacity of this institution to serve as the safety net for the less privileged. The emergence of nuclear family has changed the pattern of life enormously. The institution of family as the shelter for aging is gradually being eroded. Pakistan faces many challenges in welfare for its elderly population. This article highlights the problems of aged population living in Karachi city.

**Keywords:** Senior Citizen, socio- economic problems, Household, Karachi.

### Background:

*"Since it is the other within us who is old, it is natural that the revelation of our age should come to us from outside - from others."*

-Simone de Beauvoir

### INTRODUCTION AND STUDY BACKGROUND:

The elderly population of the world (60 years and older) was 251 million in 1950, and increased to 488 million in 1990. It is expected to increase from 530.5 million in 2010 to 2 billion in 2050. The old age population in Pakistan has more than tripled since 1947, with nearly 10% of all persons being 60 years and above. (WHO World Aging Report, 2013). Life expectancy has risen by almost three decades in the last 50 years and will reach close to 72 years by 2023. (International data base, 2004)

The aging process in fact starts from the day you are born, but to be considered elderly, it is most often assumed that after the age of retirement a person is regarded as a senior citizen. Aging has profound consequences on a broad range of economics, political and social process. "Aging is also bring about change in the living arrangements of older people visa-a-vis younger family member and in the private and public system of economic support for children, adults, and most critically older persons. The age categories such as infancy, childhood, adolescence, adulthood, middle age, and old age are the inexorable stages of human life being determined in biological and socioeconomic conditions. (Niaz et al , 2009)

However aging also presents a range of Scio-economic challenges for individual's families, and societies at large. As people get older bodily functions decreases ,so some of the functions that changes are in vision ,hearing ,touch, skin, endocrine renal and musculoskeletal. As is common in western societies, like USA and UK old parents most often live alone, or if they have health problems, they are left at nursing home or at an old people's home and retirement communities. The changing demographics and social trends in terms of shifts from extended to a more nuclear family system has raised concerns about the rising old-age dependency ratio and the adequacy of future family support for the elderly. (Naushin Mahmood2008)

In France, passed a bill in 2004 (Article 207 of the civil code) requiring its citizens to keep in touch with their geriatric parents. It was only enacted following two disturbing events, though; one was the

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publishing of statistics revealing the France had the highest rate of pensioner .Suicides in Europe, and other was the after math of a heat wave that killed 15,000 people .most of them elderly, and many of whom had been dead for weeks before they were found. In Korea the 60<sup>th</sup> and 70<sup>th</sup> birthday of elderly are prominent life events which celebrated as a big family parties and feasts. In China adhere to the confusion tradition of “filial Piety” , which prioritizes the family unit and values elders with utmost respect .but china’s rapid industrialization has forced people to move to urban areas for work, causing many adult children to move further away from their parents. Who often remain in rural areas and are unfit to pick up and move.

In UK and USA old people lonely lives separated from their children. As their health becomes down, they often move to retirement communities, assisted living facilities and nursing homes .African Americans children are more likely to care for their elderly parents.

In one of the finest aspects of our eastern culture is that (in most families) younger members are taught the responsibility of looking after and providing care for old parents, grand-parents or aunts and uncles as they see his being done by their own parents. Elder members of the family are usually held in greater esteems as they age, and most of the family will willingly attend to their requirements while giving them an increased sense of belonging rather than regarding them as a burden. However, there are growing examples of children leaving their parents to live elsewhere- be it abroad or to live separately, as is the general trend in the west. It seems that this concept is slowly finding its way throughout our society, which is a cause for alarm.

People generally begin to live longer, not just because of improved health care, but also due to some supplementary factors such as, better nutrition and sanitation facilities, education and income. However ageing also presents a range of socio-economic challenges for individual, families and societies at large. Amongst 15 countries with more than 10 million older persons, seven are developing countries including Pakistan. This major shift in population structures will have far-reaching implication, especially for the developing countries. Further, it is expected that South Asia will experience a dramatic increase in its elderly population by nearly nine times between 2010 and 2025, when life expectancy will increase to 75 years for men and 82 years for women (Rehmatullah. S, 2011:30).

It is estimated that there will be over 43 million people 15.8% of the total population over 60 in Pakistan 2050 as compared with 11.6 million means 65% of the total population at present. To prepare for this predictable future demographic shift, policy makers have to put in place policies which provide effective health and other social services specifically targeting the elderly otherwise the ongoing scale of demographic changes will place an overwhelming burden on families already struggling to cope with the burden attending to their ageing relatives while trying to simultaneously meet their children’s needs.

## **THE PROBLEMS OF AGING IN PAKISTAN: AN OVERVIEW**

Old age is a natural process. In many countries this phenomena has been considered a serious attention of policy makers of the government. There are a number of older people grows, we need to realize that there are many subsequent serious issues related to the situation. Pakistan is facing several challenges in the form of weak economic growth, weak pension system, and null infrastructure for ageing people, and above all lack of political will along with political instability makes life miserable for the elderly. Like other part of the world in Pakistan, the old population is increasing specially in urban areas. Similarly, in Karachi city, the province of Sindh, has witnessed a steady rise in population during last four decades. This accelerating population growth rates has also increased the elder population rates high. A number of factors are responsible which includes better quality of life, better job opportunities, improved health condition and increased in literacy rates. First of all is the small size of the family modern family which is the desirable norm today and is a direct offshoot of socio-economic, health and demographic compulsions. There are further restricted by the migration phenomenon which has resulted in many young people leaving the country. The empty nest has left the parents with no source of support. The choice of migration is not always available to them. Many of those who are allowed to settle with their children in foreign communities find it impossible to adjust to the strange lifestyle of an alien society. Relocation to a new environment is always associated with enmity, uncertainty, loss of old familiar friends and locality, the stress of making new friends and adjusting and salting man unfamiliar surrounding. Women, who have conventionally been

the care givers in the home, are facing a new challenge. Due to changing role of women in our Society working women whether they are daughters or daughter-in-law, have dues demands of mother hood a career and caser gives for elderly.

The care of the elderly has emerged as a major issue in our society. Given our Socio-cultural valves hold the elderly in great veneration; it is difficult for people to admit openly that there is a problem here which is being shoved under the carpet.

Changes in family or relationships like forced dependency because of physical illness and financial needs are hard to accept for the elderly. Role reversal and control of day to day decision making are difficult for the parents and children leading to frequent interpersonal conflicts. Sometimes, if there wife is not working; she papered to live with her in-laws, with the result that the husband gives in to her demands to salvage his marriage, and lives away from his parents. The death of a close one often makes people reflect on their life. Faced with death can also bring about a sense of denial.

In Pakistan some well organized religious communities such as the catholic, Paris and Ismailies have established their own elderly home. Currently, some homes for Senior citizens are funded entirely by donations from their own communities; some are partly funded by the government social welfare agencies while some are run on a commercial basis with varying standards and facilities. Each home has its place of worship and the food is also prepared in keeping with the specific religious beliefs.

The government designed a National policy for the health of the elderly in 1999. This comprehensive policy included training of primary care doctors in geriatrics, provision of domiciliary care and a system of health care providers for elderly including social workers, Physical therapist. “Green slip” for prescriptions was also devised. Unfortunately implementation of this policy is still being awaited. The public passport system also offer no respect to any aged and no subsidized transportation system exists for are elderly.

## **RESEARCH METHODOLOGY**

The present study has been conducted on the elder population living in Karachi city. A non-probability sample of 150 older people was recruited through snowball sampling method from household survey. Data was collected from different communities after taking the consent of the study participant. The researchers made a fix selection criterion that participant should be age of 60 and above. Descriptive research method involves in collecting data .Interview schedule method was used to collect the data. A structure interview schedule guide was employed for this purpose .Several visits were taken to collect the data .the researchers took face to face interviews from respondents .Data has been processed, tabulated and analyzed thorough suitable statistical methods (i.e. SPSS version 15)Besides, the quantity research measures of data collection on-site observation was also the part of the study.

The aim of present study is to examine the problems faced by elder people in Karachi.

## **STUDY OBJECTIVES**

1. To asses the social and health problems among the elderly people across different socio-economic groups.
2. To identify the attitude of family members with elderly people.
3. To identify the felt needs of the elder people with specific reference to their age.
4. To draw the appropriate suggestions for betterment of their social and healthy living.

## **Research Questions**

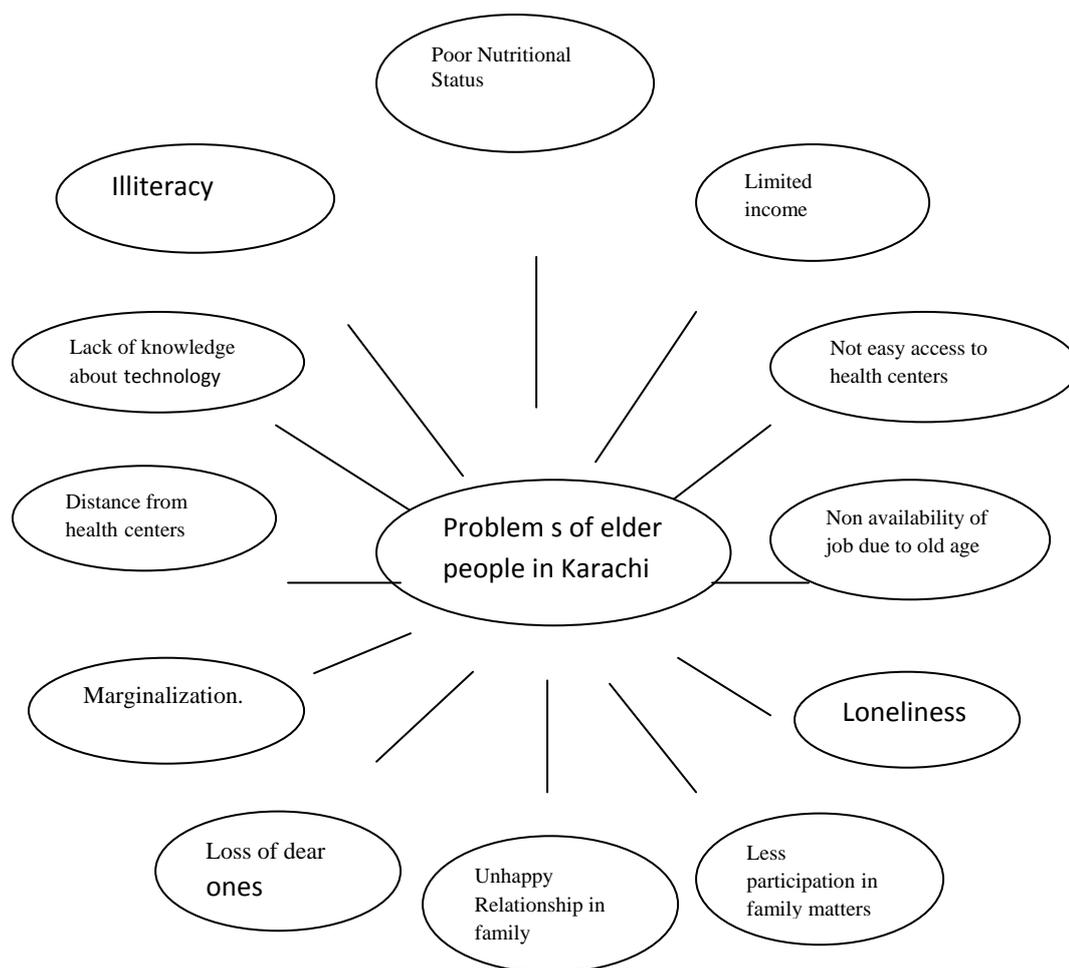
Specifically, this study deals with the following questions.

1. What are the different types of problems faced by elder people in their everyday life?
2. What are the cause of their socio-economic problems and how can elder people be accommodated in their normal life?
3. How do family and society at large in Karachi city normal respond to the problems which are experiencing by elder people in the existing scenario?

**Study Hypothesis**

1. There is a relationship between financial security among respondents and their consultation in family matters.
2. There is a definite relationship between family size and gender of the respondent.
3. There is a relationship between family size and Respect from family members
4. There is a definite relationship between family income and expenditure on health care of elder people in Karachi.
5. There is an association between socio-economic problems and family size of the respondent.

**STUDY MATRIX**



**Table No1.** Total Population and Elderly Persons (Aged +60) in Pakistan: 1961–2030 Elderly Population (Million)

Census Year	Total	Male	Female	Sex Ratio M/F
1961	2.92	1.68	1.24	135
1972	4.57	2.63	1.94	135
1981	5.88	3.40	2.48	137
1998	7.34	3.99	3.35	119
Projected Estimates for 2013	11.19	5.69	5.50	103
2030	22.07	11.09	11.09	99

**Source:** Pakistan (2002) Ageing in Pakistan: A Situation Analysis, Ministry of Social Welfare and Special Education, Islamabad.

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**Table1.** *Distribution of Respondents According to Age & Marital status*

Age group In years	Respondents Background	Single	Married	Widowed	Divorced	Total
60-64	Elder Male	29 (19.3%)	37 (24.6%)	59 (39.3%)	25 (16.6%)	150
	Elder Female	20 (13.3%)	50 (33.3%)	53 (35.3%)	27 (18.0%)	150
65-69	Elder Male	22 (14.6%)	41(27.3%)	58 (38.6%)	29 (19.3%)	150
	Elder Female	24 (16.0%)	47(31.3%)	61 (40.6%)	18 (12.0%)	150
70 and above	Elder Male	28 (18.6%)	46 (30.6%)	52 (34.6%)	31 (20.6%)	150
	Elder Female	27 (18.0%)	49 (32.6%)	52 (34.6%)	22 (14.6%)	150

**Table2.** *Distribution of Respondents According to their Educational Level*

Educational Status	Elder Male (%)	Elder Female (%)
Illiterate	26(17.3%)	49(32.6%)
Primary & Middle	58(38.6%)	24(16.0%)
Matric & Intermediate	15(10.0%)	02 (1.3%)
Graduate & Above	14(9.3%)	29(19.3%)
<b>Total</b>	<b>150 (100)</b>	<b>150 (100)</b>

**Table3.** *Distribution of Respondents According to their Family System*

Family System	Respondents Background Elder male	Elder female
Nuclear	60(40%)	77(51.3%)
Extended	73(48.6%)	90(60%)
<b>Total</b>	<b>150</b>	<b>150</b>

**Table4.** *Distribution of Respondents According to their Family Income*

family income (in Rs.PM)	Respondents Background Elder Male	Elder Female
Family income Rs: 10000-12000	15(10.0%)	28(18.6%)
Family income Rs: 12,000-14000	23(15.3%)	26(17.3%)
Family income Rs: 14000-16000	26 (17.3%)	47 (31.3%)
Family income Rs: 16000-18000	55(36.6%)	30(20.0%)
Family income Rs: 18000- and above	31(20.6%)	19(12.6%)
<b>Total</b>	<b>150</b>	<b>150</b>

**Table5.** *Distribution of Respondents According to their Source of Income*

Main source of income	Respondents Background Elder Male	Elder Female
Pension	15(10.0%)	28(18.6%)
Dependent on children	23(15.3%)	26(17.3%)
Business	19(12.6%)	34(22.6%)
Own Laboring	42 (28.0%)	38(25.3%)
Property	51(34.0%)	24(16.0%)
<b>Total</b>	<b>150</b>	<b>150</b>

**Table6.** *Distribution of Respondents by Type of Medical Practitioner Consulted*

Type of medical practitioner	Elder Male (%)	Elder Female (%)
Government doctor	26(17.3%)	49(32.6%)
Private doctor	58(38.6%)	24(16.0%)
Dispenser / paramedical staff	15(10.0%)	02 (1.3%)
Hakim / homeopath	14(9.3%)	29(19.3%)
Faith healer	15(10.0%)	22(14.6%)
Medical store	09(6.0%)	11(7.3%)
Self-treated at home	13(8.6%)	15(10.0%)
<b>Total</b>	<b>150 (100)</b>	<b>150 (100)</b>

**Table7.** Distribution of Respondents According to their Social Position in Family Different Situation

Social Position in Family	Elder Male (%)	Elder Female (%)
Respect by family members	23(15.3%)	30 (20.0%)
Sense of security	16(10.6%)	25 (16.6%)
Family members Daily Sit & talk & spend time with them	14(9.3%)	17 (11.3%)
Feeling inferior	25 (16.6%)	12 (8.0%)
Liability on Family	34 (22.6%)	38(25.3%)
Good Relations with Relatives/ Neighbors	28 (18.6%)	38 (25.3%)
<b>Total</b>	<b>150 (100)</b>	<b>150 (100)</b>

**Table8.** Priority Distribution of Respondents According to Major Categories of Problems Identified by Them

Type of problem	Elder Male (%)	Elder Female (%)
Financial	38 (25.3%)	29 (19.3%)
Health	23 (15.3%)	33 (22.0%)
Housing & living conditions	10 (6.6%)	15 (10.0%)
Transport / mobility	14 (9.3%)	19 (12.6%)
Loneliness	27 (18.0%)	16 (10.6%)
Limited Recreational opportunities/visit outsides	12 (8.0%)	18 (12.0%)
Conflict with son/daughter in Law	10 (6.6%)	7 (4.6%)
Availability of food on time	16 (10.6%)	13 (8.6%)
<b>Total</b>	<b>150 (100)</b>	<b>150 (100)</b>

## CONTINGENCY TABLES AND TESTING OF HYPOTHESES RESULTS

Ho: There is no relationship between the type of behavior of the family members and gender of elderly people.

**Contingency Table: 1**

Type of Behaviour Of family Members	Gender of elderly people.		Total
	Elder Male	Elder female	
<b>Friendly/politely</b>	48(51)	54(51)	102
Non-friendly/Rude	27(21)	21(24)	48
<b>Total</b>	<b>75(100)</b>	<b>75(100)</b>	<b>150 (100)</b>

Calculated Value of chi-square=0.472

Tabulated value of chi-square= 3.841

**Contingency Table: 2**

Ho: There is no relationship between family size and gender of the respondent.

Family Size.	Gender of elderly people.		Total
	Elder Male	Elder female	
<b>Less than 7 member</b>	78(64.6)	17(30.4)	95
More than 8 and above member in family	24(37.4)	31(17.6)	55
<b>Total</b>	<b>102(100)</b>	<b>48(100)</b>	<b>150 (100)</b>

Calculated Value of chi-square=23.688

Tabulated value of chi-square= 3.841

**Contingency Table: 3**

Ho: There is no relationship between family size and Respect from family members

Family Size.	Respect from family members		Total
	Yes	No	
<b>Less than 7 member</b>	87(88.93)	28(26.06)	115
More than 8 and above member in family	29(27.06)	6(7.93)	35
<b>Total</b>	<b>116(100)</b>	<b>34(100)</b>	<b>150 (100)</b>

Calculated Value of chi-square=0.793

Tabulated value of chi-square= 3.841

**Contingency Table: 4**

Ho: There is no relationship between financial security among respondents and their consultation in family matters.

Financial security of the respondents(Family income)	Consultation in family matters.		<b>Total</b>
	Yes	No	
<b>High</b>	59(38.5)	18(38.5)	77
<b>Low</b>	16(36.5)	57(36.6)	73
<b>Total</b>	<b>75(100)</b>	<b>75(100)</b>	<b>150 (100)</b>

Calculated Value of chi-square=44.856

Tabulated value of chi-square= 3.841

**Contingency Table: 5**

Ho: There is no relationship between family income and expenditure on health care of elder people in Karachi.

Family income	expenditure on health care		<b>Total</b>
	Yes	No	
<b>High</b>	70(45.36)	11(35.64)	81
<b>Low</b>	14(38.64)	14(30.36)	69
<b>Total</b>	<b>84 (100)</b>	<b>66 (100)</b>	<b>150 (100)</b>

Calculated Value of chi-square=54.946

Tabulated value of chi-square= 3.841

**RECOMMENDATION**

We would like to suggest two types of recommendations for on individual level and community level.

**At Individual Level**

1. Remember that grandparents and old parents are a treasure to be valued.
2. Try to understand their point of view, accommodate accordingly.
3. Always give them lots of importance in family decisions and at family gatherings too.
4. Listen to their stories and share a few laughs. It will benefit from what insights have to offer.
5. Keep them involved in activities that are physically not too demanding such as playing chesses cards or board games.
6. Diplomatically deal with criticism or advice. This way they will know they hold a valuable place in the family.
7. If they are able to, encourage them to get out of the house as much as they can. A change in environment is very important.
8. Make sure they get to spend lots of time with their grandchildren.
9. Buy them small gifts or tokens of appreciations to show them how much you care.
10. When going out for shopping, always ask if there is anything they need.
11. Make sure they eat a healthy diet and take walks on a regular basis. They must eat food richer in calcium to avoid getting osteoporosis.
12. Teach them how to use the internet. After speaking to many people of about sixty plus, conclusion is that, most important they need is some activity or hobby to keep them some sort of away from negative thinking. This makes an immense difference in keeping away feelings of depression that can become a common ailment when approaching old age.

**At Community Level**

1. It is suggested that due to escalation in the cost of living an appropriate increase is under suitable revision regarding to the pensioners.

2. It is suggested that for the non-government employees, the system of employees old age. Benefits scheme introduced in Pakistan adopted with the guidance of the ILO, for the private sector is fairly effective.
3. It is suggested that give the priority to elderly patients during hospital visits, examination and treatment along with 50% reduction in charges. Government can establish geriatric ward in hospitals.
4. It is suggested that arrange vocational courses for postretirement periods, in addition to increasing earning capacity during old age.
5. It is suggested that the ministries of health social welfare and Special Education can play vital role for betterment of Senior citizen in Pakistan.
6. It is suggested that day care centers instead of old homes would be more appropriate. If such places elderly people can come in morning and will provide different activities such as library reading room, indoor games, recreation area music, rest room and kitchen and return to their respective homes at evening. These centers will serve as key points from where the aged can make use of their talents and skills for nation day's activities, and also keep themselves within the mainstream of society. On the other hand, homes for destitute elderly having no family ties, especially widowed men without support, to be established within the main cities of all provinces in the country.
7. In hospitals for elderly people, the staff should consist of a medical doctor (general physician) with premedical staff to cater for physical need, psychologist for individual & group therapy, social worker (professionals) to help with therapy and other social welfare problems. It should be emphasized that the administrative management, including maintenance of the premises, accounting, personal etc. should be looked after by Separate team of individuals trained for the jobs.
8. Community based day-care centers can be run on a low budget or on a charitable basis with community members employed as personnel. It is high time that it should be done on a priority basis before it is too late.

## **CONCLUSION**

At last, there are many elderly people who are living with their families, but are, nonetheless miserable. It is not high expectations from their increasingly busy children, or constant misunderstandings and conflicts. It is a general sense of depression stemming from a relatively inactive life that tends to add to the distress of old age. It is the time to address the issue timely and strategically so the benefits can be fruitful for the betterment of our society.

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