

**PROBLEMS AND PROSPECTS OF SENIOR CITIZENS IN  
PAKISTAN: A CASE STUDY OF THE PUNJAB**



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## **ABSTARCT**

Aging has become a global issue as the number of senior citizens is growing day by day. This number has increased due to various reasons and above all, it is the availability of health care and birth control medicines. These are the reasons which are distorting the pyramid of age among the different groups of the people, which results in the shrinkage of the population at lower levels and expansion at upper levels. This transition of population is challenging the economy of the states and generating social problems in both developed and developing countries with varying levels. Pakistan is one of the most-affected countries and its ranked is 89 as the World Watch Index (2013) showed. It is the third highest old-age populated country with huge psycho-social and economic problems. There was a time when traditional structure of family was supportive to senior citizens, but changing values and socioeconomic dynamics have changed the vise versa. The statistics indicate that labor force is decreasing as compared to dependent class. The situation in Pakistan is not promising as the proper strategies and policies are not in practice to address the social adjustment and well-being of the senior citizens. To know the facts that how this situation is creating socioeconomic problems among the senior citizens and causing psycho-social problem after all, this study was designed to explore the accurate status and intensity of the problem in Pakistan, in general and in the Punjab province in particular. To explore the phenomenon, the study has applied different methods and tools to collect and analyze the data. The focus of the study was 212 (62) inmates from old homes, 50 senior citizens living with the family, 40 senior citizens, i.e.10 pensioners, 10 irregular physical laborers or daily wagers, 10 laborers in private industries on daily wage basis and 10 beggars/destitute persons. A preliminary study was conducted with experts and in the light of these results reduced from the expert's

opinion, the further four tools (structured interview schedule) were developed. The data were analyzed using manual and SPSS techniques as well. The results show that this is a very speedily spreading phenomenon in Pakistan but still neglected by the Government and private sectors. Major findings have shown that the senior citizens facing more economic problems in family life, but less social isolation as compared to the senior citizens living in old homes. Families are facing serious economic stress in taking care of senior citizens. The main reasons have been found were the lack of proper policy and its implementation by the government.

**Dedicated To**

*My Beloved Parents (Late)*

&

*My Mother-in-Law (May She Live Long)*

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UA

## TABLE OF CONTENTS

Chapter #	Title	Page #
	Abstract.....	I
	Dedication.....	III
	Acknowledgement.....	IV
	Table of Contents.....	VI
	List of Tables.....	X
	Acronyms.....	XII
1	<b>INTRODUCTION</b> .....	1
	1.1. Introduction.....	1
	1.2. The lowering Social Status of Elderly people.....	4
	1.3. Statement of the problem.....	7
	1.4. The Problem .....	9
	1.5. Objectives of the Study .....	11
	1.6. Research Questions .....	12
	1.7. Old Age Problem in Punjab: A situation analysis.....	13
	1.8. Care of the Senior Citizens in Punjab .....	13
	1.9. Old Population in Pakistan .....	16
	1.10. Challenges for families as a caretaker of elderly in Pakistan...	24
	1.11. Family Support and Older persons in Pakistan.....	26
	1.12. Aging and Poverty in Pakistan.....	29
	1.13. Social safety Nets in Pakistan: Pension and Social Security Schemes .....	33
	1.14. The Employees Old Age Benefits Act, 1976.....	34
	1.15. Prospects of the Welfare Homes for Aged	36
	1.16. Structure of the Thesis.....	37
2.	<b>LITERATURE REVIEW</b> .....	40
	2.1. Introduction .....	40
	2.2. Ageing: A world wide perspective .....	41

	2.3.	The Islamic Perspective on Old Age and Aging.....	44
	2.4.	Old-age Statistics: International Scenario.....	50
	2.5.	Old –Age Statistics: Pakistani Scenario.....	57
	2.6.	Old- Age in Punjab Province of Pakistan .....	59
	2.7.	Problems Associated with Old Age in Pakistan	61
	2.7.1.	Pakistan and Policy for Senior Citizen .....	61
	2.7.2.	Status of the aged in the family .....	63
	2.7.3.	The economic condition of the aged.....	68
	2.7.4.	Social security problems .....	72
	2.7.5.	Health problems .....	73
	2.8.	Change in living arrangements and family structures.....	75
	2.9.	Later Life Family Relationships.....	77
3.		<b>CHANGING TRENDS OF FAMILY SYSTEM IN PUNJAB (PAKISTAN ).....</b>	78
	3.1.	Socio Cultural Perspective.....	78
	3.2.	Family nets in Punjab.....	80
	3.2.1.	Cultural impact.....	81
	3.2.2.	Globalization and Transformation of family structure	82
	3.3.	Changing Family Trends.....	83
	3.3.1.	Cultural impact.....	84
	3.3.2.	Globalization and Transformation of family structure	85
	3.3.3.	Divorce and its Effect	85
	3.4.	Conclusion.....	87
4.		<b>RESEARCH METHODOLOGY AND DESIGN .....</b>	91
	4.1.	Universe .....	91
	4.2.	Sample Size.....	91
	4.2.1.	Stratum -1: Retired Senior citizens/ Govt. officials (Qualitative Data).....	92
	4.2.2.	Startum-2: Senior citizens living in welfare homes.....	92
	4.2.3.	Startum-3: Senior citizen living within the families	95
	4.2.4.	Startum-4: Blood relatives like sons/daughters/ nephews/ daughters-in-law etc. of the aged persons....	95

	4.2.5. Stratum-5: Senior citizens on streets and in labour (Baggers, Hawkers, Destitute, Pensioners)	95
	4.3. Sampling strategy.....	95
	4.4. Tools of data collection .....	100
	4.5. Construction of Instruments for Data Collection.....	102
	4.6. Data Collection Procedure (Fieldwork).....	104
	4.7. Participant Observation.....	105
	4.8. Data analysis .....	106
	4.9. Validity of data.....	109
	4.10. Problems Faced During the Data collection.....	110
5.	<b>DATA ANALYSIS .....</b>	114
	5.1. Part-I: Stratum-I (Retired Senior Citizens : Qualitative data )	114
	5.2. Problems of elderly people in Pakistan	115
	5.3. Part-II: Stratum-2 (Senior citizens in the welfare homes	127
	5.4. Part-III: Stratum-3(Senior citizens within families).....	140
	5.5. Part-IV: Stratum-4 (Family members/relatives of senior citizens).....	151
	5.6. Part-V: Stratum-5 (Senior citizens on the streets and in labor)	156
6.	<b>WELFARE HOMES FOR THE AGED: FROM PROSCRIPTION TO PRESCRIPTION .....</b>	162
	6.1. The Framework of the Chapter.....	162
	6.2. The Role of Church .....	163
	6.3. The Care of elderly in Pakistan.....	166
	6.4. The Federal Government and the Senior Citizens' welfare.....	170
	6.5. Arguments for and against the establishment of shelter homes on large scale.....	172

7.	<b>SUMMARY AND CONCLUSION .....</b>	179
	7.1. Old age.....	180
	7.2. International Old Age Statistics.....	181
	7.3. Old Age statistic in Pakistan.....	183
	7.4. Old Age statistics in Punjab Pakistan.....	184
	7.5. Study methodology.....	185
	7.6. Problems of the Old Age people.....	187
	7.6.1. Economic Problems.....	188
	7.6.2. Health problems.....	190
	7.6.3. The Problem of Lowering Status.....	190
	7.6.4. The Problem of Social Isolation.....	192
	7.7. Recommendations.....	193
	<b>BIBLIOGRAPHY .....</b>	195
	<b>APPENDICES .....</b>	199

## LIST OF TABLES

Table #	Title	Page #
1.1	Pakistan: Old Population (millions).....	7
1.2	Old aged Population in Pakistan by Province.....	9
1.3	Welfare Homes for the aged in Punjab Province.....	15
1.4	Demographic Profile of Pakistan (2000-2020).....	17
1.5	Pakistan's Annual Average Growth of Population from 2000 – 2050.....	21
2.1	Old- Age Classifications.....	44
2.2	Pakistan: Old Population by Province, 1998.....	60
4.1	Showing Sampling of the Elderly People in the Institutions Based on Krejcie and Morgan Method .....	94
4.2	Sample distribution of PSUs.....	98
5.1	Gender, Age, and Education of the Respondents.....	127
5.2	Gender and previous Income of the respondents.....	128
5.3	Family residence and contact with family members.....	128
5.4	Nature of Relationship with family in past.....	129
5.5	Existence & Type health problem.....	130
5.6	Dependence on others due to health problem?.....	131
5.7	Relationship with the Career.....	132
5.8	Do relatives help in need?.....	133
5.9	Do Children give time to the respondents?.....	133
5.10	Satisfaction with Current relations of the respondents with their children.....	134
5.11	Do the children of the respondents full fill his/her needs.....	134
5.12	Does Family seeks permission in daily matters?.....	135
5.13	Relationship of respondent with family of daughter-in-law before her marriage.....	136
5.14	After how long children visit in the old home to meet the respondents	137
5.15	Who admitted him/ her to the old age home?.....	138
5.16	Attitude of the welfare home staff towards inmates.....	139
5.17	Respondent satisfaction with the old-age home.....	139
5.18	Age and Gender of the respondents.....	140
5.19	Gender and marital Status.....	140

5.20	Education and Family System.....	141
5.21	Employment before retirement and gender of the respondent.....	141
5.22	Employment before and after retirement.....	142
5.23	Reason of current working.....	142
5.24	Was the job before retirement pensionable?.....	143
5.25	Attitude towards financial Assistance from Zakat/Baitulmal.....	144
5.26	Relation in the family and Reasons of strained relations.....	144
5.27	Status of the elderly in decision making in the family.....	146
5.28	Do you have any of the following Health problems?.....	148
5.29	Morbidity during last year.....	149
5.30	Heads of expenditures of personal income.....	149
5.31	Expenses for treatment and Family Attitude.....	150
5.32	Attitude of the respondents towards day care Centers Welfare homes for the elderly etc.....	150
5.33	Age and Marital Status of the Careers.....	151
5.34	Gender and Relationship with Senior Citizens.....	152
5.35	Level of Education and Occupation.....	152
5.36	Family members and Income.....	153
5.37	Treatment is given by and expenses born with.....	157
5.38	How much time a day do you give to your elder?.....	154
5.39	Seeking permission of the elders on important issues.....	155
5.40	Behavior of elderly in routine life.....	156
5.41	Type and Gender of respondents.....	156
5.42	Education and Previous income of the respondent.....	157
5.43	Number of Family members and does family live in the same city.....	157
5.44	Are you in contact with family and does family help in need?.....	158
5.45	Health problem and Type of health problem.....	158
5.46	Depend on others and help from family.....	159
5.47	Relationship with helper in health problem.....	159
5.48	Do Your Children behave responsibly, If not why?.....	160
5.49	Does Family seek permission in daily matters?.....	160
5.50	Family support and type of support.....	161

## ACRONYMES

SC	Senior Citizens
SI	Social Isolation
Pr	Problem
Ec	Economic
ILO	International Labor Organization
WHO	World Health Organization
He	Health
Ch	Child
Psy	Psychology
Tr	Transport
Inc	Income
Govt	Government
GOP	Government of Pakistan
UN	United Nations
UNDP	United Nations Development Program
ADB	Asian Development Bank
NGO	Non Governmental Organization
TFR	Total Fertility Rate
DR	Death Rate
OH	Old Homes

# CHAPTER -1: INTRODUCTION

## 1.1. Introduction

According to United nation population fund report of 2012, one billion of the world population would be consisted of the people aged over 60 years in this decade. As estimated by the UN further, by 2025 this will be increased to 1.2 billion and by 2050 the number will be raised to 2.5 billion. Almost two third of the elderly people are living in developing countries. Among them, very old (80+ years of age) people have become the fastest growing population. Consequently, in western countries, particularly in the USA, the term “Graying” is often used to characterize the growing population of aging people. This highly contrasts the situation in 1900 where the USA was a relatively young nation where half of the population was under twenty three. The people of the age sixty five and over comprised only 4% of the population back then. In 2030 the aged population will increase about tenfold to 70 million that is about 38.9%. Two reasons are associated with this situation by experts; the first being low birth rate (fewer children) and greater age span due to improved bio-medical sciences.

Aging can be defined in at least three aspects other than chronological age. These aspects are biological, psychological, and social. Chronological age is the time passed since the birth of a person’s in years and is the most commonly determinant of definition of age and aging.

During the last century, however, social scientists and demographers took keen interest to explain the aging process relative to scientific methods, especially the

length of an individual's chronological age<sup>1</sup>Birren, a groundbreaker in Gerontological research, differentiated between normal ageing from three prospects:

*“Biological age, encompassing the study of changes in various bodily systems and how these changes affect the physical, psychological, and social functioning of older adults; psychological age, the person's ability to adapt to and modify familiar and unfamiliar environments, including an individual's sensory and mental capacities as well as his or her adaptive capacity and personality; and social age, a person's position or role in a given social structure, where age-based assigned roles specify an individual's rights and responsibilities, as well as his or her ability to relate to and connect with others, and accounts for the older adults' functionality in a social context<sup>2</sup>”.*

This can be understood that aging is the physical, psychological, and social process that over time cause changes in a person's functional capacities and that influence social definition<sup>3</sup>. Aging brings in its wake a number of problems for the older people in all spheres of life. For an elderly person loss of employment means not only exposure to financial instability, but also reduction in status. Similarly, loss of a spouse may lead to loss of home and prestige once enjoyed as head of the household.

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<sup>1</sup> J. E., Birren, & J. J. F Schroots (1995). “History, Concepts, and Theory in the Psychology of Aging”. In J. E. Birren& K. W. Schaie (Eds.), *Handbook of the psychology of aging*. ( San Diego: Academic Press.)p. 3.

See also R. L.Sprott.,& S. N. Austad, (1995). “Animal Models for Aging Research” in E. L. Schneider & J. W.

Rowe (Eds.), *Handbook of the Biology of Aging* (San Diego: Academic Press),p.pp. 3–20.

<sup>2</sup>, J. E. Birren (1969). “Principles of Research on Aging”.in J. E. Birren (Ed.), *The Handbook of Aging and the individual*. ( Chicago: University of Chicago Press), p. 101.

<sup>3</sup>. Robert, C,Atchley, ( 1988) *Social Forces and Aging : An Introduction to SocialGerontology*(5th.edn)( California. Wadsworth Publishing Co), p.373..

Cicero a popular sociologist gives four reasons for why old age is deadly. Firstly, it withdraws us from active employment; secondly, it enfeebles the body, thirdly it deprives us of nearly all physical pleasures, and fourthly it is the next step to death.

Perhaps, two more could be added to his list, i.e. economic insecurity and loneliness. But in objective terms, economic, social, physical and psychological problems are associated with old age, particularly in the western societies while the severity of these may be lesser in the eastern societies. We can say that the word “old” have different meanings for different people, but in general its images are largely unpleasant now a day in contrast to the past.

About the economic problems in old age, Harris has observed that;

*“Income is a crucial determinant of how the aged live. The level, the adequacy, and the maintenance of income affect other aspects of the lives of the elderly. The maintenance of physical and mental health, transportation utilization, housing and nutrition adequacy, vulnerability to crime, level of social participation and the general quality of life<sup>4</sup>” all are associated with old age.*

Now, the western society looks at the economics of the old age problems and it is generally believed and apprehended that’

*“It is these “oldest old” – often mentally or physically impaired, alone, depressed – who pose the major problems for the coming decades. It is they who will strain their families with demands for personal care and financial support. It is they who will need more of*

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<sup>4</sup>Charles S. Harris, (1978). *Fact Book on Ageing: A Profile of America’s Older Population*. Washington D. C: N National Council on the Ageing.),p.28

*such community help as meals on wheels, homemade services, special housing. It is they who will require the extra hospital and nursing – home beds that will further burden federal and state budgets. And it is they whose mounting needs numbers already spark talk of some sort of rationing of health care”. “Can we afford the very old<sup>5</sup> ?”*

## **1.2. The lowering Social Status of Elderly people**

Not only economic problems are faced by the aged people, the worst of these problems is the recognition of their social status. There was a time when to Americans the word “old” suggested kindness, wisdom, generosity, even graciousness and beauty. Now the adjective “old” has taken on negative meanings. We have “*old and sick, old and poor, old and doddering, helpless crabby crotchety, useless, dependent*”<sup>6</sup>. On the other hand, in Japan and other Asian countries in general and in the Muslim Countries in particular, people show respect to their elders. In Japan, the common word for an elderly person is “*Otoshiyori*” means the ‘the honorable elders’. In Muslim countries aged parents are looked after properly and in many cultures it has become mandatory to look after the elders even by in-laws and relatives.

There is a contrast between the statuses and roles played by elderly in societies of the orient and occident mostly based on religion and cultures. The social construct of aging in the West is of fear and avoidance. According to some psychologists

*“The Landscape of aging in western society is viewed with fear, avoidance and dissociation. It is approached as a potential wasteland,*

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<sup>5</sup> Alan S. Otten (1984) “Ever More Americans Live into 80s and 90s, Causing Big Problems”, in *Wall Street Journal*, July. 30, 1984, pp.1.

<sup>6</sup>Lou Cottin, (1979). *Elders in Rebellion: A Guide to Senior Activism.*( Garden City: Anchor),p.278

*with homes of the age disguised from public view and cut off from society<sup>7</sup>”*

It may be said that the social fabric will tear apart if elders aren't looked after and respected. In the occident stereotypically growing old is like passing from passion to compassion. In the folk vernacular it is said, “the only good thing you can say about old age is that it is better than being dead.”

As described by NeuBeck e.g.

*“Old people are all the same, old people are unproductive, old people are senile, old people are in a state of deterioration and decline”<sup>8</sup>.*

Sociologists and social policy experts are critical of this discriminatory situation but are helpless<sup>9</sup>.

In the words of Butler,

*“We have shaped a society which is extremely harsh to live in when old. The tragedy of old age is not the fact that each of us must grow old and die, but that the process of doing so has been made unnecessarily and at times excruciatingly painful, humiliating, debilitating and isolating through insensitivity, ignorance and poverty. The potentials for satisfaction and even triumphs in late life are real and vastly unexplored. For the most part the elderly struggle to exist in an inhospitable world<sup>10</sup>”.*

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<sup>7</sup>T. Bertollette (2010). “Time Is on Our Side: On Aging in *Psychological Perspectives*, 53(2), 223.

<sup>8</sup>Kenneth, J. Neu Beck. (1991). *Social Problems*,(New York: McGraw Hill),p.98

<sup>9</sup>*Ibid.*

<sup>10</sup>Robert N. Butler, *Why Survive? Being Old in America* (New York: Harper & Row Publishers, 1975), pp. 6-7.

But historically this notion is negated when we witness Ronald Reagan being elected the president of United State of America at the age of 77, in sunshine boys George Burns received his first Academy award at the age of 80, Benjamin Franklin negotiated the compromise from which the US constitution emerged at the age of 81, Winston Churchill completed the text of A History of the English Speaking People in four volumes at the age of 82, Pablo Picasso produced valuable art at the age of 90, George Bernard Shaw penned down Farfetched Fables at the age of 90 and so on.

The psychological problems faced by the elderly are numerous. They have to make an adjustment with the new social, economic and physical conditions. They must get used to depend upon others and accept the age, status they are assigned. . They must adjust with role-loss, isolation and loss of prestige.

In old age people suffer more from health problems as compared to young people and health difficulties advance with the advance in age. In this age the physical dependence on another increase. This point has been explained by the Quran. According to Muslims' belief, Quran is Allah's (God's words) which explains the old aging phenomenon as;

*“If we grant a long life to any, we cause him to be reversed in nature.*

*Will they not understand them?”*

This means old age is a natural phenomenon and in this age the energies of the body declines like a child who depends upon others for survival.

It is not to say that everything is fine with elderly people in the east or in a Muslim society. It is now an emerging problem and is just a matter of few years when people in this part of the world will also have the same or nearly the same attitude towards

their elders. They do face the same socio-economic and physical problems as well as status crisis. They live in more deplorable conditions as there are no state-run services for them if they are deserted or destitute.

Besides all these problems faced by the elderly in the occidental society and the stereotypes about them, it is a fact that these elderly are properly looked after by the states than their beloved children. Elderly people are provided with personal, social services which mean they look after in institutions or at home by care givers , construction of special houses and residences for them to approach them and live in comfort there, pensions, allowances, health facilities etc. We will discuss them in detail later.

### **1.3. Statement of the problem**

Demographic changes are a fact of life. It occurs everywhere, even in the life of an individual, whether he likes or not. Man is mortal and demographic changes are manifests of this mortality. Pakistan, like other countries also faces the challenges of demographic transition. The following table highlights the fluctuation in population of older people in the past half century in Pakistan.

**Table 1.1: Pakistan: Old Population (millions)**

<b>Census year</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
1961	1.68	1.24	2.92
1972	2.63	1.94	4.57
1981	3.40	2.48	5.88
1998	3.99	3.35	7.34
2013	5.69	5.50	11.19
2030	11.09	11.09	22.07

Having a look at different censuses of the population of Pakistan, it shows that the total population of age 60+ in Pakistan, according to the first census of population of 1961, was 2.92%. By the second census the total raised to 4.57%. By 1981 census we had the % age of the aged population was 5.88% of the total and by 1998, in a total population of over 129 million, the aged population (by aged population, we mean the people aged 60+ as in Pakistan the retirement age or the age of superannuation is 60 years) were over seven million. (See table –II below for total population figures)

Pakistan as a developing country is passing through many challenges, among them, the process of a demographic transition is the most thriving one. The major concern is the ratio of aged people with respect to the total population which is rising day by day. According to the last Census (1998) of Pakistan, the population of age 60 years and above was increased to 7.34 million in 1998 which was 2.92 million in 1961<sup>11</sup>. This indicated a three times increase in the aged population over 3.5 decades. It was further reported that by the year 2030, it would be increased to 23.76 million. This shows the increment in the share of the elderly in total population 9.3 percent by the year 2030. The CIA world fact book (2014) mentioned the latest figures of Pakistani population of all age groups, in which, elderly population (60 years and above) is about 18 million approximately.

These statistics ensure the gain momentum in ageing process, in Pakistan, which will enhance the old age dependency ratio. There may be the number of explanation of this gain momentum, one may be the decline in the birth rate. The other explanation could be the advancement of bio-medical science and consequently better health facilities, and hence the increment in average age or life expectancy. Thus, as a result,

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<sup>11</sup>Government of Pakistan.(1999). *Population Census 1998*.(Islamabad: Census of population Organization, Statistics Division),P..133.

increasing ratio of aged people may cause the economic problems for the state as well as for the aged people themselves.

Punjab is the populous province of Pakistan, which is consisted of 60 percent of the total population of the country. According to the 1998 census report, out of 7.34 million old aged population, approximately 4.3 million were in Punjab<sup>12</sup>, which was approximately 6 percent of the total Punjab population. The proportion of the old aged population in the four provinces, according to 1998 census is given in Table 1.2.

**Table 1.2: Old aged Population in Pakistan by Province**

<b>Province</b>	<b>Total population</b>	<b>Total Share%</b>	<b>Old Population</b>	<b>Old Share %</b>	<b>Proportion %</b>
Pakistan	129,169,894	100	7,159,893	100	5.54
Punjab	73621290	57.00	456,9796	63.82	6.21
Sindh	304,39,893	23.57	140,2,597	19.59	4.61
KPK(NWFP)	177,37,591	13.73	868,665	12.13	4.90
Baluchistan	65,65, 885	5.08	282,191	3.94	4.30
Islamabad (FCA)	805,235	0.62	36,544	0.51	4.54

Source: Pakistan Census report, 1998.

#### **1.4. The Problem**

As all other developing countries, Pakistan is also confronting population transition. Age is posed to be dependent and troublesome for the caretakers due to the cultural and social deterioration of values caused by industrialization and reduction of family structures. Although government and private sector have continued to ignore this field, aged population, its trends and projection need to be assessed. This shall prove to be helpful in planning and meeting the socioeconomic needs in Pakistan of senior citizens and will herald exploration of new fronts.

<sup>12</sup> Government of Pakistan (1999) *Census of Population 1998*.(Islamabad: Census of population Organization, Statistics Division),p.111.

Pakistan is an Islamic society due to which the people permeate to the lives religiously. It is a family obligation to look after the elderly parents and relatives. It is the cultural as well as a religious duty of the children to look after the aged parents properly. Most aged parents live with children, though may be poor.

Pakistani society is under rapid social changes as a consequence of urbanization and aloofness. Distancing from religion and the breakdown of the centuries old large/joint family system has led to the increase in the miseries of aging people. Old people are abandoned and now the responsibility of their care is shouldered by the charity organizations or NGOs. There are orphanages and seminaries for young children and youth, but unfortunately there are no such welfare institutions to take care of the elderly people.

The trend of nuclear family institution is on the rise which has caused lower status of elderly people as the family no longer adheres to traditional roles of looking after the elderly. It becomes an even tougher struggle when there are not more than two bread winners to assemble standard of living and educational standard for their own family. Often the young family members attribute negative associations with their elders.

There is no such public sector institutions in the provinces of Khyber Pakhtunkhwa and Baluchistan where the family as well as the entire social structure is intact to some extent. In Sindh and Punjab, instead of looking after them there are a few institutions where old people are dumped. There is a small amount of people in such institutions, whereas there is a high amount of public money being spent. As these two do not correspond it seems like the national resources are simply being wastage as there is not proper planning. We will present such statistics at a later stage.

For the first time in 1988-93 a half-hearted program for senior citizens was announced in the seventh five year plan. No practical implementations were to be seen. For the second time in 1999 further measures for the welfare of people aged 70 years and above were suggested yet again not implemented.

There are some institutions in the private sector where these abandoned and isolated aged people are being carried on a voluntary basis. Yet these problems go unaddressed on a national level. One of the main problem of the Senior citizens in Pakistan may not be that they're unloved by the younger generation, but rather their poverty both in urban and rural areas. Given their age, they're unable to work and even if they do have a meager state pension it is not enough to maintain a human life. Hence, they are considered to be a burden on their children and family members. There are also health care disadvantages as there are no proper arrangements for the elderly in public institutions. Keeping in view their age and the health issues that come along with it there are no special arrangements of toilets, baths, pavement or movement of these people. Consequently, they feel isolated and rejected.

The predicament of their social security and assistance is still a far cry. Government sector employees are offered a scanty pension whereas private sector employees are even devoid of that benefit. The extent of their psychological problem is also copious.

## **1.5. Objectives of the Study**

Pakistan is not a welfare state rather it is on the way of welfarization. Steps are being taken to alleviate the problems of the weak and vulnerable sections of the society like women, children, minorities, the aged, people etc., but still we have to travel a long distance in this regard. The idea of helping the aged in a conservative, Islamic society

is new but the problem is not and is on the rise day by day. Keeping in view the study is premeditated to draw attention to the following objectives.

1. To observe the socioeconomic problems of senior citizens in Pakistan.
2. To investigate the behaviors of blood relatives (children/ brothers/ sisters etc. towards the aged parents/ aged relatives dependent upon them..
3. To have an detail discussion of the welfare laws for the aged people in Pakistan as well as the approved status of aged in Islam, the state religion of Pakistan.
4. To have an idea of the available institutional care for the aged in Punjab, Pakistan.

#### **1.6. Research questions**

1. What kind of problems, social and economic do the senior citizens experience in the family?
2. What is the role of family members in the care of senior citizens?
3. What kind of community care is available for the senior citizens?
4. What type of relationships does exist between the family members and senior citizens in Pakistani society?
5. What types of health facilities are available for the senior citizens at government level?
6. How far the facilities available in old homes are different from the family?
7. What is the opinion of SC about the changing trends in Pakistani society?
8. What is opinion of senior citizens that who can play the role in defining the status of the SC?
9. How the levels of education contribute to the active and engaged life of senior citizens?

10. What urgent measures should the government and other organizations take to improve the situation of senior citizens in Pakistan?

### **1.7. Old Age Problem in Punjab: A situation analysis**

In terms of population, Punjab is the largest province of Pakistan, which is about 101 million, which is about 57.1% of the total population of the country, which is more than 180 million<sup>13</sup>. The distribution on gender basis is 52.7 million males and 49 million females<sup>14</sup>. About 6.21% of this population is made up by the old people<sup>15</sup>. In perspective of social indicators, Punjab excels all other provinces; birth rate is 26.0 per 1000 persons, whereas death rate is 7.1 per 1000 deaths. The mortality rate is 76.7 at per 1000 live births, while per 1000 women, the maternal mortality rate is 110 with a fertility rate 3.8 per woman<sup>16</sup>.

Punjab province is also important because it tends to be the pacesetter. In spite of the provincial resentment of Punjab due to its relative power in the land, what Punjab does, the other provinces tend to follow. Thus, if we could introduce any idea there, we'd have a chance to launch the idea nationwide

### **1.8. Care of the Senior citizens in Punjab**

Care of the elderly is not something new. From the dawn of creation till this date human beings have been caring for their elders in one way or other. Initially this was

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<sup>13</sup><http://www.pwd.punjab.gov.pk/sites/pwd.punjab.gov.pk/files/Population%20situation%20of%20Punjab.pdf>

<sup>14</sup>Government of Punjab.(2007). *Punjab in Figures 2007*. (Lahore: Planning & Development Department),p. 64 .

<sup>15</sup> Government of Pakistan ( 2003), *Census of Punjab 1998*( Islamabad: Population Census organization),p.90

<sup>16</sup> Ibid, p.2

a responsibility and obligation of the immediate family and joint family and then changed to state responsibility in the shape of hospitals and now caring homes.

Archaeologists have found out human remains that are estimated to be 500,000 thousand years old. The description says that the man was an aged, disabled person who had trouble in walking or lifting a small load. In order to live along with his disability, he must have support from others. This suggests that the senior care was prevalent, at least half a million years ago<sup>17</sup>. Since then, human beings irrespective of their developmental status have been helping their aged and Pakistan or Punjab is not an exception.

Concerning the services of senior citizens, they are neither ideal nor comprehensive. In the public sector, in Punjab, there are ten welfare homes for the aged; six in the public sector and the rest are run by charities like, homes for old and infirm persons, namely *Afiat*, and *Dar-UL-Salam* (Half way home at) some Philanthropic and charity oriented services and then there is a complete silence.

During the first decade of this century the government of Punjab established six welfare- homes for the aged people in the province in six districts out of thirty six districts.

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<sup>17</sup> “A History of Caring for Our Elders” [Jeff Anderson's Google+ Profile](#) | [jeffa@aplaceformom.com](mailto:jeffa@aplaceformom.com)  
Posted On 07 Aug 2013

The details are as below;-

**Table 1.3: Welfare Homes for the aged in Punjab Province**

Districts	No. of welfare Home	No. of Inmates (aged persons)	Sex-wise distribution of inmates		Total
			Males	Females	
Rawalpindi	01	18	12	06	18
Lahore	01	13	08	05	13
Gujranwala	01	0	0	0	0
Multan	01	11	07	04	11
Toba Tek Singh	01	07	05	02	07
Sahiwal	01	19	13	06	19
Total	06	68	45	23	68

These six homes for the aged are meant for an aged population of over 7,159,893 persons. There are many reports that the inmates are not treated properly in terms of their food, clothing, hygiene and medical requirements. It is also reported that the employees of these welfare homes are more interested in their salaries than in serving these inmates and as a result remain indifferent to their plight.

So far the services provided are too scanty such that currently or in the future they'll be unable to support the flaring problem of growing old age problems. In this perspective the question that arises regarding what national policy ensures the welfare of senior citizens in this country? The existing national welfare legislation needs to be reviewed regarding the aged and nature of services available to them.

Out of the total old population of Pakistan the province, Punjab occupies 63.82%. Comparatively the older population in other provinces, indicated in percentages in the above table, this percentage is much higher than the all other provinces.

A noteworthy feature of the Punjab's old population size is that the old population at national level is 5.54, whereas in Punjab, it is 6.21%, which is 0.67% higher than the national level<sup>18</sup>.

## 1.9. Old Population in Pakistan

Pakistan's Director General *Baitul-Mal* Mr. Zammurud Khan in an address (1994) to a consultative meeting on the proposed bill for the senior citizens in the Capital Territory Area of Islamabad who said that;

*“According to UNFPA and Help Age International reports, Pakistan is one of the 15 countries where population of over-60 years is more than 10 million”. At present Pakistan has 11.3 million people over the age of 60 years which will increase to 43.3 million in 2050, that will be approximately 15.8 percent of the population ”*<sup>19</sup>.

In Pakistan, the work on senior citizens' problems still needs to have the attention that it deserves. Until now, only a few case studies have appeared regarding the aging in Pakistan as well as on the family structure and the relationships between them in order to take care of old aged people<sup>20</sup>. This trend has attracted attention for the period following 1981 and the introduction of the Zakat system in the country.

Pakistan's old population<sup>21</sup> of ages 60+ are projected in The United Nations World population Revision 2002 as in the Table- III below;-

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<sup>18</sup> Ibid.

<sup>19</sup> Time Value Property- Just another Word Press site dated 18.12.2012.

<sup>20</sup> Muhammad Afzal (1994), "Population Ageing in Pakistan and its Implications" in *The Ageing of Asian Populations*, UN. Department for Economic and Social Information and Policy Analysis, 126-132, ST/ESA/SER.R/125.

<sup>21</sup> United Nations Organization ,(2003), World Population Prospects: The 2002 Revision( New York United Nations Population Division *Cf. BirjiesTalat, Op.Cit.,P.13*

**Table 1.4: Demographic Profile of Pakistan (2000-2020)**

<b>Indicators</b>	<b>2000</b>	<b>2005</b>	<b>2010</b>	<b>2015</b>	<b>2020</b>
Population (thousands)	142,654	161,151	181,753	204,465	227,395
Male population (thousands)	73,104	82,444	92,898	104,555	116,274
Female population (000)	69551	78,707	88,855	99,910	111,112
Population sex ratio (males per 100 females)	105.1	104.7	104.6	104.6	104.6
Percentage aged 0-4	15.6	15.2	14.7	13.8	12.7
Percentage aged 5-14	26.4	25.6	24.8	24.3	23.6
Percentage aged 15-24	19.3	20.1	20.3	19.8	19.6
Percentage aged 60 or over	5.7	5.8	5.9	6.3	6.8
Percentage aged 65 or over	3.6	3.8	3.8	4.0	4.0
Percentage aged 80 or over	0.4	0.5	0.5	0.6	0.6
Percentage of women aged 15-49	46.6	47.6	48.4	49.3	50.5
Median age (years)	18.8	19.2	19.9	20.8	21.8
Population density (per sq. Km)	179	202	228	257	286

According to the table above, there is a gradual increase in the percentages of the age 60 and above up to 2020. The assumption of population ageing in Pakistan is unsupported from the projection for year 2005 onwards. Therefore the problems of the old age population in Pakistan are the result of their numbers instead of their ageing factor.

Pakistan is facing the population transition as all other developing countries<sup>22</sup>. In near future Pakistan will have to face this situation. The value systems which once dominated in our society are diminishing due to industrialization and shrinking family structures. Therefore the aged are posed as dependent and problematic for the caretakers. Both the government and private sectors have ignored this field to the extreme. In order to cater the socioeconomic requirements of senior citizens in

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<sup>22</sup> Ibid

Pakistan, a complete evaluation of the aged population, its trends and previsions in the future so that the measures can be taken accordingly. This shall open doors in this field from new dimensions.

Since Pakistan is an Islamic society, the impact of religion permeates to the lives of all the people. It is a family obligation to look after the elderly parents and relatives. It is the cultural as well as a religious duty of the children to look after the aged parents properly. Most aged parents live with children, though may be poor.

Recently the Council of Islamic Ideology (CII), a watchdog body to look into the laws of the state whether they are in accordance with the Islamic principles or not, has given its verdict against the establishment of such welfare homes. This means in an Islamic society, it is the sacred responsibility of the children to look after their parents in old age as the holy Quran has commanded. The verdict no doubt, is in accordance with the principles of Islam but what about those who have no child or anyone else to look after? We will say more about this in the analysis chapter and will take the Islamic perspective on this issue in the theoretical framework in chapter -V.

Pakistani society is under rapid social changes as a consequence of urbanization and aloofness. Distancing from religious norms and the breakdown of the traditional joint family system has lead to the increase in the problems of aging people. The aged people are abandoned or destitute and looked after by voluntary sector institution. There are orphanages and seminaries for young children and youth, but unfortunately there are no such welfare institutions to take care of the elderly people.

The trend of nuclear family institution is on the rise which has caused lower status of elderly people as the family no longer adheres to traditional roles of looking after the elderly. It becomes an even tougher struggle when there are one or two bread winners

to cater the needs of their family's educational and living standard. In such case, often the younger ones attribute negative associations with their elders.

There is no such public sector institutions in the provinces of Khyber Pakhtunkhwa and Baluchistan where the family as well as the entire social structure is intact to some extent. In Sindh and Punjab, instead of looking after them there are a few institutions where old people are dumped. There is a small amount of people in such institutions, whereas there is a high amount of public money being spent. As these two do not correspond it seems like the national resources are simply being wastage as there is not proper planning. We will present such statistics at a later stage.

For the first time in 1988-93 a half-hearted program for senior citizens was announced in the seventh five year plan. No practical implementations were to be seen. For the second time in 1999 further measures for the welfare of people aged 70 years and above were suggested yet again not implemented.

There are some institutions in the private sector, which look after these deserted or neglected aged people on a voluntary basis. However, these problems are still unaddressed at government level. One of the main problems of the aged people in Pakistan may not be that they're unloved by the younger generation, but rather their poverty both in urban and rural areas. Given their age, they're unable to work and even if they do have a meager state pension it is not enough to maintain a human life. Hence, they are considered to be a burden on their children and family members. There are also health care disadvantages as there are no proper arrangements for the elderly in public institutions. Keeping in view their age and the health issues that come along with it there are no special arrangements of toilets, baths, pavement or movement of these people. Consequently, they feel isolated and rejected.

Where these major issues are unattended, the problem of social security and assistance is a far cry. State employees have to live off a meager pension, but those who've served in the private sector are devoid of even that.

It is reported officially through the Pakistan Demographic and House hold Survey 2001 that actual population of the aged people in the year 2,000 was over eight million and the dependency ratio of these aged people in the working population was nearly eleven percent. The projected burden is alarming and will be about 20% within the coming fifteen years<sup>23</sup>.

Regardless the ongoing debate in the light of recent demographic literature of changes of fertility behavior in Pakistan <sup>24</sup> the complications of these changes have gotten a great attention from policy makers and public planners. Partly this is due to the fact that mainstream demographers in the country, without going into deeper complications, revolve their debates around the relations in current fertility reduction. Because of higher fertility, participation of the senior citizens in economic activities <sup>25</sup> and flowing remissions the burden of old age dependency on families and the society has been yet to a more perceptible shape.

Though the UN indication of age structure changes in Pakistan unveils a rapid growth of social ageing in the country (Table-4), however, presuming space for projection error, in the coming decades accelerating pace of ageing in Pakistan may be agreed

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<sup>23</sup>Government of Pakistan (2002) *Pakistan Demographic and Household Survey 2001*.(Islamabad: Census of Population, Statistics Division),P. 22 9table 13.

<sup>24</sup>IqbalAlam,( 2005) "Beyond the Current Demographic Scenario: Changing Age Composition, Aging and Growing Insecurities for the Aged in India and Pakistan". Paper Prepared for the 25th IUSSP International : Conference, France*Conference Proceedings* ; see also Zeba,A. Sathar and John,B. Casterlin (1998) "The Onset of FertilityTransition in Pakistan " in *Population andDevelopment Review* 24(4):773–796 (December 1998); Zeba ,A.Sathar and M. FramurzKiani (1998) "Some Consequences of Rising Age at marriage in Pakistan" in *Pakistan Development Review* 37:4, 541-556 (Winter,1998),

<sup>25</sup>Z.M. Nasir and Syed Mubashir Ali (2000) "Labour Market Participation of the Elderly".*The Pakistan Development Review* 39:4, 1075–1086

upon. The growth in the number of older people exceeding 75 years of age in particular is expected. Table-3 explicitly lays out these changes. The highest indicated growth in size of 75 years and above, especially the women, is shown in this table. In the light of existing health services and long-term care facilities, these changes may have influential supply-demand implications.

**Table 1.5: Pakistan’s Annual Average Growth of Population from 2000 – 2050**

Growth (year) Age Groups	2000 – 2020		2020 – 2050	
	Male (%)	Female (%)	Male (%)	Female (%)
60—64	3.20	3.13	3.28	3.26
65-74	3.09	2.96	3.29	3.33
75+	3.58	4.21	3.77	4.22
Total Pop.	2.35	2.37	1.79	1.82

Source<sup>26</sup>-(UN: 2002 Revision)<http://www.blogger.com/post-create.g?blogID=13888389021081132> - ftn13

In light of these population transitions, some attempts have been made by experts in Pakistan to handle the ageing problems and to provide the required mechanism both by the state and the non-state actors to improve the social safety nets for the aged<sup>26</sup>. A UN sponsored study for example, scans through these details including a few recent attempts by the government to plan implementable actions to be taken for the welfare of the aged. In order to assess regarding ageing and related issues, in Lahore (1988) and Islamabad (1990) the Special Education and Social Welfare Division of Pakistan Government has accredited a couple of multi-centric surveys, although no practical feasible results have been acquired. Apparently Pakistan has very few schemes regarding social security apart from a small proportion of an organized workforce

<sup>26</sup>Muhammad Afzal (1994) *Op. Cit.*

formed by civil servants, military personnel and employees of public sector projects. The gained workforce benefits and whether this proportion of people are decreasing as a result of downsizing in public sector employment is vague.

A few nonprofit voluntary organizations like the Senior Citizens Foundation of Pakistan or Association of the Retired Persons have been working beyond the public sector to seek benefits in personal taxations and supporting medical care. One major success of such organizations is the sensitivity of the government to consider elderly welfare and incorporate it with gender specific public provisioning for the destitute elderly in the development agenda.

Ageing in Pakistan is turning to be weirder with the passage of time underneath these weak responses and unsustainable belief about filial support. This has specifically surfaced from the field based study conducted by Clark et al. (2002) which was made to test the presuppositions about family support for the aged. The study unveils substantial rusting of past values where the multi-centric survey shows that the province of Punjab is covering 938 elderly men and women– leaving a large sum of older persons staggering. And even a cursory scanning of these details heightens our apprehensions of increasing unsecured ageing and limited family support of the aged.

PIDE (Pakistan Institute of Development Economics) researches showed that the level of fertility rate in Pakistan remained constant at 6.8 during from 1961-1987. The fertility decline started in 1988 with a reduction to 4.8 till 2000 and later years. This research is in line with fertility decline reports indicated by the Pakistan Demographic

Surveys (PDS) and is considered to be one of the fastest declines in comparison with some other countries experiencing fertility transition<sup>27</sup>.

This rapid change in the ageing process in Pakistan is expected to gain momentum and will enhance the old age dependency ratio. In Pakistan the retirement age is 60 years and the same has been taken as a minimum age for a person identified as old or elderly prescribed by the national government.

In Pakistan the demographic transition has begun since the 1990s<sup>28</sup>. Pakistan is expected to continue to the old age phenomenon at a constantly increasing rate and will face a series of serious problems in the next fifty two hundred years. To stop this situation steps should be taken now. Ageing of population has many overwhelming social economic implications in Pakistan, affecting all type of social relationships, health care, education, social security, social policies and even the stability of a family as an institution. These factors are creating problems for persons with older age e.g.

1. Widespread of diseases crippling independence of the oldest old persons from their ability to complete daily activities.
2. Poverty on a large scale.
3. No long term saving tools for the elderly with decent terminal return.
4. Insufficient public budget for health.
5. Decelerating employment opportunities.
6. Income inequalities.
7. Inadequate access to health services.
8. Nonexistent social insurance

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<sup>27</sup>Griffith Feeney and IqbalAlam(2003) “Chapter-IV” in A. R. Kemal, MomammadIrfan, and NaushinMahmood ( Ed) *Population of Pakistan: An Analysis of 1998 Population and Housing Census* ( Islamabad: Pakistan Institute of Development Economics).

<sup>28</sup>Zeba,A. Sathar and John,B. Casterlin (1998) “The Onset of FertilityTransition in Pakistan “ in *Population andDevelopment Review* 24(4):773–796 (December 1998).

### **1.10. Challenges for families as a caretaker of elderly in Pakistan**

Unlike developed industrialized nations, older persons in the developing world, have a long way to go in making their lives livable with honor and dignity. Older persons are generally presumed to be the responsibility of their children and close relatives. Older persons do live with them, even though they may be able to afford to live separately. In the low income families, when sons get married, they often cannot afford to set up a separate household, and, therefore, they keep living with the parents. These arrangements are sometimes known to even end up in tragedies for the elderly. Since the housing, particularly in big cities, is scarce and expensive, setting up separate household is not affordable for many.

Societies, over the ages, have generally treated old persons with respect. This was because old persons are mostly parents and, therefore, commands respect, attention and support from their children, and because of social norms, other young people as well. With some variations in the degree, respect or attention or support for the elderly has been a world-wide tradition. Giving respect to the elderly, however, is not the same thing as giving them an honorable and dignified living. Industrial society decided a long time ago that after a certain age a working person should retire. The age of retirement was raised gradually as the life expectancy increased and old persons began to enjoy better health. At present, regardless of the region, once a person is retired from work, the trend has been largely to disallow the retiree to re-enter the world of work. If someone insists on keep working, he or she is more likely than not, given work much below their capacity or acquired pre-retirement status.

Pakistan, like many other developing countries of the world, is presently witnessing a demographic transition. The major cause for this phenomenon is continuing decline in

mortality rate, which results in rise in life expectancy in recent years. “Pakistan as a developing country is in the process of a demographic transition and concerned about the rising ageing population<sup>29</sup> .

Comparing the census of 1998 and 1961, it can be observed that the aged population (60 year and above) in Pakistan has increased by 4.42 million in twenty years ( 2.92 million in 1961 to 7.34 million in 1998) indicating a three times increase in the aged population. It is projected that another jump will happen between 1998 and 2013 and the population of the aged in Pakistan will grow from 7.34 million to 11.19 million (an increase of 3.85 million in fifteen years ) . This number is more than the population of the biggest industrial city of Karachi. By 2030, in the future seventeen years, this population will grow to 23.76 million; in other words, this means the percentage of the elderly persons in the total population of Pakistan shall increase from around 6% to 9.3% during the duration between 2006 and 2030. In Pakistan, the process of aging is expected to become faster and this shall consequently enhance the old-age dependency ratio to a great extent. As the birth rate greatly declines, the increase in old-age population will inevitably increase. On a similar note, owing to the advances in the field of bio-medical science, the overall average age, commonly referred as life expectancy, shall greatly increase and the ratio of age people in the total population will also expand enormously, thus presenting the state as well as the senior members of the population with increased economic problems. Social security schemes and pension are offered by the EOBI and ESSIS to the currently serving and retired and retired private sector workforce, but they only manage to cover a rather small part of the aged population in the formal sector.

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<sup>29</sup>Population Reference Bureau, 2006. *2005 World Population Data Sheet*. Washington DC.

Additionally, there are other formal and informal support programs such as Zakat, which is a religiously mandated payment of 2.5% payment of annual earnings to charity, *Sadaqah* ( financial support given to deserving and needy persons on the basis of religious and charitable reasons) and various other non-profit organizations such as the famous Edhi Homes, along with DarulSakoon (Half Way Homes) as well as the Afiat provide a multitude of required services for the elderly. But even all these services together are not adequate enough to keep up with the speedily rising socio-economic needs of senior citizens at the national level.

The problems of the senior population will most definitely grow exponentially in coming years since there are no official facilities, supportive services or safety nets for this section of the population in the country on state level. Recently, to save money on the retired servant, World Bank and the IMF emphasized on the contractual appointments in public sector employments. In Pakistan, the elderly peoples' problems have never really been understood, not even by the intelligentsia strata of society, and even they have failed to realize the seriousness of this impending issue in the coming years. We still tend to ignorantly live within enshrouding mists of the glorified notions of past dignities about the status of old people in our earlier society. This has resulted in a total lack of substantial programs of their welfare.

### **1.11. Family Support and Older persons in Pakistan**

In Pakistan to meet all sort of needs older persons are dependent on individual social support system consists of multiple networks like family, relatives, friends and neighbors because like all other traditional societies, care of the aged in Pakistan is

the responsibility of the families. But this can materialize only if families have reasonable income resources<sup>30</sup>.

The centuries old strong joint and extended family system is now replaced by the nuclear family system which is comparatively weak both politically and economically as compared to the joint and extended family systems creating day-to-day problems for the aged members. In joint family system is famous for a loving, accommodative and friendly blood relationships among the members who provide security and respect to the aged members of the family whereas in nuclear family system elderly parents are either non-existent or have little or no say in the family matters.

In addition to personal factors economic status of the elderly through meager pension etc. changes in family structures have induced a considerable negative change in the status and role of the elderly within the domain of domestic affairs. These factors collectively act to signal the out in terms of limited access to their relatives and neighbors, lowered decision making role, limited facilities, like excursion and use of verbal aggression by family members against them. As a result they feel discomforted and a sense of frustration and depression possess them. Needs of the elderly are hardly fulfilled met when the personal poverty of the elderly and their dependence upon the family meager resources is accompanied by the lack of a national poverty affecting the welfare of its ageing population<sup>31</sup>.

The problem of changes in the family system in Pakistan is well documented in many studies. Many if not majority of the older persons are not helped by their families to

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<sup>30</sup>Muhammad Afzal, (2006) Population Ageing Issues in Pakistan: A Further Analysis, Some Problems and Issues of Older Persons in Asia and Pacific. New York: United Nations. (ESCAP Asian Population Studies No. 144.)

<sup>31</sup>MubashirAliSyed and Mohammad Framurz, k, Kiani (2003) ageing and poverty in Pakistan.(Islamabad; PIDE), P. 87

fulfill their urgent needs and facing hardships in terms of less respect, no care, no attention, sickness and malnourishment<sup>32</sup>. The abuse can be of many types as witnessed by many observers.

Neglect or remaining indifferent to the needs and aspirations of the aged and even aged parents is a common phenomenon. It also includes failure to provide at least some psycho-physical care for the aged persons. It may be intentional or unintentional like withholding food, medication, or physical support at needed times, the utter failure to provide required proper hygienic facilities, or failure to provide safety precautions or physical aids. Although they are seldom reported, cases of physical violence, involving the infliction of pain, injury, or impairment are also not uncommon. Such acts may include pushing, pinching, striking, slapping, force-feeding, and the improper use of physical restraints or medications.

The abuse may also be psychological in nature, in the form of intimidation, jeering, taunting, humiliation like using abusive language, isolating or confining such persons to their room or some other improper place against their wishes, or any other such measures adopted by the caregivers that may be causing fear, isolation, confusion, or disorientation in the elderly. Another highly common abusive practice is in the form of financial exploitation, depriving the elderly of their resources and income, misusing it, or obtaining it by force and coercion for personal profit and gains, thus encroaching on one of their basic rights. In the Pakistani society, all of these acts are *domestic violence* referring to all forms of mistreatment of an aged person by anyone

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<sup>32</sup>Muhammad Afzal,(1999). "Family Structure and the Elderly in Pakistan" in The Family and Older Persons in Bangladesh, Pakistan and Sri Lanka, *Asian Population Studies Series*, No.151, 55-113, ST/ESCAP/1997

having a blood relationship with and also *self-neglect*, which involves cognitively impaired older persons being unable to care and fend for themselves<sup>33</sup>.

This situation analysis showcases a sad reality concerning the degradation of the worth of life for the older members of Pakistani society and calls to attention the severely needed demand for social protection nets for the purpose of caring for the elderly persons.

### **1.12. Aging and Poverty in Pakistan**

Pakistan is a country where 74% people earn less than US\$ 2 a day and still we claim to have a good living standard<sup>34</sup>. Life expectancy at birth is still 63 years for males and 65 for females.<sup>35</sup> According to data collected during the 1990s, in Pakistan the infant mortality rate during childbirth was at 83 per 1000 live births, the under-five mortality rate at 109 per 1000 live births, and the maternal mortality rate stood at 340 out of 100,000 live births. Adult literacy rate 57% for males and was 28% for females during 2004 and Human development Index (HDI) for 2000 was 0.497. The public expenditures on education was 0.9 % of the GNP during 2000 and a physician per 1,000 population during 1990s was 0.5, hospitals beds per 1,000 population were 0.7<sup>36</sup>. The social sector expenditures in Pakistan are dismal because of the expenditures as %age of GDP is 0.5 on social protection, 0.1% on social insurance, 0.2 on social assistance<sup>37</sup>. The inflation rate, according to official statistics stands at 8%,

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<sup>33</sup> P. O. Sijuwade (1995). "Cross-cultural perspectives on elder abuse as a family dilemma" in *Social Behavior and Personality*, 23(3), 247–251.

<sup>34</sup> Population Reference Bureau, 2006. *2006 World Population Data Sheet*. Washington DC.

<sup>35</sup> United Nations, 2005. *Human Development Report 2004* UNDP: New York; UN. *The State of the World Children*. UNICEF. New York; World Bank, 2005. *World Development Indicators 2004*; Asian Development Bank, 2004. *Key Indicators of Developing Asian and Pacific Countries 2003*.

<sup>36</sup> CIRDP (Center on Integrated Rural Development for Asia and the Pacific), 2006. *Rural Development Report 2005*. Dhaka. P. 81.

<sup>37</sup> Government of Pakistan, 2006. *Social Protection Strategy*. Op.Cit.p.11.

while independent observers say it is about 10.90%<sup>38</sup>. Under these dismal economic conditions, little is left for social welfare, particularly, for the welfare of the aged who are the poorest in the country with little or no economic resources.

Pakistan has some sporadic welfare nets as well. There is an old-age pension system for about 0.85 million employees on retirement out of a total aged people of over seven million. There is the Employees Social Security Institution, providing insurance against death, disability. There is a *Guzaraalloawnace*( subsistence) for poor Muslims at the rate of Rs.500 per month<sup>39</sup> to a few thousand people. As a result of this situation the social problem of begging, crimes, illiteracy, ill-health etc. haunt most of the Pakistanis. Pakistan is confronted with the politics of poverty and the poverty of politics. As a result, there is a gloomy situation for social protection of the masses particularly the aged poor.

According to some authentic reports, there is an indication that at least one out of every four Pakistanis is invariably poor and that one in every two Pakistanis may be vulnerable to becoming poor in the immediate future. Another recently conducted assessment of vulnerability by the World Bank reported that about 56.2 % of the total population in Pakistan faces a more than 50% chance of falling into poverty in the upcoming few years...Pakistan has no overreaching social protection strategy...The existing programmes for the provision of social protection have also clearly been shown to be highly inadequate in the terms of coverage of poor and vulnerable households as well as in terms of the types and levels of support provided by them.<sup>40</sup>

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<sup>38</sup> 'Inflation: Targeted monetary policies needed' in daily *The News International*.. Islamabad. September 25, 2006. p.19

<sup>39</sup>Government of Pakistan, 2006. *Draft Social protection Strategy*. Pp.1-19.

<sup>40</sup>World Bank and Gallup 2006.*Preliminary Findings From Social Safety Nets Survey 2005*. Presentation, Islamabad September, 2006.

Recently indicated trends show a rise in poverty in Pakistan, consequently posing a new wave of challenges which are very likely to negatively influence the elderly population of the country currently living with little or no economic and social support. Over the past few decades in Pakistan, poverty levels have shown some fluctuations. Based on calorie intake, the poverty level declined from approximately 47% in 1969 and 1970 to a much lower level of 17% in 1987 and 1988. During the 90s, however, IMF's structural adjustment programme was being implemented in the country, and research indicated a considerable increase in the levels of poverty during that time. According to recent estimates, it is indicated that 33% of the population are living on or below the poverty line.

Not only will the older people's quality of life be affected with the advancement in age and the increase of poverty in Pakistan, but it will also cause a decrease in the economically active portion of the total population, thus highlighting the need for provision of adequate and proper safety nets.

When the aging of any population is not accompanied by corresponding socioeconomic developments, then the issues of the elderly population become highly problematic. In other words, a disproportionately high number of the elderly population will become forced to live on very low subsistence owing to their deprived socioeconomic position. The segments of the population under and over the ages of 15 and 65 respectively in proportion to the total working age population of the country (between 15 and 65 years of age) is known as the dependency ratio. Research indicates that his dependency ratio is expected to steadily increase in Pakistan, with a

value of 6.7 in the year 2000, then increasing to 7.9 by the year 2025, and a staggering 12.1 by 2050.<sup>41</sup>

No doubt the senior population is the most affected by any increase in the poverty levels. As the elderly are usually amongst the poorest sections of the population, they are thus further deprived of any chances of effectively participating in socioeconomic activities.

A vastly large number of the total workforce in Pakistan is employed in a loose and informal economy, and so a high majority of the senior population is completely lacking any cover of pension or other type of social security scheme<sup>42</sup>. The elderly, and especially the female elderly, are highly prone to being exposed to the harsh conditions with the increase in poverty. In fact, such situation is going to prevail in Pakistan, as the female life expectancy has surpassed the males' life expectancy in recent years<sup>43</sup>.

Most women face stark socioeconomic shortcomings during the earlier stages of their lives, and this phenomenon continues into their old age as well. Coupled with a higher life expectancy, the increased number of older females in the future is expected to drastically elevate the vulnerability of the elderly in the society.

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<sup>41</sup>United Nations Organization (2002). *World Population Ageing 1950–2050*. New York: Economic and Social Affairs, Population Division.

<sup>42</sup>M. Afzal, (1997) Population Ageing Issues in Pakistan: *Op.Cit* ; see also M. Afzal, (1999) *Growing Old in Pakistan: Challenges for the New Millennium; International Year of Older Persons*. UNFPA.; Z. MNasir and Syed Mubashir Ali (2000) Labour Market Participation of the Elderly. *The Pakistan Development Review* 39:4, 1075–1086

<sup>43</sup>Government of Pakistan (2003). *Pakistan Economic Survey 2002*(Islamabad: Ministry of Finance),p 210.

### **1.13. Social safety Nets in Pakistan: Pension and Social Security Schemes**

After examining the social security schemes and public pension programmes in Pakistan, it is found that of regular pension is only provided to the employees of the formal sector. A small portion of the old-age population is covered by some form of social security schemes available in the public as well as private sectors, but an overwhelmingly large portion of the senior population working or retired from the informal sector of the economy remains unprotected as they do not fall under any such social security schemes. This challenge of catering to the needs and coping with the demands of a rapidly increasing elderly population requires substantial improvements in the support base and systems of social security in Pakistan. The urge for implementation of reforms in the public pension programmes becomes drastically important in such an impending situation. The effective procurement, distribution, and deployment of resources along with a much needed improvement of the state framework governing this sector, are urgently required for greater efficiency and effectiveness of the welfare opportunities available to the concerned and eligible elderly and the economically deprived population.

Estimates indicate that the needs of mere 20 percent of the total elderly population are catered by the Pay and Pension Scheme. Whereas, necessary coverage to a population of 7.34 million elderly citizens (as reported in 1998) is expected to cost approximately 88 billion rupees, provided that 1000 rupees are given as monthly benefits to each individual.

### **1.14. The Employees Old Age Benefits Act, 1976**

This act regulates the provision of old-age pensions to employees retired from any establishment or industry. In the formal sector, the pension and the social security is presently provided through certain social insurance programs and other such employer benefit schemes. These current schemes may fall into one of two main categories. The first of these two categories is the “general” or “by default” schemes. These government schemes prompt that the “concerned employers are required to contribute, unless they have been specially exempted by legislation”. The Employees Old Age Benefits Institution (EOBI) is the federal body that provides age, disability and survivor pensions. Whereas, “Employees Social Security Institutions” (ESSIs) are the provincial bodies which is liable to provide the health services and some cash benefits to retired and senior citizens. The federal EOBI covers an approximate 1.3 million workers, while the coverage of the ESSIs ranges only up to 850,000<sup>44</sup>. The second main category comprises of schemes in particular sectors or enterprises which are specifically exempted from membership of the general schemes. Among these, the main exempted category contains government workers, members of the armed forces, and others.

The informal sector, however, lacks any such schemes, and the only formal provision of relief to the vulnerable groups is through the ill-equipped Zakat and Bait-UL Mal institutes. Estimates indicate that total 6.621 million rupees spend on the pension and social security in the country. The employers are required to pay a 5% of the wages of registered employees subject to a maximum of Rs.150 per month per employee as a contribution towards the pension fund. Employees’ Old Age Benefits Institution

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<sup>44</sup>Government of Pakistan (2010 a) *Op. Cit.*

(EOBI) is responsible for collecting and administering this pension fund. The establishments and their employees are required to be registered with the EOBI and must pay a prescribed amount under the law. This act provides old age pensions, survivor's pensions to the legal heirs of pensioners, invalid pension, and old age grant to retired employees not eligible for pension.

The Pakistan Pension Systems are intended to provide financial and income support to those individuals who are deprived and deficient in earning capability during their old age, the incidence of disability or the death of a wage earner in the family. As a result, these pension systems strive to decrease poverty amongst the aged citizens and further attempt to smoothen the socio-economic transition from working years to the retirement years in a manner that individuals are somewhat protected from a sharp drop in their standard of living when old age and disability reduces or eliminates their earning power. Non-contributory pension systems aid in achieving the first of the above stated objectives whereas contributory pension systems help in obtaining the second objective.

The implementation of pension and social security schemes face a number of major issues and problems. These problems include mismanagement of funds and political pressure which cause unequal benefits accruing to those who are strictly entitled. Along with these issues, other problems are fraud, lack of transparency, and blatant corruption that stand in the way of semi-autonomous agency schemes.

There is a substantial liability in the efficient results of these schemes owing to the above-mentioned factors. An exceptional example to explain this is in the department of education and railways who are machining money every year in billions with the

help of their staff. The railways are in need of strict policy measures to reduce the corruption and to provide benefits to the eligible beneficiaries.

This work is about the growing problem of old-age, the problems of the aged people and about the state level services for them. The problem is growing, but the state has not yet devised any policy for their welfare. Some sporadic work in the shape of welfare homes for the aged in the province of Punjab has been established, but the intake of the elderly in these homes shows a different attitude of the public and the services are underutilized because of cultural and religious reasons. In six such houses there were only a few dozen inmates.

In this study many statistics are presented about the growing problem of old age not only in advanced countries but about Pakistan and Punjab as well. We talked about many socioeconomic problems of the aged in Pakistan. We talked about their poverty, about the abuse of the elderly people within families, lack of state sponsored social security, health problems as soon. This is an empirical descriptive, exploratory study revolving around the nature of social and economic as well as psychological problem the old age people in Punjab Pakistan face? What is the national social welfare policy and how much that is put to practice as well as how it ought to be? What should be the state response towards the growing problem of the aged and so on.

### **1.15. Prospects of the Welfare Homes for the aged**

The data on the number of the welfare homes for the aged and the growing number of the aged people shows a very interesting scenario. The provincial government established this welfare home for their welfare so that those who need such services, be admitted there. Six public Sector welfare homes for the aged with a minimum

capacity of 300 inmates accommodated only 68 inmates, i.e. about 22% of the service is utilized or in other words 78% of the resources is underutilized. In terms of the total number of the aged population of over 4.5 million, this number shows that the Pakistani society is not oriented towards welfare homes for the aged. The religious hold, the culture and joint families all help support the cause of the elderly people. The verdict of the CII is also a reason and this lesson has been inculcated about the respect and place of the elderly and parent in many Fridays sermons. The electronic media have been showing the plight of these welfare homes, inmates at least once a year on the international Days. All these have rendered the value of such homes lesser and lesser. The CII is not wrong in its decision that there should be welfare homes for the destitute and those who have no relative/carer. The present situation is not in favor of establishing such homes on a large scale and in rural areas. It is just an urban phenomenon and welfare homes in urban areas be there for those who needed it. On a large scale, establishing such homes can be a failure. The amount the government spends on such homes be spent on maintenance of such needy people in their families which can prove more economical because due to cultural trends and pressure in Pakistan, elderly are not being shifted in old homes by the families in near future.

### **1.16. Structure of the Thesis**

This study consists of six chapters.

**Chapter-I** is an introduction of the study. We have said that in Pakistan, like many other countries of the world, the old age starts at 60 years onwards. The demographic transition started during 1990s, has brought in its wake many future problems not only for the aged themselves but the state as well. The state will have to spend more and more in the years to come with the rising old age population, but at present there are no

such overreaching safety nets. The situation is getting worse due to many other social changes like the urbanization, alienation, nuclearisation of the family system, and above all the state well to tackle the welfare related problems in the country. We have presented some statistics regarding the number of the aged people as well as the number who are on state pension and private or corporate welfare system, but the overall picture of the aged- welfare is very bleak.

Chapter-II discuss the related literature on the issue. In Pakistan, there is no such literature is available as the problem is now emerging. I have discussed the problems of the aged people in terms of health, poverty, social security, lowering status and even the need for establishing welfare homes for the. We have quoted the verdicts of the CII which has restricted the establishment of such homes only for the most vulnerable aged persons who are destitute. I have pointed out that in Pakistan, till this date, there is no state policy regarding aged people. Even in the provinces have no such policies till this day which is a tragedy.

Chapter-III is the research design explaining the sampling methodology as well as the tools of data collection.

Chapter-IV is the field data analysis where I have shown that the welfare homes for the aged are underutilized because of the religious and cultural reasons. This chapter also explains the problems faced with the age related to their health, poverty, and social status.

Chapter-V is the theoretical framework. I have reproduced the verdict of a constitutional body of the country which has ordered the restricted establishment of such homes and has held responsible the children and relatives of such aged people to

look after them as their religious duty. Government should also think of alternatives than establishing such homes.

Chapter-VI conclude the research work.

## CHAPTER–2: LITERATURE REVIEW

### 2.1. Introduction

In the modern age, and especially the twentieth and twenty-first centuries, ageing has emerged as a very unique demographic phenomenon, and it will be sure to remain amongst the most important social aspects in the future. It was originally witnessed in the more advanced countries of the world, but gradually it has become a part of the developing world as well, including Pakistan.

Aging affects everyone because nearly everyone has the potential to grow old. As a result of shifting social trends and practices, the relative sizes of younger and older populations becomes unbalanced, wherein the older population of a country increases in proportion, owing to much lower levels of mortality as well as fertility. This process itself is termed as ‘Population Ageing.’

This phenomenon of population ageing is rapidly being identified as a highly significant process in terms of societal paradigms, especially in the developing countries. The First World Assembly in 1982 was held in Vienna on Ageing. The ageing was targeted on this occasion the Principles for Older Persons were laid down by the United Nations International Plan of Action on Aging. This plan was then promoted by the General Assembly Resolution 46/91 of December 1991, where the importance of these issues was explicitly recognized pertaining to the developing and less developed regions of the world.

However, go in further to explore the literature on these problems, first wing investigate the world wide perspective about ageing, that is, how social scientists explain this phenomenon. After wards, the Islamic perspective on the old age and

ageing in the light of Quran and Hadith is explained and where Pakistani society stands between these two strands will be explored.

## 2.2. Ageing: A World Wide Perspective

During the last century, social scientists and demographers took keen interest in using scientific methods to explain the aging process, especially the length of an individual's chronological age<sup>45</sup> Birren, as a gerontological pioneer researcher, described normal aging in three aspects; biological age, psychological age and social age. He stated biological age as;

*“Biological age, encompassing the study of changes in various bodily systems and how these changes affect the physical, psychological, and social functioning of older adults.”*<sup>46</sup>

Above words describe how biological age change the body system but these changes are impeded in physical and psychological as well as social dimensions which manipulate biological effects on the elderly. For psychological age, he documents that;

*“Psychological age, the person's ability to adapt to and modify familiar and unfamiliar environments, including an individual's sensory and mental capacities as well as his or her adaptive capacity and personality; Social age, a person's position or role in a given*

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<sup>45</sup> J. E., Birren, & J. J. F. Schroots (1995). “History, Concepts, and Theory in the Psychology of Aging”. In J. E. Birren & K. W. Schaie (Eds.), *Handbook of the psychology of aging*. San Diego: Academic Press.)p. 3–23 ;

see also R. L. Spott, & S. N. Austad, (1995). “Animal Models for Aging Research” in E. L. Schneider & J. W.

Rowe (Eds.), *Handbook of the Biology of Aging* (San Diego: Academic Press),p. pp. 3–20.

<sup>46</sup>, J. E. Birren (1969). “Principles of Research on Aging”.in J. E. Birren (Ed.), *The Handbook of Aging and the individual*. ( Chicago: University of Chicago Press),p. 101.

*social structure, where age-based assigned roles specify an individual's rights and responsibilities, as well as his or her ability to relate to and connect with others, and accounts for the older adults' functionality in a social context ”.*<sup>47</sup>

This can be understood that as aging is the physical, psychological, and social process that over time cause changes in a person's functional capacities and that influence social definition.

As the ageing phenomenon and its study is a rather new discipline, therefore a multitude of learned experts from varying and diverse fields such as gerontology psychology, social policy and welfare, medicine, governance, biology, public administration and religion etcetera encompass to the available writing about this particular topic.

*“Growing old is nothing new. From the beginnings of human existence some people have survived into old age; consequently, aging has been a subject of myth and only very recently, approximately two decades ago, however, has aging is the subject of scientific inquiry and the knowledge base is expanding”.*<sup>48</sup>

According to Thane,

*“Age classification varied depending upon time and space, reflecting in many instances the social class differences or functional ability*

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<sup>47</sup> Ibid

<sup>48</sup> Gorman M. (1999). Development and the rights of older people. In: Randel J, et al., eds. The ageing and development report: poverty, independence and the world's older people. London, Earthscan Publications Ltd.,1999: 3-21.

*related to the workforce, but more often than not was a reflection of the current political and economic situation. Many times the definition is linked to the retirement age, which in some instances, was lower for women than men. This transition in livelihood became the basis for the definition of old age which occurred between the ages of 45 and 55 years for women and between the ages of 55 and 75 years for men*<sup>49</sup>.

In another of his works, Thane points out that:

*“Lacking an accepted and acceptable definition, in many instances the age at which a person became eligible for statutory and occupational retirement pensions has become the default definition. The ages of 60 and 65 years are often used, despite its arbitrary nature, for which the origins and surrounding debates can be followed from the end of the 1800’s through the mid 1900’s”*<sup>50</sup>.

The process of ageing is a natural actuality which is beyond the limit of human control. While, it is important that different societies have different meanings of old age. In the developing world, chronological time age has its significant role. In most developed countries the age roughly equivalent 60 or 65 is taken at the commencement of old age. The loss of roles older people have to carry out in some cases due to physical beg off turn down is important in defining old age. So it can be said that in developing world the old age starts with the inactive life span<sup>51</sup>.

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<sup>49</sup>P. Thane ( 1978) *The Muddled History of Retiring at 60 and 65*. *New Society*, 45 (826): p.236.

<sup>50</sup> P. Thane (1989) “History and the Sociology of ageing” in *Social History of Medicine*.2(1): 93-96 .

<sup>51</sup>Gorman M. (1999). Development and the rights of older people. In: Randel J, et al., eds. *The ageing and development report: poverty, independence and the world's older people*. London, Earthscan Publications Ltd.,1999: 3-21

Nevertheless, according to the WHO, it is not possible to globally define the old, elderly, aged and ageing, as none of the applications can be all-encompassing or appropriately straightforward and global. The term ‘old’ it is specific to individuals, countries, cultures, and even gender-specific. The two sexes can have different interpretations and definitions of old as the events of their social and biological lives, in fact, give credence to their having made transitions into old age. The chronological definition of the aged although frequently used, remains debatable.

**Table 2.1: Old- Age Classifications**

<b>Age group (years)</b>	<b>Category</b>
65 + (sometimes 60+)	Elderly (older persons)
80+ (octogenarians and over)	Oldest-old

The UN tabulations delivered the statistics for 60 years and 65 years and above that age, thus promising more in-depth and comprehensive estimations and prognoses regarding the elderly in the majority of the countries. The categories of age given by WHO are shown in the Table- I, above.

Ekerdt have somehow same ideology based on the WHO definition as he says in (2002) that:

*“Empirical observations on aging have become so abundant that a special four-volume encyclopedia ‘The encyclopedia of Ageing’ is now required for every partial coverage of the accumulated facts”.*<sup>52</sup>

### **2.3. The Islamic Perspective on Old Age and Aging**

The Quran, the last divine book has explained the process of old age as;-

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<sup>52</sup>David J. Ekerdt (2002). Encyclopedia of Aging: Volume 1: A-D: Accelerated Aging Animal Models- Durable Power of Attorney Paperback, p. 1 to 591

*“If we grant a long life to any, We cause him to be reversed in nature.*

*Will they not understand them?”*

As a child, his physical and mental powers are still undeveloped. As he grows, certain moral qualities like courage, daring, the will to overpower others, unfold themselves. In extreme old age these are again weakened, and a second childhood supervenes. The back of the man who walked proudly straight and erect is now bent.

The Quran also has explained the same aging phenomenon as;’

*“It is Allah (God) Who created you in a state of (helpless) weakness, then gave (you) strength after weakness, then after strength, gave you weakness and a hoary head.”*

Abdullah Yousaf Ali has explained these verses as

*“In our physical life we see how strength is evolved out of weakness and weakness out of strength. The helpless babe becomes a lusty man in the pride of his manhood, and then sinks to a feeble old age: and yet there is wisdom in all these stages”.*

A scholar Sheikh AbiZakria Abdul Salam Rustami has explained this verse of the holy Quran as that by weakness here means newborn, then the weakness of childhood and might means young age and the power of wisdom and understanding, followed by a slow loss of all powers and then followed by old-old age.

Sociologically, aging can be defined in at least three aspects other than chronological age. These aspects are biological, psychological, and social. Chronological age is the

time passed since the birth of a person's in years and is the most commonly determinant of definition of age and aging.

In contradiction to negative viewing of older age or ageism, older people are acclaimed in traditional societies because of their experience based expertise, although this respect is being challenged in recent years due to the international conflict that is arising in the response of rising numbers of older people needing support, and the falling number of younger family members and relatives available and willing for their care. Same situation is going to prevail in the Pakistan, where the whole system for the care of older people is based on the Islamic culture.

Islam orders regard for both the concept of aging as well as the aged. It is for this reason that the Islamic socioeconomic system does not see aging as a burden rather as a life full of honor, respect and blessing from Allah (Almighty God). The Holy Quran, which, according to the Muslims' belief contains the words of Allah has commanded the followers as;-

*“The Lord has ordered you worship none but Him, and that you be kind to parents. Whether one or both of them attain old age in your life, say not to them a word of contempt, nor repel them, but address them in terms of honor. And out of kindness, lower to them the wing of humility, and say, “My Lord, bestow Thy mercy on them, even as they cherished me in childhood.”*<sup>53</sup>

As said earlier, growing older is a blessing of God through which he provides an aging person with honor and respect. This shows that much respect and honor Allah has bestowed upon old age people that a young man or women is not supposed to

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<sup>53</sup> Al-Quran (Chapter 17, Verses. 23-24)

show even the slightest disobedience to the elderly, or say anything that might annoy them.

The Holy Prophet Muhammad (Peace be upon him) has explained this verse of the holy Quran and said that;

*"He isn't among us meaning not a Muslim who is not kind of young children, nor honor the elderly".<sup>54</sup>*

On another occasion the Holy Prophet said that

*"Let him be humbled into dust; let him be humbled into dust. It was said: Allah's Messenger, who is he? He said: He who sees either of his parents during their old age or he sees both of them, but he does not enter Paradise"<sup>55</sup>*

In the light of a *hadith* (saying of the holy prophet Muhammad SAW), the children are responsible for the maintenance and services for their parents. The holy prophet said to a young man who had some dispute with his father on property matters, that you and your wealth all are the property of your father. The Council of Islamic Ideology of Pakistan, has described this saying of the holy prophet as the children and their wealth both belong to the father<sup>56</sup>.

In the Case of Pakistan, where the Chronological definition of old age is not the most applicable, the sociological definition can serve a lot as the exact birth records for the

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<sup>54</sup> Hadith in Sahih Muslim

<sup>55</sup> Ibid

<sup>56</sup> Govt. of Pakistan (2014) Minutes of the 192<sup>nd</sup> Meeting of the Council dated 18-19 Sept. 2013 Agenda Item No.6. Senior Citizens Bill 2012. (Islamabad: Council of Islamic Ideology Minutes),p. 384-89.

age 60 are not available for the huge population involved in the informal sector for their livelihoods.

In 1994, the Programme of Action of the International Conference on Population and Development (ICPD) delivered a key stimulus for highlighting this issue and subsequent further progress has been made with the help of a number of international meetings wherein the needs for identification and initiation of programs and projects have been somewhat achieved. Included in these are the recommendations of the ICPD+5 Technical Meeting on Population Aging which was held in Brussels. The actions recommended by these programmes placed a high focus on promoting intergenerational communication and harmony, gender sensitive researches to rally the program challenges of the phenomenon of population ageing, and the need to manuscript the various experiences which are positive and results of the related policies and programmes being employed in the advanced nations of the world and from those countries that happen to have relevant experience in this area.

The (SWAA) Second World Assembly on Aging was apprehended in April 2002 Madrid, Spain in. The focus of this assembly was the current concept and the notion of a “Society for All Ages”, and it then served as a high point and under this plan of action its member states were asked to bring about the required changes in attitudes, adjustments in policies. This assembly proposed a number of far reaching recommendations to its member states. These recommendations were:

- The provision of adequate opportunities, programmes and support to encourage the elderly and senior people to actively participate or try for participating in the socioeconomic, cultural and learning throughout the life.

- To impart the necessary required information and access information in order to make possible the involvement of the elderly citizens in communal self-help groups, for realizing their full potential; furthermore, the elderly must be treated with dignity and respect. They should always be honored irrespective of their disability or other status like economic input.
- To establish organizations for older people and boost up this regard at all levels in order to enable them in the processes of decision-making
- To make them realize that they can do the work as long as they wanted to do and able to do.
- To make efforts to elevate the participation of destitute groups, such as persons with disabilities and the unemployed for a longer period to lessening the jeopardy of their lapse or reliance in the later life span.
- To further encourage social protection/social security measures aimed at the elderly in the rural and far off areas
- To ensure availability of the primary social services for the elderly in rural and inaccessible areas.
- To aid families with older family members in sharing accommodation space who requires it.
- To promote education, technical skills training for older persons particularly the ageing labor force, including special literacy and computer training for older persons with special needs.
- To urgently arrange reasonably minimum income for aged persons with no other capital of social safety with the help of social security systems.
- To get the overall better health of the elderly and trim down disability.

The United Nations Principles address the independence, participation, care, self-fulfillment and dignity of older persons<sup>57</sup>.

#### **2.4. Old-age Statistics: International Scenario**

The aging population is on rise tremendous. In 1950, the over 60 years population was just 8% (200 million) and within eleven years, this number has jumped to 11% (760 million) in 2011 and by 2050, this o will reach 22% of the total world population or 2 billion<sup>58</sup>. Not only this, but the oldest-old population or those 80 years are also increasing. In 1950 this category had a population of 0.6% of the world population or 15 million and it is projected that this age group has increased up to 1.6% of the total world population and by 2011 and by 2050 it will touch the highest figures of 4% of the total global population of 400 million<sup>59</sup>. The same report further says that the world population will increase 3.7 times in hundred years from 1850 to 2050 but during the same period the older population (60+) will increase ten times and the oldest-old population (80+) will increase by 26 times. In other words the world population will increase in forty years (2010-2050) by 2 billion, while the aged population, during the same period, will increase by 1.3 billion. The most startling aspect of this situation is that the women will constitute more than half (about 55%) of the 60-plus group, comprising 64% of the 80-plus group, and finally, 82% of 100-plus group. Women generally live longer than men, outliving them by nearly 4.5 years.

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<sup>57</sup>Society for Human Rights and Prisoners Aid (SHARP) (2008) “Aging issues in Pakistan and Older People Rights in The Spirit of MIPAA-2002 .” Islamabad: *Conference Proceedings* January,24, 2008,p.8.

<sup>58</sup>World Economic [Forum](http://www3.weforum.org/docs/WEF_GAC_GlobalPopulationAgeing_Report_2012.pdf) (2012) Global Population Ageing: Peril or Promise? At [http://www3.weforum.org/docs/WEF\\_GAC\\_GlobalPopulationAgeing\\_Report\\_2012.pdf](http://www3.weforum.org/docs/WEF_GAC_GlobalPopulationAgeing_Report_2012.pdf) retrieved on 2.1.2015.p.5

<sup>59</sup> Ibid.

These figures coincide with another UN report, which reported that by the year 2003, the number of people with the age 60 and above was 600 million, which will be 1.2 billion by 2025<sup>60</sup>. This trend shows that the world older population is increasing throughout the world more rapid than the population growth itself<sup>61</sup>. In 2000, for the first time it was realized that there were more 60+ years people in the world than the children of 5 years. Again, if this trend continues, by 2050 the aged people (60+ years) people will outnumber the entire population of under-15 years<sup>62</sup>. According to another report the population of senior citizens throughout the globe is increasing per year by 2.6% faster annually than the population growth rate of 1.1% per year<sup>63</sup> and by 2050 the total population of the elderly people will be 2.0 billion. This no. will be ten times more than 1950. This phenomenon is not only affecting rich nations, but the developing countries or poor countries will also have serious implication out of this situation. The pace of the elderly population has led numerous thinkers to say that the developing world is not growing as rich as it is growing old<sup>64</sup>.

If we again come to the United Nations definition of aging, we can attribute two reasons for this increased aging process resulting in high population size of the elderly, a smaller birth rate means due to the improved bio-medical care there would be fewer children and an amplified longevity of age.

Old age is arbitrarily, but commonly, considered to commence at age sixty-five. Statistics on life expectancy have led to predictions of further dramatic increases in

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<sup>60</sup>United Nations Organization (2000).*Report on the World Social Situation. The State of the World*.New York: WHO),p.3.

<sup>61</sup>C, Aneshensel(1992). "Social Stress: Theory and Research." *Annual Review of Sociology Vol.18*, pp15-38.

<sup>62</sup>UNDESA,(2012). World Population Prospects: The 2012 Revision, Life expectancy at birth for both sexes combined (years), 2010-2015. Retrieved January 12, 2014 from <http://esa.un.org/unpd/wpp/Excel-Data/mortality.htm>.

<sup>63</sup>Health Reform and Aging, (2010).Retrieved September 13, 2012 from [www.healthinaging.org/agingintheknow/chapters\\_ch\\_trial.asp](http://www.healthinaging.org/agingintheknow/chapters_ch_trial.asp).

<sup>64</sup>United Nations Organization (2012) *Op. Cit.*

the number and proportion of the population who will enter old age by the year 2000 and beyond. “The graying of Pakistan is a development that carries significant social, economic, and political ramifications that we are only beginning to appreciate and confront.

Despite numerous other factors causing the population ageing, perhaps the singular most vital aspect is the sharp decline in fertility occurring in various regions of the globe<sup>65</sup>.

Yet another key factor is the delay in the mortality rates for all age groups. This tendency transforms into an increase in the overall life expectancy<sup>66</sup>. The United Nations have also mentioned these two key causes of the global ageing of the population, i.e. increasing life-expectancy and declining fertility. Life expectancy at Average worldwide at the time of birth has increased in 1950-1955 from 46.6 years for the birth cohorts to 66.4 for the 2000-2005 cohort. The figure is estimated to advance to 72.1 years for the 2025-2030 cohort and further increase to 75.5 for the 2050-2055 cohorts. Consequently, very first time in human history between the years 2020 and 2025, older people shall outnumber the young children. There were about 627 million young children and 473 million elderly people in the world in the year 2000. In the next quarter century, by the year 2025, these statistics are predicted to increase to about 650 million young children and 714 million elderly people. Furthermore, by the year 2050, these figures are further estimated to increase to 592 million young children and 1.5 billion elderly people.<sup>67</sup>.

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<sup>65</sup> Peter Lloyd-Sherlock ( 2010) *Population Ageing and International Development from Generalization to Evidence* (Bristol : Polity Press.),P.34.

<sup>66</sup>Peter Uhlenberg (1996.) “Mortality Decline in the Twentieth Century and Supply of Kin over the life course” in *The Gerontologist* 36(5): 681-85.

<sup>67</sup>Ibid.

Due to this increased number of older population another important outcome is the old-age dependency ratio which is calculated by dividing the number of people aged 65 and older by those of working age. The old-age dependency ratio indicates both formal as well as informal problems, burdens, and responsibilities of having to provide economic security and well-being for an elderly population<sup>68</sup>. This ratio amplified globally from about 8.5% in the year 1950 to about 10.9% by the year 2000, and it is estimated to gradually increase to about 15.8% by the year 2025 and 25.3% by the year 2050. But it is an established fact that usually this procedure of population ageing varies sandwiched between the economically advanced and developing world.<sup>69</sup>

In general, for example, the rich parts of the globe such as Europe and particularly America have been witnessing and undergoing steady alterations in the age compositions of their populations for decades now. On the other hand, most of the developing countries are presently undergoing demographic changes in a much more rapid speed than the advanced nations of the world. In most of the advanced countries, and the European nations in particular, the population ageing gradually began during the latter part of the 19<sup>th</sup> century as the fertility rates entered a period of slow and continuously declining stage as well as the life expectancies ultimately began to rise. According to data collected as recently as the year 2008, the percentages of the elderly populations, i.e. age 65 and older are the highest in Japan where the elderly comprise 21.6% of the total population. The second highest percentage is in Italy with

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<sup>68</sup>. James, H. Schulz, and Robert, H. Binstock (2006) *Aging Nation: The Economics and Politics of Growing Older in America.* ( Baltimore : John Hopkins University Press).

<sup>69</sup> Peter Lloyd-Sherlock, *Op.Cit.*

20.0% of the population being 65 and older. Germany also has 20.0%, with Greece has 19.1% elderly population, and Sweden with 18.3%.<sup>70</sup>

The percentage of the elderly population has also risen in the developing regions of the world. By the year 2015, China alone will have more elderly people age 65 and older (132 million) than in all of Europe (128 million).<sup>71</sup>

As of the year 2008, approximately 62% of the world's total elderly population aged 65 and over resided in the developing countries. This population comprises an estimated 313 million people. The percentage of elderly in the developing countries is expected to increase to about 71% (690 million) by the year 2030. And by the first half of the century, around 1.2 billion of the forecasted 1.5 billion aged people (65 years or older ) are predicted to live in the countries presently catagorised as developing ones, although this label is very likely to be no longer applicable to some of these countries by 2050. The old-age dependency ratios are estimated to become twice as much between the years 2000 and 2030 in various East and Southeast Asian countries, as well as Latin American countries, and expected to become thrice in South Korea<sup>72</sup>.

Thus, this above mentioned table shows the change or increase in age 60+ and 80+ world widely, developed and developing countries. The forecasted size of the 80+ population in 2050 is showing the greatest proportionate differences.

Many of the presently advanced nations have had multiple decades to regulate themselves to the dawdling “graying of” the age constituents. For instance in France, the elderly population increased from 7% to 14% (doubled) in the duration of 115

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<sup>70</sup>*Ibid*

<sup>71</sup>*Ibid.*

<sup>72</sup>*Ibid.*

years, from 1865 to 1980. Sweden took 85 years (1890 to 1975), Canada 65 years (1944-2009). In Australia the population of the elderly doubled in 73 years during 1938-2011, and the United States took 69 years in having the 100% increase in the elderly population during 1944-2013.

On the other hand, most of the developing countries are expected to undergo comparable increases in their elderly populations at a much more rapid pace, thus having far less time to be able to make the necessary adjustments required to deal with the various and multi-faceted effects of these changes. To demonstrate how much more swift this shift is according to current expectations, the following data about a lot of developing nations is presented.

- Colombia ; 19 years (2017-2036)
- Brazil : 21 years (2011-2032)
- Thailand : 22 years (2002-2024)
- Sri Lanka : 24 years (2002-2026)
- China: 26 years (2000-2026) <sup>73</sup>.

The record increase in the comparative size of the elderly population is predicted to create many major challenges for a lot of countries in all the regions of the world. The presented systems of social and monetary support for the elderly people become highly strained as the dependency ratio among the generations increases its burden. Additionally, due to these changes in demographics, in many countries all over the world, economic globalization is on the rise, which is leading to changes occurring in

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<sup>73</sup>United Nations (2009). *World Population 2008*. (New York: Department of Economic and Social Affairs), p. 52.

the presently existing social welfare institutions as well as the policies in place for the welfare of the elderly population.<sup>74</sup>

No doubt many new challenges and risks will be created by the phenomenon of global ageing, especially regarding the allocation of resources for the elderly people to provide and sustain like (LTC). Up till now, most of the research carried out on the phenomenon of universal ageing has tended to be vigilant on the assessment of the implications of an ageing population, the fiscal globalization for the developed countries, and how these scenarios are different from those present in the developing countries. In the upcoming few decades, a number of risks and challenges associated with global ageing are very certain to become much greater in significance for developing countries as compared to the developed nations.<sup>75</sup>

Population ageing and lower fertility rates influence the developing world. The populations of South American countries are ageing rather quickly and will persist to do so fit into the present century.<sup>76</sup>

This unprecedented rise in the elderly populations in both the developing as well as developed countries will most certainly bring about continuously severe economic trials that are likely to highly sprain the ability of the affected governments to be able to keep on providing for all of their citizen's needs.<sup>77</sup>

The above prediction thus implies that “this new demographic reality of aging populations and lower fertility, in combination with other social transformations such

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<sup>74</sup> Chris Phillipson(2005). “The Dynamic Nature of Societal Aging in a Global Perspective” Pp in Sheets, D.J., Bradley,B and Hendricks, J. (ed) *Enduring Questions in Gerontology* (New York: Springer),P. 131-158

<sup>75</sup> United Nations Organization (2009) World Economic and Social Survey 2009: Promoting Development, Saving the Planet( New York: Department of Economic and Social Affairs), p. 52-53.

<sup>76</sup> Chanie, J. (2005) World Population Ageing: 1950-2050( New York: UN .Department of Economic and Social Affairs, Population Division) ;

<sup>77</sup> Paul Pierson ( 2001. *The New Politics of Welfare*. (New York: Oxford University Press),p,51.

as increasing divorce rates and the decline of the tradition has largely determined who would care for the frail elderly, but tradition no longer provides firm answers and we are in a new world that will require new institutional arrangements including a greater role for civil society and NGOs. Understanding how non-family and non-governmental sources of elder support might be employed in elder care represents a core intellectual and practical question for future research and packing design.”<sup>78</sup>

Now the question arises that the size of the entire world population is not a matter of moments or years as it has been growing for centuries, then what exactly is new for the developed and the developing world? The answer is clear from the statement of NeuBeck “the census statistics show a dramatic increase in the proportion of persons who have entered “old age” in this century”<sup>79</sup>.

## **2.5. Old-age Statistics: Pakistani Scenario**

The above table shows that the world’s elderly population will grow exponentially and the major sufferers will be developing countries like Pakistan. Presently, about two third of the world’s elderly population lives in developing or less developed countries because this segment of the population is growing at a faster rate than in the developed countries. The projection shows that the aged population will concentrate in the less developed parts of the globe. It is estimated that 80% of the elderly population will be in these regions<sup>80</sup>. In Asian as well as international context, Japan ranks at position-1 in the world with the highest number of the aged population standing at 32%, followed by two European countries of Italy and Germany with

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<sup>78</sup>A Richard Sehersten, Jr., Angel, Jacqueline L. (2011), (Ed) *Handbook of Sociology of Aging*, (New York: Springer).p.

<sup>79</sup>NeuBeck Kenneth J. (1991) “Social Problems” ( New York. McGraw-Hill, Inc.),p.17.

<sup>80</sup> United Nations (2013) World population aging 2013 ( New York: Department of Economic And Social Affairs Population Division) ,p.75. For detail visit <http://esa.un.org/wpp/sources/country.aspx> and <http://esa.un.org/unpp/index.asp?panel=4>, Retrieved on 3.1.2015.

26.9% and 26.8% respectively. Pakistan stands at 133 ranking position with 6.3 % gray population.

#### Age –wise distribution of Pakistani population

According to the Pakistan Economic Survey 2013-14, the age-wise distribution of the Pakistani population shows that the population group known as kids (between 0 to 14 years of age) expanded gradually from 62.36 million in 2011 to 62.83 million in 2013. This is the reliant or dependent group and is ineffective, needs food, clothing, education and medical care. Nations with this much youthful populace need to put all the supplementary in schools, colleges, universities and technical institutes. By the year 2030, within a period of fifteen years, this age group will further expand to 65.41 million- which is a net increase of 2.58 million, implying an increase of 0.1517 million young person per year. On the other hand, the older population of 60+ years was 11.31 million in 2013 and by 2030 it will grow to 21.38 (shown as 22.07 million by UN estimates) million a net increase of 10.07 million. This means each year, 0.5882 million older people will be added to the population. This inversely means Pakistan will have to invest more in housing, health, insurance, social safety nets, pensions, etc. and hence more unemployment than education, food etc. and employment opportunities.

As a developing nation, Pakistan is currently undergoing a process of demographic transition and there are many concerns about the rising aging population. According to the previous census of Pakistan in 1998 the aged population at age of 60 years and above has increased from 2.92 million to 7.34 million in 1998<sup>81</sup>, demonstrating a three hundred percent increase in the population of the elderly people. It is anticipated that

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<sup>81</sup>Government of Pakistan.(1999). *Population Census 1998*. (Islamabad: Census of population Organization, Statistics Division),P..133. .

the elderly population will increase up to 11.19 million in 2015, which is more than the entire population of Pakistan's largest city Karachi, it will further increase to 23.76 million in 2030. In other words, the proportion of the elderly people in the whole population of the country will boost from approximately 6% in 2005-06 to 9.3% in 2030. The ageing procedure is anticipated to gradually put on momentum in Pakistan and will result in an increased dependency ratio in the country among the elderly.<sup>82</sup> As the birth rate declines greatly, the elderly population will multiply as much, consequently. Essentially, with the headway of medical sciences, the standard age, lifespan will also no doubt improve and the number of elderly will certainly increase extremely, thus creating multitudes of financial problems not merely for the state itself as well as for elderly people living in the country.

## **2.6. Old- Age in Punjab Province of Pakistan**

In terms of population, Punjab is the largest province of Pakistan. The population of Punjab is 89.038 million. Gender-wise, the population is divided into 46.04 million males and 42.988 million females.<sup>83</sup> Punjab contains about 57.1% of the entire population of Pakistan, among which the elderly population accounts for nearly 6.82% of the total old population of the province.<sup>84</sup>

Judging by the accumulated social indicators, Punjab happens to be very much ahead of the remaining provinces; as the birth rate is 26 per 1000 persons whilst the death rate is around 7 per 100 people. As a matter of fact the mortality rate per 1000 live

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<sup>82</sup>Ibid.

<sup>83</sup>Government of Punjab.(2007). *Punjab in Figures 2007*. (Lahore: Planning & Development Department),p. 64 .

<sup>84</sup> Government of Pakistan ( 2003), Census of Punjab 1998( Islamabad: Population Census organization),p.90

births is 76.7 while the maternal mortality rate is 110 per 1000 women while the fertility rate is 3.8 per woman<sup>85</sup>.

Similarly, the number of senior citizens in Punjab is greater than the rest of the provinces not based upon the population size but upon the nature of the populations mentioned in Table 2.2.

**Table 2.2: Pakistan: Old Population by Province, 1998**

Area	Total population	Total Share (in percentage)	Old Population	Old Share (in percentage)	Old proportion (in percentage)
Pakistan	129,169,894	100.00	7,159,893	100.00	5.54
Punjab	73621290	57.00	4569796	63.82	6.21
Sindh	30439893	23.57	140259	19.59	4.61
KPK	17737591	13.73	868765	12.13	4.90
Baluchistan	6565885	5.08	282191	3.94	4.30
Islamabad (ICT)	805235	0.62	36544	0.51	4.54

Source: Census of Punjab 1998<sup>86</sup>

In terms of total Population Punjab consists of 53 % of the whole population of Pakistan, but in provisions of old age [population, it constitutes more than its share i.e. it is nearly 64% of the total population with a total number of 45,69,796 . This figure is sixteen years old as the country could not have the census of population since 1998. By now, it is estimated to have gone up. There are industrial cities where the rate of the aging population (60+) is more than 4% and 24% of 75+ age.

<sup>85</sup> Ibid, p.2

<sup>86</sup> Government of Pakistan ( 2003), Census of Punjab 1998( Islamabad: Population Census organization),p.90

## **2.7. Problems Associated with Old Age in Pakistan**

As witnessed above that the Pakistani tradition, influenced by the religion, the elderly are to be treated respectfully with veneration irrespective of social class or caste. However, being the aged, they need the support against various problems; physical, financial, social and psychological. Community support mechanisms organized by the welfare programs or actions are the only way out of such situation. While in Pakistan, the economic imbalance raises many questions, among them, the economic security, social fulfillment and the personal dignity are the most prominent issue for elderly. Following are the important problem areas regarding the elderly in Pakistan.

### **2.7.1. Pakistan and Policy for Senior Citizens**

In traditional societies, even where the extended family structure continues policymakers should not harbor optimism unconditional affection between generations or the ability of the family systems to ensure the well-being of relatives who are between the ages considered as old age.

Pakistan has framed four social welfare policies since independence in 1955, 1988, 1992 and 1994. The 1955 social welfare policy did not utter a single word about the well being of the aged people at all. In the second social welfare policy of 1988 there was a mention of the services for the senior citizens, but no operationalization was recommended and the policy remained silent on the issue. The third policy of 1992, remained silent on the issue. The 4<sup>th</sup> policy of 1994 one of the target group was the senior citizens, but due to changes of faces in the government policies also changed and nothing happened towards the welfare of the aged. In 2007, again, a welfare policy for the aged was proposed to be approved under the Act of the Parliament,

which was a very comprehensive policy, but neither brought to the Parliament nor cabinet and remained a hidden document.

Some policy measures so proposed were;-

*“Ensured settlement of their all retirement benefits including pension before reaching the date of superannuation , having separate wards with free medical treatment at public hospitals; provided twenty-five per cent concession in road transport fare, fifty percent in train fare, twenty percent in air fare, twenty per cent in ship fare including such concessions in private sector and also fixing quota; having free entry in public parks, museums, zoos, cinemas, theaters, public libraries and other related places; and other related places; considered one time for Hajj by fixing quota without balloting with the provision of one attendant, if required: provided ten per cent concession in telephone bill, electricity bill, sui-gas bill, water-supply bill where such bill does not exceed one thousand rupees per month , provided fifty percent concessions in the income tax where the limit of annual income, does not exceed four hundred thousand rupees; granted multiple entry visa for five years for tourism by the Embassies or Foreign Missions in Pakistan, as the case may be, or the recommendation of Ministry of Foreign Affairs etc”<sup>87</sup>.*

Though Pakistan has announced a National policy for elderly and a National Committee on ageing was set up both these measures could not contribute yet to bring

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<sup>87</sup> Associated Press of Pakistan (APP) News Agency Report 9<sup>th</sup> August, 2007. At Associated Press Of Pakistan ( Pakistan's Premier NEWS Agency ) - Draft Bill for providing facilities to Senior dated 27.1.2015

any changes in the lives of older people. There has been no consultation on the national policy and there is no mechanism for the consultation of NGOs on the needs and interventions for older people<sup>88</sup>.

Unfortunately, after one year in 2008, an elected government sworn in and then till filling these pages nothing happened.

Some skeptics say that as far as the policy makers are concerned with the traditional norms are used as a reason for having no public policy to support older people. The Government assumes that there is No need to have any policy. They simply have an idea that there is someone (adult son) to take care of their ageing parents<sup>89</sup>.

### **2.7.2. Status of the aged in the family**

Not only economic problems are faced by the aged people, the worst of these problems is the recognition of their social status. There was a time when two American the word “old” suggested kindly, wisdom, generosity, even graciousness and beauty. Now the adjective “old” has taken on negative meanings. We have “*old and sick, old and poor, old and doddering, helpless crabby crotchety, useless dependents*”<sup>90</sup>.

Ageism is a common social problem with the elderly in the west. Ageism refers to prejudice and discrimination against people on the basis of age and the derogatory terms like “greedy geezers” or inverted U curve is used for them.

The family support given to the elderly parents is considered a greater life satisfaction in terms of social, economic, psychological, health and emotional aspects. The

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<sup>88</sup>Society for Human Rights and Prisoners Aid (SHARP) *Op. Cit.*p.5.

<sup>89</sup>Society for Human Rights and Prisoners Aid (SHARP) *Op. Cit.*p.10.

<sup>90</sup>Lou Cottin, (1979). *Elders in Rebellion: A Guide to Senior Activism.* (Garden City: Anchor),p.278

changes in fertility levels, decreasing of the proportion of large family size, job opportunities, the pursuit of a higher standard of life and setting up nuclear families away from the parental homeland are some of the general trends that leave the elderly in a more depleted state. They are left to live alone, and they feel isolated without emotional and economic support.<sup>91</sup>

In the Indo-Pakistani cultural context, elderly care is similar in all the regional countries particularly India and Pakistan. Parents are classically looked after by their offspring throughout their old age, most frequently by their sons. As a cultural and religious tradition the elderly are viewed in very high regard. Traditional values demand honor and respect for older, wiser people. Culturally, the care of the aged has been the responsibility of family members whether joint or extended. Increasingly in modern times, for elderly care the children are now looking up to the Government or charitable institutions. The obvious reason for this change is lowering family dimension, elderly people long life span, the mobility of families geographically, and the partiality for women towards education and employment. Although these changes have affected the west totally, Asian countries are now increasingly being affected as well.

In Pakistan, it was very seldom that young laughed over the elderly people and those who do it, were termed cheeky and disrespectful. The elderly are properly respected and respect is shown to them on all occasions. Even, there are youngsters who do not talk in front of the elderly people on the apprehension that no slang word is used by them and the elderly mind it. Aged people are not the care-beneficiaries but are care providers. In Pakistan where parents are still respected too much, there are always

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<sup>91</sup> M Ali.,& F. Kiani. 2003, p.14.

close bonds between different generations. With their intellectual attainment they could contribute a lot in the larger community<sup>92</sup>.

Macionis asserts that owing to some transitional changes in societies like urbanization, industrialization, and modernization has adversely hit the older people. Mishra stresses that the mobilization and the migration cause family system shifting from joint/extended to nuclear disturb the elderly life as well. The elderly members are neglected in a nuclear family system and the environment. They face loneliness because their children stay busy in their responsibilities and are unable to allocate the proper time to their parents due to which a sense of uselessness and loneliness develops in the elderly people that causes emotional and psychological distress.<sup>93</sup> The case of Pakistan is a typical example. Pakistan is a developing country with changing family pattern. Job opportunities in urban areas condition the youth to give up the traditional rural-joint- family system leaving the aged in the rural ancestral dwelling and moving to the urban areas where the lifestyle is much easier and promising for the youth than in the villages. Consequently, the parents in old age are left and live in isolation waiting for the return of the dear children once a blue moon.

In Pakistan, the elderly population is generally part of the family and their requirements are usually fulfilled in the similar means as the needs of the other family members. Seniority garners a rather high place yet in most families in Pakistani culture. Significant decisions concerning the members of the family or the dealings influencing family and community life are brought for the most part in front of the elders due to their wisdom as well as experience. However, because of urbanization, the cohesion of family attachment and stability in numerous communities is being

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<sup>92</sup>Society for Human Rights and Prisoners Aid (SHARP) *Op. Cit.*p.4

<sup>93</sup> S. Mishra, (1989). "Problem & Social Adjustment in Old Age", A Sociological Analysis, *Gyan Publishing House*.P.39.

undermined. This in spin is probable to pressure badly the ageing population. Family life way is undergoing hasty and varied changes and roles of various family members are often being tailored.

In Pakistan, the trend of exogamy, hyper gamy and hypo gamy in particular will affect the status of elderly people as in endogamous marriages a daughter-in-law is mostly the niece of the father or mother of the bride, groom (son) and as a result of that blood relationship a niece always takes care of her uncles or aunt. In case of exogamy, a characteristic of the contemporary urban Pakistan, these family ties has weakened and the aged in particular suffer.

There are exceptions as well. In many cases, if the aged person was careless, arrogant and had a different lifestyle when he was young, the relatives and even own children will avoid him / her in his / her old age. There are instances when property disputes between relatives, inheritance rights denial to daughters and sisters, a common phenomenon in rural Pakistan, has such consequences for aged people and the relatives do not bother to take care of such elderly as they did not take care of them when they could. This is just a tit for tat situation.

Today in the developed world we are living in what Anthony Giddens has described as “post-traditional” society<sup>94</sup>.

"Tradition, through very resistant to change its position because of the decline before the change. But change occurs regardless of the dictates and traditions. Today in the

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<sup>94</sup>Anthony Giddens (1991). *Modernity & Self-Identity: Self and Society in the Late Modern Age*(Stanford : Stanford University Press),P 10 to 264

developed world that we live in what he described as Anthony Giddens for" post-traditional society "<sup>95</sup>

Giddens and others use this term to emphasize the fact that;

*“Traditional customs and practices have weakened and that individuals today can not be, or have the option of choosing not to, and look forward to the tradition of the basic instructions for life. Clearly traditions still exist and will remain strong. Because of the traditional social value ... as other practical advantages. The fact that the marriage can be interpreted as a union between same-sex individuals underscores the fact that the rules governing the social institution of marriage... Today individuals choose and reinterpret traditions to reflect changing circumstances and newer social realities. Daughters and daughters-in-law are not constrained by strong community expectations to stay at home to care for their aging parents or in-laws.”*

Although the family has changed, family members still support the older parents.. One can conclude that the family is the most suitable source of care giving because of the life long emotional ties existing between parents and children. Although children beyond the traditional community, particularly the highly qualified move away from their parents for professional reasons, and cannot afford the daily responsibility to deal with the immediate needs of their parents.

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<sup>95</sup> Ibid

Older children can, of course, and the provision of financial support, and if they or their parents to enable them to cover the costs may choose to transfer their aged parents into formal living arrangements.

### **2.7.3. Economic conditions of the aged**

A Shankar Acharya spoke about the harsh catch-22 of very late adulthood. In stressing the necessity for material aloofness during the last part of adult life, he believed;

*“Your family is attached to you as long as you can earn. With frail body and no income, no one in the house will care for you”<sup>96</sup>.*

But this is not mostly the case with Pakistani Muslim society. Pakistan is an Muslim majority country and Islam has pervasive impacts on the lives of the people. Looking after the aged parents and relatives is the family responsibility but it is not always. Urbanization and new trends like weak religious practices and values, the traditional joint family structure has splintering due to which the problems of the aged people are to increase.

The main problem of these aged people is poverty in urban areas general and particularly in rural areas. Aged people in Pakistan are mostly unable to do the work and in case someone is receiving state pension, the amount is so insufficient .Due to which they are felt as a lumber by the low earning children and family members.

McCallum (1993, P.2) gives the example of the situation in the settlement of the fast-growing urban margin that provide workers for new industries in one of the search

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<sup>96</sup> Linda Martin (1990). “The Status of South Asia’s Growing Elderly Population” in *Journal of Cross-Cultural Gerontology*, Vol. 5, No. 2, p. 115

sites. The pressures of work to get children to school like this that "the majority of families were put seniors in early every day, sometimes with little sustenance, in an open field without shade and collected in the evening.

Pakistan is a poor country. The following socioeconomic indicators speak volume of this poverty. Pakistan is a country where 74% people earn less than US\$ 2 a day and still we claim to have a good living standard<sup>97</sup>. Life expectancy at birth is still 63 years for males and 65 for females.<sup>98</sup> Infant mortality rate is per 1000 live births 83; the under- five mortality rate per 1000 live births is 109; maternal mortality rate was 100,000 live births was 340 during 1990s. Adult literacy rate 57% for males and was 28% for females during 2004 and Human development Index (HDI) for 2000 was 0.497. The public expenditures on education was 0.9 % of the GNP during 2000 and a physicians per 1,000 population during 1990s was 0.5, hospitals beds per 1,000 population were 0.7<sup>99</sup>. The social sector expenditures in Pakistan are dismal because of the expenditures as %age of GDP is 0.5 on social protection, 0.1% on social insurance, 0.2 on social assistance<sup>100</sup>. Under these conditions how can we claim that we have an Islamic Welfare State or modern welfare state? The inflation rate according to official statistics stands at 8%<sup>101</sup> while independent observers say it is about 10.90%<sup>102</sup>. Under these dismal economic conditions, little is left for social welfare development.

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<sup>97</sup>Population Reference Bureau, 2006. *2006 World Population Data Sheet*. Washington DC.

<sup>98</sup> United Nations, 2005. *Human Development Report 2004* UNDP: New York; see also UN. *The State of the World Children..* New York; UNICEF World Bank, 005. *World Development Indicators 2004*; Asian Development Bank, 2004. *Key Indicators of Developing Asian and Pacific Countries 2003*.

<sup>99</sup>CIRDAP (Center on Integrated Rural Development for Asia and the Pacific), 2006. *Rural Development Report 2005*. Dhaka. P. 81. Table

<sup>100</sup> Government of Pakistan, 2006. *Social Protection Strategy*. Op.Cit.p.11.

<sup>101</sup> "Growth 6.6%, Inflation 8%" in the daily *The News International*. Islamabad. Jun 5, 2006.p.1

<sup>102</sup> "Inflation: Targeted monetary policies needed" in daily *The News International*.. Islamabad. September 25, 2006. p.19

According to some authentic reports, Out of four one Pakistanis is poor and in every two one is vulnerable to face poverty by the future. A current vulnerability estimation conducted by means of World Bank reports that;

*“56.2 % of the population in Pakistan faces a greater than 50% probability of finding themselves in poverty in the next few years...There is no overreaching social protection strategy in Pakistan...The existing programs for providing social protection are also clearly insufficient in terms of their coverage of poor and vulnerable households and in terms of the type and levels of support provided”<sup>103</sup>.*

The elderly are mostly dependent due to their poor economic status, which instill the sense of inferiority that leads to physical as well as mental problems. In modern societies old people due to their incompetency and out mad skills in industrialized societies are stratified. They are labeled dependent and cease to perform tasks, although they have potential to do so.

Older pose the major problems for the coming decades. It is they who will strain their families with support. It is they who will need more of such community help as meals on wheels, homemaker services, special housing. It is they who will require the extra hospital and nursing – home beds that will further burden federal and state budgets. And it is they who’s mounting needs and numbers have already sparked talk of some sort of rationing of health. Can we afford the very old? This is becoming an answered question, to the whole. To some expert;

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<sup>103</sup>World Bank and Gallup 2006.*Preliminary Findings From Social Safety Nets Survey 2005*. Presentation, Islamabad September, 2006.

*“Due to this dramatic increase there is a situation in which income is a crucial determinant of how the aged live. The level, the adequacy, and the maintenance of income affect other aspects of the lives of the elderly. The maintenance of physical and mental health, transportation utilization, housing and nutrition adequacy, vulnerability to crime, level of social participation and the general quality of life”<sup>104</sup>.*

The elderly are mostly economically distressed. In Pakistan, many of them work in agriculture, informal sectors; irregular and unsafe environment, poorly paid and a great portion of them have to work until the day they die. In the government and semi government sectors, Old age benefits in addition to expenditures on health care, recreational activities and on all other services required increase as compared to be needed in the past.”

Pakistan has been ranked among the three worst countries in the world in respect of older people, which is poorer ranking compared to neighboring countries including Sri Lanka, Nepal and India<sup>105</sup>. Afzal (1999) narrates that vast number of the workforce in Pakistan is working in the informal economic set-up, many elderly people are without social security schemes and proper cover of pension. The older population is more prone to the hardships of life following increased poverty in Pakistan.

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<sup>104</sup> Harris Charless (1978) Fact Book on Aging: A profile of America's older Population Washington, D.C: National Council on the Aging, 1978), p.36.

<sup>105</sup>S . M. Ali,. (2013, November 1). “Growing old in Pakistan” in *The Express Tribune, Pakistan*. Nov. 1, 2013.

### 2.7.3.1. Social Security problems

A majority of people in developing countries has no or very low pension, mostly from the formal sector. Insufficient pension income not only decrease retirees' standard of living, but also push them below the poverty line. Sweden, in 2013, Norway, in 1937, Mauritius, in 1958 (ranked 33 in global aged index) and nearly all of the countries of the world have established Universal rights-based pension. But in Pakistan, where 12 million elderly live, no universal pension and systematic social safety nets have been introduced so far. In Pakistan, many older people encountered with pension problems and not granted any travelling or income tax related concessions, while such kind of general courtesies is extended to the older people in many countries across the world<sup>106</sup>.

According to a reports of the EOBI (Employees Old Age Benefir Institutions), the number of aged people in Pakistan and the number who receive the pension benefit is an indicator that many of the aged people are in economic agonies. The total population of persons with old age in 1998 was 7.159 million, however economic needs fulfilled by the pension is only for 383,101 people or barely 5.53% of the total aged population.

Recently, a survey conducted into the conditions of aged people in Pakistan reveals that In the recent surveys it was found out that 23 % older people were dependent on their male children support, 6.9% receive pension from the armed Servieces,, 9.4% receive pension from the sate other than military services, and 1.8% elders were dependent upon their female childrens' support. Older women were more vulnerable

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<sup>106</sup> S.M. Ali, . (2013. *Op. Cit.*.

and dependent on the good will of others, were economically and socially dependent on men and 38% aged men and women receive no support from their adult sons<sup>107</sup>.

#### **2.7.4. Health problems**

There are no appropriate provisions for elderly in the public health institutions' health, they are disadvantaged too in the health sector. There is no concept or practice of gerontological social work, geriatrics, chiropractic and other services meant for aged people. We have no special arrangement of even in our building designs for the elderly like pavement and public toilets.

The ratio of major diseases found in old age people is included hypertension (36%), musculoskeletal problems, disabilities, cancer and diabetes; along with significant infectious diseases. Similarly, 60% deaths caused by diabetes, 59% due to cardiovascular diseases and 29% owing to cancers develop in senior citizens<sup>108</sup>. Habib (2011) reported that diabetes, arthritis, hypertension was the most common chronic diseases. Depression, among the psychological illness, has been found as a major problem. According to a study, 22.9 percent elderly was suffering from depression and indicated that depression was the consistent risk factor in the elderly<sup>109</sup>.

In the leading chronic conditions among the elderly, arthritis and rheumatism, followed by heart disease, high blood, asthma and high temperature pressure, diabetes, chronic bronchitis and ulcers. And other chronic diseases are often experienced by older people include poor vision and hearing, paralysis, and permanent stiffness in the joints. Lifelong health problems like diabetes and high

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<sup>107</sup>Society for Human Rights and Prisoners Aid (SHARP) *Op. Cit.* p.10

<sup>108</sup> "Elderly population steadily increasing in Pakistan" in *Daily The News* (April, 06, 2012).

<sup>109</sup>YasirHabib .(2st.Oct. 2011). No place for the elderly in today's society. Retrieved December 23, 2013 from <http://www.pakistan today.com.pk/2011/10/01/city/lahore/no-place- for-the-elderly-in-today%E2%80%99s-society/>

blood pressure, arthritis, need longer treatment, which means increased spending on health.

Most prominent health issues are osteoporosis and arthritis, though diseases like diabetes, heart disease, stroke, high blood pressure, chronic obstructive pulmonary disease and ulcers are also common in this age. However, the literature also documents that vision and hearing impairment, stiffness of joints along with paralysis are common diseases in elderly specifically after the age of 65<sup>110</sup>. Disease like diabetes, hypertension, and arthritis are lifelong diseases and need a longer treatment which means spending more on their health.

The government of Pakistan conducted a consultative meeting to sort out a National Strategy on Health for the Aged where in a number of problems among elderly were highlighted like: existence of feelings of loneliness and isolation, depression varying from mild to manic, fear of death, social isolation, worsening and painful medical conditions, deprivation, resourcelessness, and loss of the spouse.

A local study found five or more health problems among 72% elderly population. The results were startling. Almost 50% of them were reported taking three or more different medicines daily for the treatment of immobility, urine inconsistency problems, weakness and ophthalmic problems. High Blood Pressure, diabetes and arthritis like lifelong problems were the most common chronic ailments. Depression was identified as a significant mental problem found among 22.9 percent aged population. It has been shown that chronic diseases among the elderly was the risk factors for depression for them. Important aspect that is not yet studied empirically, was the issue of abuse of the elderly people. The report indicated the lack of proper

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<sup>110</sup> <http://www.aihw.gov.au/chronic-diseases-summary/>

health care system as well as intensions for the aged population, were the major causative factors of sickness and morbidity among the elders<sup>111</sup>.

In a survey conducted by Senior Citizens forum Pakistan revealed that;

*“12.4% of the respondents were very elderly, i.e. 80 years and above.... The percentage of widows as compared to widowers is high. This can be assumed to be due to cultural values, which discourage the second marriages of women ... A large proportion of the male elderly persons are involved in family decision making over 63% are actively involved... Their Self– professed dependence on their families appears to be more for shelter and health care than financial...Impairment of Eyesight is high. The use of glasses among rural females is lower than in the other groups of respondents...10. The self- reported impairment of hearing may be on the low side. The use of hearing aids is low.... Fifty percent of the respondents consulted government doctors for the treatment of their urinary problems<sup>112</sup> .*

## **2.8. Change in living arrangements and family structures**

In rich countries, over the past fifty years and so living arrangements between generations are decreasing steadily reflecting the high divorce rates, delayed marriages and increasing proportions of adults who are not married and who are childless, a growing proportion of them are living alone. For example in the Nordic countries and the U. K. more than a third of the elderly (aged 65 and above) live alone.

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<sup>111</sup> Ibid.

<sup>112</sup>Society for Human Rights and Prisoners Aid (SHARP) *Op. Cit.*p.14.

In Greece, for example, in 1974, 23 % unmarried elderly were living with a married child. This number reduced to 9% in 1999. The proportion of unmarried elderly living alone almost doubled (10-19%) during the same period.<sup>25</sup> Karagiannaki (2005) noted that in the US the growth in the number of households having one elderly (aged 65 and older) living alone, women make up about 77% . In advanced countries where social safety systems outside the home is developed, this trend has been fueled by a combination of factors, and long age and an increase in pension benefits as well as greater stress on the care and support in the community.

Family structure this is where you put the child defines a set of social, economic and psychological factors that developed standards for how relations between the generations and maintained through the life span. Nontraditional family structures may adversely affect the quality of relations between the generations through the generation of personal strains with divorced parents, and this may put children at risk of having distant relationships with them into adulthood. Evidence accumulates that the legacy of divorce and remarriage extends to life later in the suppression of the parents, and parents stepparents biological married.

Family as a social base reflects the responsibility generalized expectations that family members should be pivotal in each other's lives and the performance of certain functions with respect to each other. Much has been written about the decline in the importance of family in the western society in recent decades. Grams and Silverstein (2006), for instance, found that strength of the parent-case norms weakened between the last three decades of the last century a trend that is closely associated with marital instability<sup>113</sup>. Some studies suggest that children of broken families through divorce

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<sup>113</sup> Daphna Gram and Silverstein Meril (2006) "Norms of Filial Responsibility for Aging Parents Across Time and Generations" in *Journal of Marriage and Family* 68: 961-76.

feel less family responsibilities to their parents, even in the old age, than those who have not experienced such a situation<sup>114</sup>. The global trend of declining birth rates has implications for the family size and structure.

## **2.9. Later Life Family Relationships**

While one is to discuss family relationships in later life, it is better to discuss with the concept of duplication. Is to develop a more modern theory in the study of families in later life is a contradiction between the generations. The concept of contradiction has its roots in classical theories in both sociology and psychology as of early and the beginning of self-aware in the early 1900s, but only since the late 1990s this concept has come to play a pivotal role in the study of relations between the generations.

Although this theory has been applied mostly in the area of the relationship between parent and grown up children. It can also be used to highlight the other relationships in the middle age and the old age, such as those between grandparents and grandchildren. It is described with detail in the next chapter of changing trends of family system in Punjab (Pakistan).

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<sup>114</sup> Lawrence H. Ganong, and Marilyn, M. Coleman (1999) *Changing Families, Changing Responsibilities: Family Obligations Following Divorce and Remarriage* (Mahwah, Lawrence Erlbaum).

## **CHAPTER – 3: CHANGING TRENDS OF FAMILY SYSTEM IN PUNJAB (PAKISTAN)**

### **3.1. Socio Cultural Perspective**

Pakistan was a new country in 1947 on the map of world. Prior to come into being its all five provinces had no identity as a political, economic and social unit from a single unified platform. However, the provinces were having historical bonds and social affinities with the Indian culture.

The present province of Punjab, Pakistan was once the small fraction of the wide spread area of Indian Punjab till the 1947, then the boundaries between both countries were sealed. The cultural traits of this part of subcontinent were quite variant in nature due to various communities, races, *braderies* and religious sects. The Punjab, Pakistan had very dominant characteristics which are rooted somewhere in subcontinent about which Marxist scholars and different anthropologists said the words “cold society”, which stands for unchanged cultural values for centuries<sup>115</sup>. Many demographers claimed that even the Punjab has very fast speed for its population sizing even then the social relations and socio-cultural values were never be disturbed at the same speed.

Mahatma Gandhi used to say about the Indian Punjab that it was only the blessing of our sages that we were capable of sustaining our moral and social order. Same is true for the Punjab, Pakistan.

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<sup>115</sup>Qadeer, M. *Pakistan : Social and Cultural Transformations in a Muslim Nation*. London: Routledge, 2006.

All through the history of Punjab many invaders from different parts of the world came and settle here but never made conscious attempts to change the prevailing order in socio cultural values. However, the present culture is diffused one due to the invaders “own” practices, they adopted something prevailing and left their “own” practices. As a result now we have blend of cultural and religious values.

Later on due to the phase shift of Islamic state the provinces especially Punjab had a new lateral traits of institutions. Punjabi society has its agrarian roots as well, but urbanizing rapidly. All societal aspects are sweeping due to urbanized styles of living<sup>116</sup>. Increasing expectations are producing effects on the remote regions of Punjab. During last few decades coherent customized society has transformation into a more mobile and materialistic society. There is a struggling situation between the old traditional society and new society. The ideological and moral divisions are very prominent now. The impacts of all changing scenario are very easily become visible on the smallest societal unit “family system”<sup>117</sup> in the old tradition.

Family system is changing at a rapid speed and making it turbulent. Internal dynamics of family system has social change since independence. Thus over the past decades Punjabi culture across the Punjab, Pakistan have had many changing patterns, invited many challenges to face. It is facing the alarming situation to meet economic, social, spiritual and psychic needs of dense population among the families. To some extend historical economic and political event, advanced technology, changing dynamics, invention of new emerging ideas are main “causes” of social changes. Qadeer (2006) was very right, stating that;

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<sup>116</sup>Wirth, Louis. "Urbanism as a Way of Life." *American Journal of Sociology* 44, no. 1 (1938): 1-24.

<sup>117</sup>Ibid.

*“Social change is palpable to individuals and is evident in the indicators recounted above. What is not so obvious is the direction the change is taking. It is a march towards modernism, oscillation from traditional to modern ways and back, as a practicing of adherent social system.” (p. 13)*

The answer for this question is in the fact that Punjab had been always a piece of plain, fertile land due to which it always has a dense population. This magnitude population created effects on the traditional value system primarily upon family structure.

### **3.2. Changing Family Trends**

It can be said that commodities, monetary values and luxuries of life currently changing the trends of villages, town, cities and the regions from values to tangible benefits<sup>118</sup>. Expected roles within old traditional families are varying with the passage of time. The traditional role of mothers, wives, daughters were caring and domestic in nature. No doubt it was gender imposed role but it was truth, on the other hand male were considered to carrying out the role of bread winner / economic pillar of the families<sup>119</sup>. The family systems in Punjab are shifting towards the more status oriented, wealth botherations instead of typical traditional value system. Wise (2003) was very right, he agreed that industrialization, economic progress and growth and improved multiple opportunities for the public have a noticeable change in current

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<sup>118</sup>Cohon, Stephen P. *The Future of Pakistan*. Washington, DC: The Brookings Institution Massachusetts Avenue, 2011

<sup>119</sup>Yasin, M., Shafqat, Z. & Sattar, T. (2011). A Sociological Analysis of Determinants and Implications of Changing Value System in Pakistan. *British Journal of Arts and Social Sciences*

era. The moralities, ethics and code of conducts are being mostly ignored by the society members<sup>120</sup>.

Rapid conversion of extended and joint families into nuclear family structures has minimized the cohesiveness of the society<sup>121</sup>. This dramatic transformation has produced evident impacts on the members of the families especially the elderly (senior) persons. The matriarchal and patriarchal system once allowed to senior members to maintain their hold on the family purse, decision making and even as a over-all head of the family<sup>122</sup>. Although this is socially still standing but with a speedily changing attributes of decline. The main factor behind this decoration is the extension of nuclear family systems in Punjab. Where the younger family members are more productive as compare to the elderly persons of the family either in agriculture or not, due to which the younger member have take over the family headship and left the senior members as a marginalized group.

### **3.2.1. Cultural Impact**

Swartz in (1994) gave two wonderful terms to explain the increased materialism among the societies i.e. “guide” and “tokens”. He gave the title of guide to impactful traditions of the society and tokens to the non-influential societal values and traditions. So it can be stated that the link between values and culture of any particular

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<sup>120</sup>Wise, S. *Family Structure, Child Outcomes and Environmental Mediators: An Overview of the Development in Diverse Families Study*. Melbourne: Australian Institute of Family Studies, 2003.

<sup>121</sup>Itrat, Ahmed, Ather Mohammed Taqui, Fahd Qazi, and WarisQidwai. "Family Systems: Perceptions of Elderly Patients and Their Attendants Presenting at a University Hospital in Karachi, Pakistan." *Journal of Pakistan Medical Association* 57, no. 2 (2007): 106-09.

<sup>122</sup>Guiren, Yuan. "On Value and Culture." *Frontiers of Philosophy in China* 1, no. 2 (2006): 237-44.

society can't be neglected. So any new development in a culture compels the value systems of the concerned society<sup>123</sup>.

Thus in Punjab the trend of nuclear family system endows the starting point for the people who have the understanding of prevailing traditional value system. These people can foresee the vice versa effects of overall globalization.

(Rummens, 1993) was of the view that social ideologies like religion, family and gender sum have direct link / relationship with Identities of a culture<sup>124</sup>. However, if we consider this argument then it will be supportive to minimize the effects of nuclear system on older persons or senior persons in Punjab, Pakistan. As people are not in favour to go against religion where the elder persons have very strong, valued and respectable status. Rather should one can claim that the state religion could never allow the people/young family members to put the status of elder persons on detoriating tracks.

### **3.2.2. Globalization and Transformation of family structure**

Despite of this reality, globalization brought fundamentals transformation in the related family values, communities and geographical boundaries of the societies<sup>125</sup>. Due to which isolation and individualism gained the momentum even in Punjab.

Same idea is given by Ritzer<sup>126</sup> with the statement that globalization have gave birth to market oriented society where the people live for their individual identities rather than collective recognitions. So where the globalization have created the homogeneity

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<sup>123</sup>Swartz, Mark J. "Culture as "Tokens" and as "Guides": Swahili Statements, Beliefs and Behavior Concerning Generational Differences." *Journal of Anthropological Research* 40, no. 1 (1984): 78-89

<sup>124</sup>Rummens, Jack. "Personal Identity and Social Structure in SintMaartin/Saint Martin: A Plural Identities Approach." York University, 1993

<sup>125</sup>Scholte, Jan Aart. *Globalization: A Critical Introduction*. New York: St. Martin's Press, 2000.

<sup>126</sup>Ritzer, George. *Sociological Theory*. New York, NY: McGraw-Hill, 2008.

of cultures and making the world a global village on the broader perspectives, creating the individualism on smaller scale. This is very strange two-sided effect, which the Punjab as a part of developing country Pakistan is also facing. These changing patterns towards modernization in this region are prevailing.

In underdeveloped countries like Pakistan, McDonald saying was the exact depiction of the situation. He stated that value system undergo direct attack of the modernization. As it was a western concept to change/replace the old fundamental thoughts with new modern ideologies<sup>127</sup>.

Living and helpers comments can conclude the current Punjabi culture as well, they were of the idea that there is no reversing system for education, knowledge and modernization due to which our values, moralities and ethical social fabrications are being hampered. The people went far away from the traditional ways of living including eating habits to collective rituals and ceremonies<sup>128</sup>. If the Punjab is particularly discussed the same above said is happening here.

### **3.3. Change in Household Size and Structure in Punjab**

In Punjab families are usually defined as a group of male and female having marital ties legally/religiously with their specific blood relations. The material for broader definition is not available however the households are defined by locations and living arrangements. Few decades back the household in Punjab was considered as a group of persons living and showing together a family purse and housing unit. And that household was considered a family. But with the effect of time this household family

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<sup>127</sup>Cohon, Stephen P. *The Future of Pakistan*. Washington, DC: The Brookings Institution Massachusetts Avenue, 2011.

<sup>128</sup>Livingstone, Sonia, and Ellen Helpser. "Advertising Unhealthy Food to Children: Understanding Promotions in the Context of Children Daily Lives." London: OFCOM, 2004.

definition has shrink to merely family. (Nuclear Family) The question was that what are the contributory elements or causes behind this situation in Pakistan especially in Punjab. The answer is in the previous and somehow in upcoming discussion.

### **3.3.1. Economic Stress on Families**

In the 1990s Pakistan was reported as the highest percentage of households, which was not more than 5 members. Thus it can be said that prevalence of large household is now minimized in Pakistan, Punjab well. This reduction of number of family members is directly contributing to economic stress on family members. Every young couple aspires to have best living standards, excellent education for offspring's, comforts of life, which is more manageable with the smaller size of the families. As a result of this flourishing need of parents and children as well constituted nuclear family system instead of traditional households or extended families.

So it can be said few years back the nuclear households were not existent in Punjab virtually but due to this economic stress the phenomenon of brain drain, ageing population, effectual migration and other multiple changes in this region (Pakistan) internal and external emerged the nuclear households for instance in traditional society of Punjab the male members were the head of families but due to lack of opportunities increased the economic pressure as a bread winner and they moved away from the home. In the absence of them the female took over the change as a head of the family. Being head her tasks extended from indoor activities to the outdoor chores leaving less time to look after the family members residing with her<sup>129</sup>.

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<sup>129</sup>Ayad, Muhammad, Bernard Barrère, and James Otto. *Demographic and Socioeconomic Characteristics of Households*. Vol. 26, Dhs Comparative Studies. Maryland: Macro International Inc, 1997.

### 3.3.2. Status of Women

Despite the male members migration for earning the presence of single male son divorce, widowhood are some other causes of female headed house.

The other very significant factor for the less available quality care taking time for members of family by the females is their increasing ratio of employment. They do employment ship mostly to sponsor their families but with the cost of neglected attitudes towards the family members especially for senior members<sup>130</sup>. They don't have sufficient time for their own-self even then it is very difficult to manage like a non-professional female of the past traditional women.

This economic participation has multidimensional effects as on one side female is improving her economic status and of kids and family as well, on the other hand it increased the divorce rate, separation or unsatisfactory marriages<sup>131</sup>. Due to this engagement of women in work and changing economic strength the family in Punjab which is the only supportive or safety net is becoming weak.

### 3.3.3. Divorce and its Effect

In addition, most of the couples in South Asian countries have growing culture of divorce with grown up children<sup>132</sup>. However, in changing world the un-expectable or un-tolerable relationships are leading towards divorce frequently. The children bearing couples are less likely to be divorced. It is fact even in West, the large percentage of divorced couples have no living children. From the above said ideas it

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<sup>130</sup>Bruce, J, and C.B. Lloyd. "Finding the Ties That Bind: Beyond Headship and Household, Working Papers, No. 41, New York: The Population Council.", 1992.

<sup>131</sup>Bruce, J. "The Economics of Motherhood", in Families in Focus: New Perspectives on Mothers, Fathers, and Children." 25-47. New York: : The Population Council, 1995.

<sup>132</sup>Goode, William J. *World Change in Divorce Patterns*. New Haven: Yale University Press, 1993.

is evident that children increase the family size and strengthen the ties as well ultimately making strong safety net i.e. family<sup>133</sup>.

Thus if the divorce issues, separations and population control trends are in, in Punjab then consequently in near future the family bonds will be more weak and another cause of weak nuclear family nets is the marriage age in Punjab. The male age is usually more than female as to marry with a younger female is a cultural trend. Remarrying of a male for a male son or after getting widow with a young girl is also in practice. Due to this huge difference of age male life expectancy ratio is less than that of female. Due to early death of spouse the female face economic difficulties, which again provoke her for job creating the same situation as previously described.

To reduce the economic pressures the commercialization process whole over the world let the new door even for the developing countries like Pakistan. This has changed the male, female ratio of participation of work with the new key economic system. This system has given more Liberty to both genders for their economic needs fulfillments. The young members have now become more independent as compare to past they take their decision by their own selves in all walks of life even in case of marriage<sup>134</sup>. Marriages in Punjabi cultures were being settled by the parents and grandparent within the families. This can be a security for the family of the bride if bride groom is from own “braderi” or cost. It was thought that she will more obedient, carrying and loving. But the increased trend of love marriages have shaken this belief of the traditional parents<sup>135</sup>. This is another cause of nuclear family system as parents

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<sup>133</sup>Goode, William J. *World Change in Divorce Patterns*. New Haven: Yale University Press, 1993.

<sup>134</sup>Patricia Uberoi, (ed) *Family, Kinship and Marriage in India*. Delhi: Oxford University Press, 1993.

<sup>135</sup>Qadeer, M. *Pakistan : Social and Cultural Transformations in a Muslim Nation*. London: Routledge, 2006.

less frequently accept the daughter-in-law came in the family without their strong willingness or recommendation.

### **3.4. Conclusion**

Lloyd & Duffy, (1995) has described the same above mentioned phenomenon as families are in more demanding financial needs to maintain their selves which was seems only possible through the female engagement in economic inputs especially of wives<sup>136</sup>. Meanwhile the females in general and particularly in mother's role are expected to carry out multiple but significant workloads at home throughout this region of Punjab, Pakistan. When female are doing money making and non-profitable chores at a sometime they don't have time to meet and attend the social gatherings<sup>137</sup>. This resulted in the less social and isolated family traits. Once along with the family in Punjab the relatives were the major source of support at the time of need like occasions and celebrations. Close knitted *braderisystems* were blessing where the elder persons were considered as assets as mentioned previously in chapter one. If the immediate family members were not readily available the relatives, *braderi*, neighbors and friends come forward to fulfill the gap. But unfortunately due to declining social relation systems in the name of non-availability of time and to keep privacy these privileged system is becoming vulnerable.

Research is strongly in favor of the significant relationships within families where the care of elder persons is obligatory. Parents are responsible to look after their kids and when kids become young member it is their responsibility to reciprocate their elders

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<sup>136</sup>Lloyd, C.B., and N. Due. "Families in Transition", in Families in Focus: New Perspectives on Mothers, Fathers, and Children." 5-23. New York, 1995.

<sup>137</sup>Bruce, J. "The Economics of Motherhood", in Families in Focus: New Perspectives on Mothers, Fathers, and Children." 25-47. New York: : The Population Council, 1995

with same affection and care<sup>138</sup>. Same is the philosophy of Islam and culture of Punjab.

However, in the Punjabi culture this obligation is confined for male's parents instead of female's parents and it look variant flexible from class to class, *braderi to braderi*, family to family. Even their practices are being influenced by the locality, circumstances and economic conditions of the families.

Uberoi (1993) gave the idea that there are the no one else but the relatives who are commonly ready to provide help in certain essential and crucial tasks as marriage, financial assistance, death ceremonies/ funerals, rituals and celebrations of local recreational activities<sup>139</sup>.

Even families, friends, neighbors were considered the only safety net for all sort of physical, moral and financial supports. Children and family members were considered obligatory for ageing parents and grandparents<sup>140</sup>.

Although family system is facing urbanization impacts and declining, different think tanks still comments strongly that married sons and their wives are responsible for the emotional, financial and social support of their parents<sup>141</sup>. However, it is fact that the responsibilities sense remains under social pressures when one falls ill or dies<sup>142</sup>.

Mak and Chan gave a beautiful suggestive way, which can be use to maintain/sustain the elderly upholding position in Punjabi society. He narrated about the role of mother

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<sup>138</sup>Hashmi, S. M. H. "Aging of the Population. Population of Pakistan: An Analysis of 1998 Population and Housing Census." In *Pakistan Institute of Development Economics*, 313-26. Pakistan, 2003.

<sup>139</sup>Patricia Uberoi, (ed) *Family, Kinship and Marriage in India*. Delhi: Oxford University Press, 1993.

<sup>140</sup>Logan, John, and FuqinBian. "Family Values and Coresidence with Married Children in Urban China." *Social Forces* 77, no. 4 (1999).

<sup>141</sup>Chang, Dae. "The Korean Family in the Family in Asia." edited by Man Singh Das, PanosBardis and D. George. London: Allen and Unwin, 1979

<sup>142</sup>Kim, Myung-Hye. "Changing Relationships between Daughters-in-Law and Mothers-in-Law in Urban South Korea." *Anthropological Quarterly* 69, no. 4 (1996).

in Law and mothers as a supervisor after the birth of child in a family. Grandparents, uncles, aunts and other elderly persons in families can share their experiences while sharing ideas with young family members (as previously occurred in traditional families).<sup>143</sup>

To sum UN population projections and estimations about growing ageing population, researchers<sup>144</sup> argue about age structures in Pakistan and indicated that elderly are generally active and participatory but with varied degree in both wages-earning and non-wages earning jobs<sup>145</sup>. The matter to be addressed is well understandable by a flow chart which is extracted from the whole above discussion that, how the status of elderly in Punjab is being influenced can be better visualized in the following dimensional diagram:

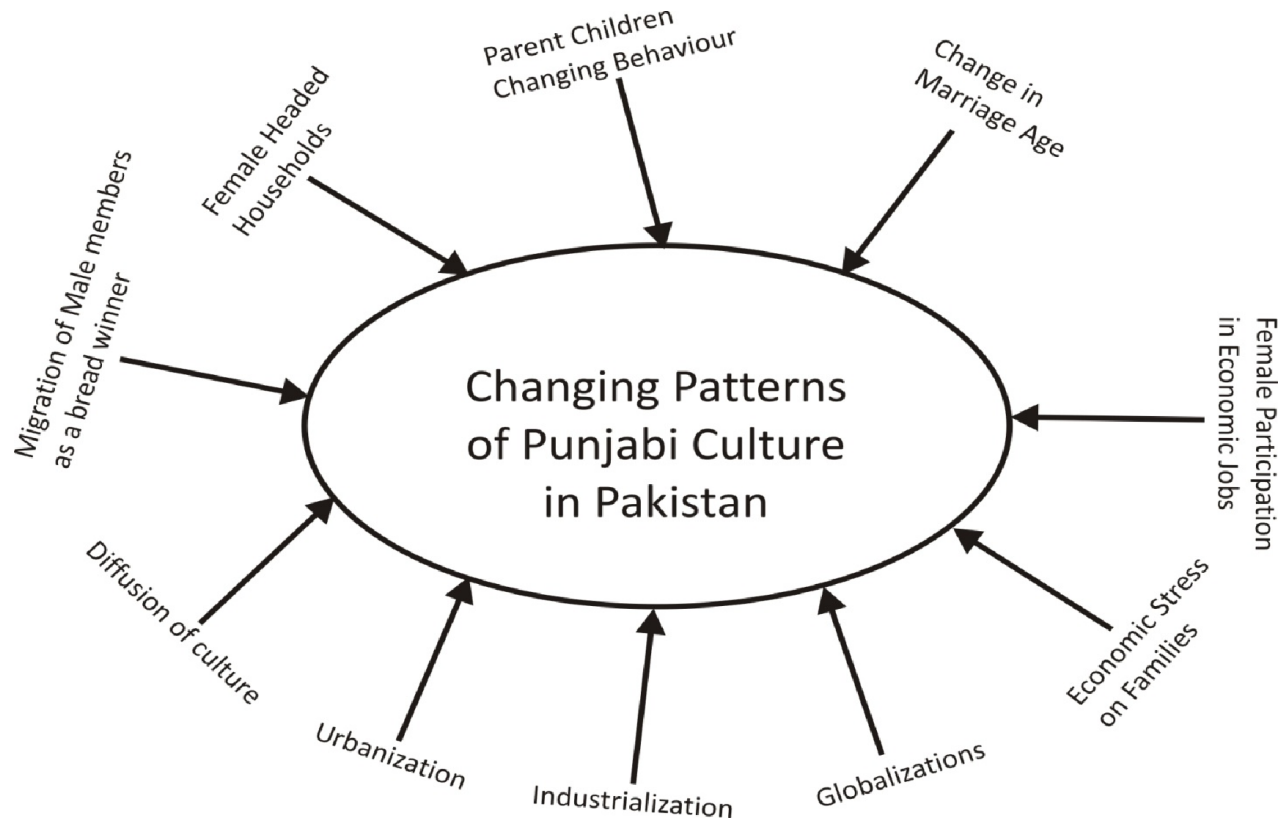
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<sup>143</sup>Mak, Anita, and Helen Chan. "Chinese Family Values in Australia." In *Families and Cultural Diversity in Australia*, edited by Allen and Unwin Robyn Hartley. Sydney: Australian Institute of Family Studies, 1995

<sup>144</sup>Hafeez, Muhammad. "Aging and Family: Perceived Life-Situation of an Elderly Population in Pakistan: Gender-Based Findings from Urban, Lahore. Sharing Population and Development Research across South and West Asia. ." In *Fifth Annual Research Conference Proceeding*, 368-85. Pakistan: Population Association, 2004.

<sup>145</sup>Hashmi, S. M. H. "Aging of the Population. Population of Pakistan: An Analysis of 1998 Population and Housing Census." In *Pakistan Institute of Development Economics*, 313-26. Pakistan, 2003.

**Fig 3.1: Changing Patterns of Punjabi Culture in Pakistan**



## **CHAPTER – 4: RESEARCH METHODOLOGY AND DESIGN**

### **4.1. Universe**

The research was geographically conducted in those cities of Punjab Province, Pakistan, having old homes like *Affiat*. The study revolves around the older persons in the old homes and within the families, some aged people involved in hard physical labor, relatives of the older persons, and some retired persons or pensioners. To ensure representation from all cities having old homes in Punjab a province of Pakistan, six cities on a census basis were selected. These cities or sampling areas included Rawalpindi, Multan, Lahore, Sahiwal, Sialkot and Toba Teksingh.

To get the data from the older persons living within the families the areas adjacent to these cities were selected.

Areas were selected according to laid down criteria that they should contain a representative mixture of socioeconomic backgrounds. Households were selected for the study on the basis of the presence of a person aged 60 years and above by using the convenience sampling as a technique. The sample was taken keeping in view that it should be sufficiently large which has enabled the researcher to arrive at satisfactory and significant results and at the same time, it was also borne in the mind that it should be small to be managed by the single researcher. In this research study design and methodology was chosen to keep in mind the time and cost factor as well.

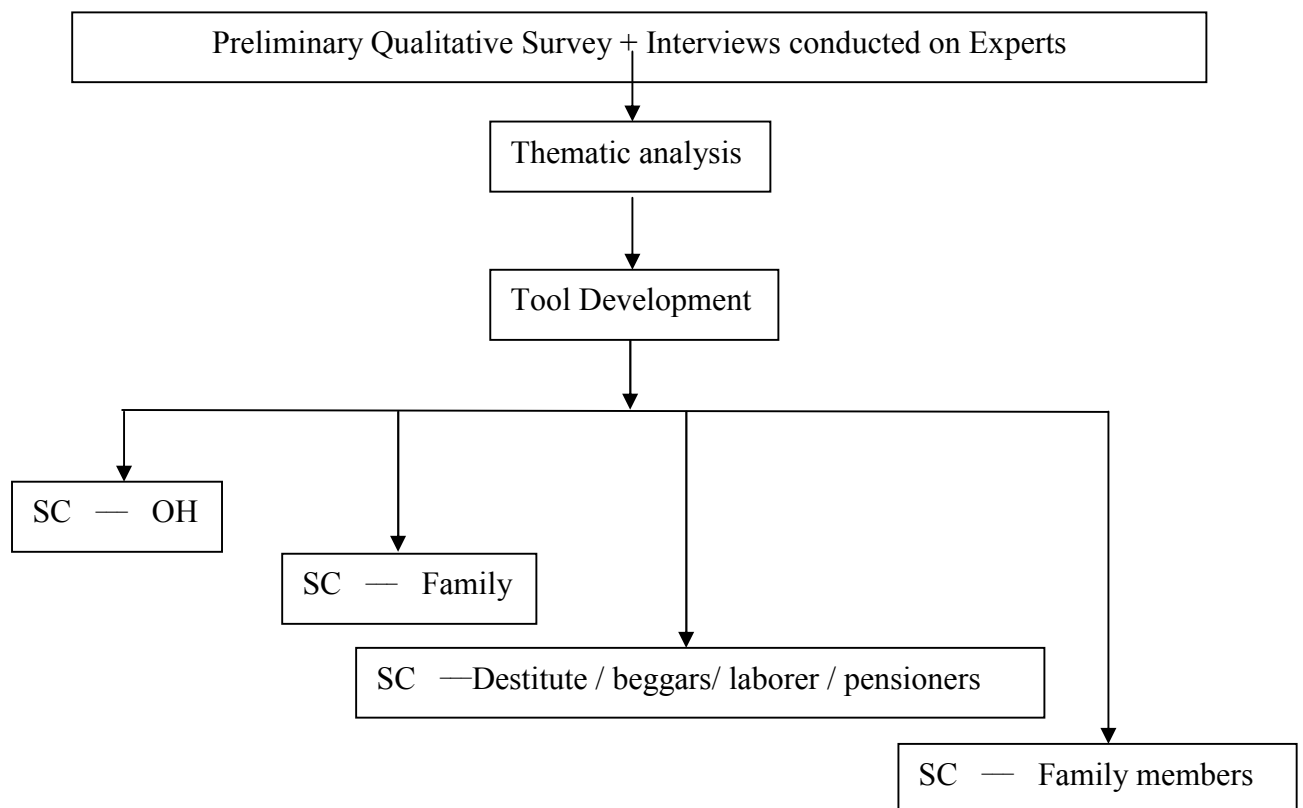
### **4.2. Sample Size**

A total of 212 respondents was sampled out on the stratified basis as below;

#### 4.2.1. Stratum-1: Retired senior citizens / Govt. officials (qualitative data)

Ten retired government officials were be selected purposefully to know their views on the current socioeconomic problems of the senior citizens, the services available to them in the country and the state policy towards them. This was serve as a preliminary study to design the further tools of data collection for the rest of four strata.

##### Part-I



#### 4.2.2. Stratum-2: Senior citizens living in welfare homes

62 aged people in the homes for the aged. It was decided that 25 respondents from each gender was selected from the six welfare institutions/ homes for the aged randomly, but the ground realities did not permit this and the sampling procedure had

to be changed according to the field conditions. During the three pilot surveys it came to knowledge that the number of the inmates was very low and only deserted/ who had no caregiver at home where they're in these welfare homes. It was found out that there were only sixty eight inmates in five welfare homes for the aged in the entire province of which 45 were males and 23 were females. One home had no inmate at all. At one stage it was decided to give-up sampling of this limited population and instead take all the inmates as respondents on census basis. Later, a formula devised by some experts was followed to sample the population which gave us a sample of 62 respondents instead of the 68 census enumeration.

So for sampling 62/68 respondents KrejCie and Morgan method of sampling (ignoring the fractions and rounding the figures) was used to have a fair representation of the population on the formula developed by these experts .

On the basis of this formula of KrejCie and Morgan, we have the sample size for a determined population as given in the table below.

**Table 4.1: Showing Sampling of the Elderly People in the Institutions Based on Krejcie and Morgan Method**

Administrative Divisions of the province	Districts in the division	No. of Welfare home	No. of Inmates (aged persons)	Sex-wise distribution of inmates		Total	Total selected sample in the district		
				Males	Females		M	FM	
<b>Rawalpindi</b>	<b>Rawalpindi</b>	01	18	12	06	18	11	6	
	Attak	--	--	--	--	--			
	Chakwal	--	--	--	--	--			
	Gujrat	--	--	--	--	--			
<b>Lahore</b>	<b>Lahore</b>	01	13	08	05	13	7	5	
	Kasur	--	--	--	--	--			
	Nankana Sahib	--	--	--	--	--			
	Sheikhupura	--	--	--	--	--			
<b>Gujranwala</b>	<b>Gujranwala</b>	--	--	--	--	--			
	MandiBahaudin	--	--	--	--	--			
	Narowal	01	0	0	0	0			
	Sialkot	--	--	--	--	--			
<b>Sargodha</b>	<b>Sargodha</b>	NO HOME FOR THE AGED							
	Bhakkar								
	Hafizabad								
	Khushab								
	Mianwali								
<b>Multan</b>	<b>Multan</b>	01	11	07	04	11	6	3.	
	Khanewal	--	--	--	--	--			
	Vehari	--	--	--	--	--			
<b>D.G.Khan</b>	<b>D.G.Khan</b>	NO HOME FOR THE AGED							
	Layyah								
	Muzaffargarh								
	Rajanpur								
<b>Faisalabad</b>	Faisalabad	--	--	--	--	--			
	Chiniot	--	--	--	--	--			
	Jhang	--	--	--	--	--			
	Toba Tek Singh	01	07	05	02	07	4	2	
<b>Sahiwal</b>	<b>Sahiwal</b>	01	19	13	06	19	12	6	
	Pakpattan	--	--	--	--	--			
	Okara	--	--	--	--	--			
<b>Bahawalpur</b>	Bahawalpur	NO HOME FOR THE AGED							
	Bahawalnagar								
	Lodhran								
	Rahim Yar Khan								
<b>Total</b>		06	68	45	23	68	40	22	

#### **4.2.3. Startum-3: Senior citizen living within the families**

50 aged persons from within their families. This was done in order to know the problems they have with their children/ relatives, the attitude of their children towards them, their economic status, etc.

#### **4.2.4. Startum-4: Blood relatives like sons/daughters/ nephews/ daughters-in-law etc. of the aged persons.**

This was done in order to know the problems they had with the hands of the aged people, their demands, their needs, their economic conditions whether they can afford them or not etc.

#### **4.2.5. Startum-5: Senior citizens on streets and in labour (Baggers, Hawkers, Destitutes, Pensioners)**

Startum 5 consists of 40 aged persons from different strata including 10 pensioners, 10 irregular physical laborers or daily wagers, 10 laborers in private industries on daily wage basis and 10 beggars/ destitute persons. These were selected purposively to know their economic conditions, the ‘why’ of their hard work in this age, if they had any child (ren), why they were on the streets etc.

### **4.3. Sampling Strategy**

Some experts<sup>146</sup> prefer stratified disproportionate sampling more over the random sampling and term them more efficient. In this study the overall sampling strategy was Area-Stratified-Convenience-disproportionate-purposive sampling strategy adopted to approach the target participants. This type of sampling does refer to as

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<sup>146</sup> Uma Sekaran, (2005) *Research methods for Business: A Skill Building Approach*( Australia : John Wiley),p. 293.

judgmental sampling; it is helpful for the researcher in constructing a decision about involvement of study units in the study.

#### **Stratum-1: Retired senior citizens**

Government officials near to retirement ten in total were purposively sampled out to have their views, through in-depth discussions about the prevailing socioeconomic problems of older people, services for them and the state policies regarding the senior citizens. (Appendix-3)

#### **Stratum-2: Senior citizens living in welfare homes**

In this type 62 aged persons (60+) in all above mentioned old homes, both male (40) and female (22) having willingness to participate were selected. An interview schedule was used to conduct the one-on-one discussions. This type of respondents was selected to gather the data about the available institutional care, level of satisfaction of the residents with the services of the institution (old Home) to fulfill their emotional and social needs, their problems within the old home and family's attitude towards them while they are here at Old Home. (Appendix-4)

#### **Stratum-3: Senior citizens living within the families**

In this type another group of 50 male and female aged people (60+) living within the families were selected to have data about socioeconomic problems of the aged persons within the family system, intergenerational relationship, the fulfillment, emotional and social, economic need of the family, support from any other safety nets of the society and the respondents free and elaborated views about any other specific issue which they want to identify. An interview schedule was used to conduct the face to face interviews (Appendix-5).

This population, according to UN projections for 2015<sup>147</sup> will be is about 13.8% of the total population of the Punjab province. By 1998 Census of population the number of this section of the population was 4569796<sup>148</sup>. Selecting 50 sample size is definitely a disproportionate one for this much population and convenience as well.

#### **Stratum-4: Relatives (50) of the senior citizens**

This stratum of respondents was selected to have a detailed idea about the main causes of the conflicts and controversies between children, parents and the problems faced by the family members as care providers with the hands of the elderly people. They can better tell about the specifies socio economic problems they are facing while they are dealing with older persons, What type of facilities they are availing and which kind of support and facilities they are not having for the care of older persons, how they feel about the need of the old homes and role of Government to address these issues for the betterment of the care system for the older people. Interview schedule was used to carry out this task (Appendix-6). According to the UN report as mentioned above, the total population of this age group 15-60 will be 87% of the total population. Selecting 50 respondents out of this population is again a disproportionate one and convenience one as well.

#### **Stratum-5: Senior citizens on streets and in labour 40-(10 Beggars, 10 Hawkers, 10 Destitute, 10 Pensioners)**

This stratification was done in order to maximize the diversity of the data to provide strength to the information obtained during previous interviews in strata 2 and 3. (Appendix-7)

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<sup>147</sup>United Nations, U. N. Population Revision, 2002 : Pakistan: Demographic Profile, 2000-2020

<sup>148</sup>BirjiesTalat, "Old and Old Old Population Distribution in Punjab Province" in *Pakistan Geographical Review*, Vol. 60, No. 1, June 2005, PP 12-18 at [http://pu.edu.pk/images/journal/geography/files/PGR\\_2005\\_final\\_2.pdf](http://pu.edu.pk/images/journal/geography/files/PGR_2005_final_2.pdf) dated 23.12.2014.

**Table 4.2: Distribution of PSUs**

Province, Punjab	Areas Selected	
	Urban (institutions)	Rural
Lahore	Homes for Old-aged and Infirm people (affiat)	Areas near by the selected cities
Multan	Homes for Old-aged and Infirm people (affiat)	Areas near by the selected cities
Rawalpindi	Homes for Old-aged and Infirm people (affiat)	Areas near by the selected cities
Sialkot	Homes for Old-aged and Infirm people (affiat)	Areas near by the selected cities
Toba Take Singh	Homes for Old-aged and Infirm people (affiat)	Areas near by the selected cities
Sahiwal	Homes for Old-aged and Infirm people (affiat)	Areas near by the selected cities

The present study was conducted in the above mentioned cities as shown in Table 4.2. Before proceeding further to describe some characteristics of these cities is relevant as it emphasizes the reasons to select these areas for the present study. This study is going to discuss different socioeconomic problems and prospects faced by older people within old homes and families which might suggest some new useful issues for the welfare authority while making the program in the interest of the older people. So the cities in which the old homes were exciting have been selected as the area of the study. Some more features of these cities are as follows:

Factually, in South Asia Punjab unquestionably has an exclusive history. Punjab has remained considerably throughout the preceding history given its atypical location and geopolitical position. Its soil is preferred by invaders on the basis of the external factors working on the setup of politics, administration and socio-economics. They

always liked its vast lush fields, massive resources and favorable climatic. Due to its geographical location, Punjab is traditionally attributed as the home of various religious schools of thought and it marks the birthplace of numerous saints. The resultant religious and ethnic multiplicity influence its socioeconomic and political set up in an immense way. Presently, it is playing an essential role in major spheres of life like politics and economy accredited to its large population. Regardless, its weak ties due to industrialization and urbanized cultural impact, the general culture of Punjab are still influenced by caste/clans and *Baradari* i.e. joint family system.

Some areas of Punjab are comparatively more industrialized. So the trends in changing culture can be very easily noticed there like Lahore, Rawalpindi, Multan and Sialkot have become major industrial centers for the production of textile, sports and surgery goods.

Due to this Industrialization great ratio of labor force is working in the industrial sector, provided the grounds to a basic transformation of agrarian society into an industrial society. Gradually dissemination of commercialism and growth of industrial foot created its impact on the overall family structure in Punjab. The most of the younger population is now a parting from their native occupations and joining the industrial labor in the big cities of Punjab. The joint family system is declining and extended or nuclear family systems are becoming the need of the time. This is reshaped to the thinking of the young generation towards an old traditional value system in all spans of life. The intergenerational relationships are one of the changing trends which is more visible in the cities where the population is comparatively increasing at the fast speed like the six cities selected for the present study.

These are the cities which have been selected by the Government for the establishment of the old homes initially. Unfortunately, no data are available about these facts except the personal records of the some of the concern authorities. It is assumed that these cities were selected to establish the old homes as they are on the fast track of the industrialization and its impacts or near to such areas where the industry is one of the reasons for increased population and the nuclear family system is the outcome of it. This whole situation is alarming for the care of older people, which are totally dependent on the family support in Pakistan.

#### **4.4. Tools of Data Collection**

A quantitative as well as qualitative approach was used to interview the retired senior citizens as well as older people. The experts were interviewed on qualitative methods of interview guide. Specific topics were asked of them openly and they were asked to express themselves openly on the topics they were asked. The senior citizens were sampled out from three strata i.e. the institutions/homes for the aged, living within the families and some older people from lower socioeconomic backgrounds including pensioners, beggars, aged physical laborers who did the hard physical labor unwillingly due to no-support for them. The relatives of these old people were also interviewed on the same instrument, i.e. the Semi-Structured interview schedule.

A Semi-Structured Interview (SSI) is a data collecting instruments which consists of both structured and open-ended questions and which utilizes techniques from both. Although there are specified questions, but the interviewer is open to prod ahead of

the answers in a manner which would be biased to the aims of the consistency and compatibility<sup>149</sup>.

This type of interview is particularly useful when you want to look at an issue in more depth than is possible in a simple questionnaire with yes or no answer. These interviews are normally conducted face to face or can be conducted over the telephone. It is a data collection instrument used to explore issues in some depth. Unlike the structured Interviews, this type allows you to explore using open-ended questions and to follow interesting leads, and having the advantage that those being interviewed can aid ideas and opinions that are important to them<sup>150</sup>.

*“Semi structured refers to a research approach whereby the researcher plans to ask question about a given topic but allows the data-gathering conversation itself to determine how the information is obtained”<sup>151</sup>.*

Semi-Structured Interviews are negotiations in a casual and conversational manner and at most use a checklist of questions as a lenient guide instead of formal questionnaires. In this type of interview some questions are pre-determined. Questions are asked to use a flexible checklist rather than a formal questionnaire. In this way unnecessary or irrelevant questions are dropped and useful train of thoughts provided by the interviewee (the person being interviewed) can be followed.

Semi-Structured interview (SSI) schedule with the both open and close ended questions were used to get the data from the respondents during the face to face

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<sup>149</sup> Nigel Gilbert, (2003) *Researching Social Life*.(London:Sage),p. 133

<sup>150</sup>Marry Anne Broklesby, and E. Fisher, *Livelihood Assessment Framework for WWF Training Workshop Peshawar. Workshop Proceedings*. October 21-23, 2003.

<sup>151</sup>Hilary Graham, “Surveying through stories” in Colin Bell and Helen Roberts (ed)1984, *Social Researching : Politics, problems , Practice* ( London: Routledge and Keganpaul,), p.112.

interviews. This has provided greater opportunity to the researcher for direct observation which is very essential to have the most reliable and in depth data. Semi-structured interview guide was used for personal in depth interviews (IDIs) of the experts, to gather the qualitative insights of the experts about the issue.

For the interviews of retired senior citizens, the interview guide or qualitative method of data collection tool was used with the view that it may include the basic key questions required to get the information from the experts about the issue under investigation, its prospects and future in the Pakistan.

#### **4.5. Construction of Instruments for Data Collection**

The fundamental procedure employed in constructing the instruments for the above described all categories of the respondents i.e. interview schedule for measuring problems and prospects of the older people in Punjab, Pakistan, following basic steps were considered while preparing an interview schedule for the above mentioned respondents of all stratas:

- Detection of socioeconomic variables has been derived after a review of a puddle of impact items used in research and vision obtained by assessing the information about older age and Senior citizens secondary sources like newspapers, books, magazines, articles, leaflets and websites. The information gathered through the secondary literature was used to design the interview schedule for the retired senior citizens. Afterwards the information obtained from the conducted interviews of retired senior citizens were used to design the rest of tools of data collection.

- To devise questions of the interview schedule structured in a manner to reveal demographic information these variables were used latterly such as age, gender, level of educational, income and years of residence with in old home of the respondent, some questions to measure respondents' level of satisfaction and dissatisfaction with in the old home and within the family about services and facilities in the old home, views of the respondents living with their families about the economic, social or cultural problems in old age they are facing, questions regarding the role of the family members some questions about their attitudes towards various social changes, non- interference in the personal affairs of grown up family members and popular religious beliefs, the questions about the behavioral factors showing their routine activities ,relationship with friends and relatives ,questions about institutional care and Governments role, questions about the medical care and safety nets. In addition, questions regarding old age polices, and any other specific issues were asked of the respondents to present their comments.
- The pre-test was executed by using a feasible sample primarily to make certain the lucidity of the questions and to gauge the completion of the interview within a logical time period (about 90 of the minutes), and also to dig out remarks about the contented soundness. The respondents were asked to express intricacies they were facing in understanding the questions to be asked by the researcher in terms of language or any other). Exploratory questions were used by the interviewer in order to throw light on certain ideas concepts. Blanche and Durrheim (1997) and Veal (1997) summarize about the turnover of an unstructured interview comprises the

chance it gives the researcher to reach the core of the subject under investigation the interviewer by intermingling with respondents in a conversational setting<sup>152</sup>. The interviews which are usually semi-structured found to be the most functional as they permit complete investigation of the issue and keep hold of a extent of construction due to which a good number of relevant and handy information can be achieved.

- comments and suggestions were made by the pre-test subjects were used to modify the instrument. As ethics of the informed consent, translation of interview schedule was made in Urdu language as some of the respondents showed willingness to read it for their satisfaction but was unable to read in English.

#### **4.6. Data Collection Procedure (Fieldwork)**

The data was collected in four phases.

##### **Part-1**

Qualitative research designed based on guided interviews were conducted on ten experts which was analyzed through thematic analysis to develop further tool for the research fulfilling the need of objectives of the research as shown in above structure.

##### **Part-2**

In this phase 50 aged persons (60+) living in all above mentioned old homes both male and female having willingness to participate were interviewed. The whole interviews were carried out by the researcher. The completed interview schedules were checked by the researcher on the spot for completion and uniformity. Data

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<sup>152</sup>M.T Blanche, & K., Durrheim (1999). *Research in practice: Applied Methods for the Social Science*. (Cape Town: University of CapeTwon Press), p.429-442.

collection in this phase was completed approximately in four months. This was done in order to know the problems of the old people in the institutions, their psychological problems, and the reason why they were sent / admitted to the aged-home

### **Part-3**

The second phase was conducted using the tool designed in this phase having some questions different as used in phase I. In this phase another group of 50 male and female aged persons living within the families (60+) were interviewed to have data about socioeconomic problems of the aged persons within the family system. Data collection in this phase was also completed in the next four months of the phase I. The completed interview schedules were checked by the researcher on the spot for completion and uniformity similarly done in part 2.

### **Part-4**

The third phase was carried out by taking the interviews of the 50 relatives of the older persons who have participated in part 1 and 2. The tool was designed to assess the various problems of the family members as caregivers. This phase was completed in three months after part 3. The completed interview schedules were checked by the researcher on the spot for completion and uniformity as also done in part 2 and 3.

## **4.7. Participant Observation**

The researcher acts as a provider in the study to provide a comparison through participant observation. The researcher has spent the period of Six months in the UK in various old homes to study the facts on the social, emotional, economical needs of older people while they are living in the old homes away from the family life in UK as a developed country. In this study, the researcher commonly allied her observations

with the study objectives and draw provisional conclusions with the help of these visits to different day care centers, old homes, intermediate care, and care at homes for older people. This develops the vision of the researcher about joint or extended family set up and decline in the family system and its impact on the levies of the older people in both the advanced and poor countries like Pakistan and UK.

#### **4.8. Data Analysis**

As mentioned, the data consisted of two type's namely quantitative and Qualitative one. Each one has own methods of analysis. To perform data analysis the quantitative data collected was analyzed by using statistical methods like frequency distribution, measurement of central tendency, measurement of dispersion, etc. As recommended by many researchers<sup>153</sup> and which will enable researcher to proceed further like entering and storing the data, tabulation, statistical analysis, generation of graphs using Excel sheet and comparison to draw the final conclusions. As the number of the respondents was managed by the researcher and data is comprised of both Qualitative and Quantitative responses so plain statistical method was used to avoid complications for the final in-depth findings and to draw the conclusions.

Qualitative coding is different from quantitative analysis, coding in a way that crude data is transformed into numerical representations for aggregated data's statistical analyses<sup>154</sup>.

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<sup>153</sup>AnolBhattacharjee (2012) *Social Science Research : principles, Methods, and Practice* ( 2<sup>nd</sup>edn.)(Tampa : University of South Florida),p.120-125.

<sup>154</sup>A.J,Veal, (1997).*Research Methods for Leisure and tourism : Apractical Guide*. (London: Pitman),p.3

“Quantitative analysis Coding differs from qualitative coding in that the raw data is twisted into numerical representations to allow statistical analyses to be conducted on the aggregated data”.

The formulation of a code was used to assign numerical codes for each set of responses. Responses in the form of numerical series were further studied for statistical analysis. By examining the coded data the researcher checked and cleaned the data to assign correct codes and make correction to review the primary data. Then at the final stage univariate, bivariate and multivariate data analysis were carried out to conclude by applying the data triangulation method.

In the view of Blanche and Durrheim (1999), primarily in qualitative data analysis organizes data into categories and identifying patterns therefore it is an inductive process<sup>155</sup>. Babbie (1995) affirms that by viewing similarities and dissimilarities we may acquire a very broad-spectrum channel to analyze qualitative data. The patterns of communication and events related to what the researcher is concerned should be of focal importance. The data gathered during this study to form analysis was grouped into themes and categories<sup>156</sup>.

The quantitative data of the interview guide are encoded and concepts or themes are repeated up to the point of saturation (Jennings, 2001; Veal, 1997).

Themes already recognized in the interview guide on the basis of recorded interviews are set down and coded. The analysis process will be used to refine the research questions and problems of the research<sup>157</sup>. The meaning of the data and logical

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<sup>155</sup>Ibid.

<sup>156</sup>Earl Babbie (1995).*The practice of Social Research*. (London: Wadsworth),p.5

<sup>157</sup>M,Finn., Elliot-White,& M. Walton.. (2000).*Tourism& Leisure Research Methods, Data Collection, Analysis and interpretation*.( Essex: Longman).p.134

interpretation be attained in this way<sup>158</sup>. The researcher's analysis will be inclusive when it will be communing with planners or policy-makers will make a meaningful input for improvement of the conditions of the senior citizens in Pakistan. The analysis will be preferential in its prospect to spot the trends in the study. The purpose of the tape recorder was clearly explained to the respondents used during the interviews with the assurance of secrecy.

Bernard (2000) has identified several methods of qualitative data analysis, including content analysis, hermeneutic analysis, grounded theory analysis. , any other experts have recommended other methods of qualitative data analysis. In addition to these there are several other methods of data analysis like Bernard (2000) discussed different methods of to data interpretation like interpretive analysis, Narrative analysis, Content and Cross-cultural analysis, Discourse analysis<sup>159</sup>.

Similarly Merriam (1998) discussed more than a few approaches of data analysis, such as Ethnographic and Narrative analysis, Phenomenological and Constant comparative method<sup>160</sup>. Here we will have a pick–n–mix approach to select analysis methods of the qualitative data and will opt for ethnographic analysis, content analysis, interpretive analysis as they suit more to our study because;

*“Ethnographic analysis involves identifying categories related to a culture's economy, demographics, human life, particularly family, education, and health care issues, and the environment<sup>161</sup>”*

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<sup>158</sup>Earl Babbie, (1995)*Op.Cit.* p.285.

<sup>159</sup>H. R. Bernard(2000). *Social Research Methods: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage Publications.

<sup>160</sup>Merriam (1998)

<sup>161</sup>S. B. Merriam, (1998).*Qualitative Research and Case Study Applications in education*. (San Francisco: Jossey-Bass),P.2

Similarly, the content analysis or analysis of reports published in various newspapers, journals UN reports, etc. will be analyzed and the approach will enable us to

*“Analysis of the contents of a text ( e.g. who say what, to whom , why, and to what extent and with what effects) in a quantitative or qualitative manner<sup>162</sup>. ”*

Content analysis’s simplest forms can be defined as to incarcerate opinion of people or attitude for a person, an object or phenomenon, a technique used is known as a sentiment Analysis <sup>163</sup>”.

*We can also think of phenomenological analysis as the society which was once famous for the care and respect of the elderly not only on cultural but religious grounds, is now changing or has changed. S. B. Merriam explains this approach;*

*“is an epochal (a long period during which important changes take place) approach, which involves laying out one's assumptions about the phenomenon under study, bracketing, imaginative variation (looking at the phenomenon in various ways), and first and second order knowledge”.*<sup>164</sup>

#### **4.9. Validity of Data**

To ensure the validity of data acquired in this study, following steps was taken:

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<sup>162</sup>Bernard, *Op.Cit*

<sup>163</sup> Ibid.

<sup>164</sup> Mariam *Op.Cit.*

A widespread literature review was carried out to understand how personal in-depth interviews should be conducted. Interview guidelines were generated to ensure that the interviews focused on the topic under investigation.

- The purpose of the study was clearly and successfully explained to the respondents to resolve the concerned issues and questions in the minds of the participants.

Ethical Codes of conduct:

In this research the interview schedule was consisted of many personal questions about various aspects of the personal life of older people, which generally people don't like to discuss with strangers. Therefore, before starting the interview the respondent has been assured that all the information provided by him or her will be kept confidential and will be definitely using only for their research purpose. The rationale of the study was openly explained in detail to the participant and it was explained to the participant that if at any moment during the interview they will feel restless, disturbed or any other problem, the interview will be stopped or postpone as they feel ease and relaxed. The prior permission for the use of audio and visual recordings was obtained from the willing participants. They were clearly briefed that there is no risk or hazard in taking part in this interview, despite of this explanation if they were not satisfied they could ask for more purpose of the study or could refuse to participate.

#### **4.10. Problems Faced During the Data collection**

The principle of voluntary participation in all social science research requires that people should not be enforced to participating in research. The pre informed consent

while assembling information requires so that the probable research participants must be fully sentient about the procedures and risks involved in the research. For this purpose a well-designed ethical approval form along with a well-designed consent form is required. But unfortunately in developing countries like Pakistan no considerable work has been done in this regard. Due to this deficiency it was very difficult task to make the people ready to participate after winning their confidence. People usually feel that the information they are going to provide during the interview may be harmful for them.

Most of the HREC (Human Research Ethics Committees) in the institutions and organizations have been established to address problems during research and ensure additional actions need to be taken for the safety and rights of participants. These Committees consist of members from several different disciplinary backgrounds who are accountable for their decisions. Despite of all these facts, there should be some more steps to ensure the quality of an ethical code of conduct for the researcher while in the field for data collection. Such measures will ultimately enhance the participation rate of the target participants because the transparency of the procedures of the research.

Insecure social conditions in Pakistan had affected the overall psyche of the people; no one can be easily ready to trust on any anonymous person they feel unsafe and undergo mental distress while sharing any personal information. Thus, in such circumstances, it was very difficult to make them ready for the participation and making their mind that they will not be harmed in any way. It is much more time taking as compare to the society with normal circumstances in which the research is

going to be carried out to assure them that the identifying information will not be misused.

As a participant-observer another problem related to the role of the researcher is that the researcher should be neutral in order to keep their aim of 'objectivity'<sup>165</sup>. But to get the credible and valid information, the researcher as a participant in this study developed and maintained close communication with the aged participants and the family members, due to which she had to cope frequently with the false expectations of the participants in the urgent solution of the problems. Some ethnographers have argued that such type of close relationship between the researchers and participants can head to variance and deception. So to avoid this situation researcher had to put a strong effort making them clear about the objectives of the research and limitations of the researcher.

There is a need for research in Pakistan as developing countries which should be culturally sensitive. In such studies the subject matter (participant) has the exposure of traditional cultural values where the sharing of the bad experiences of the family members considered as an act of dishonor. Thus the issue under investigation in current study was mostly basing on personal emotional needs and problems of the participants' which had increased the chances of emotional involvement and mental distress of the respondent in most of the interviews so to handle this situation the researcher has faced a great problem while tried to minimize the effect of this primitive emotionalism. The participants were felt at ease by assuring that the information they were providing will be kept secret. It was also released to them by the researcher that this is a way to catharsis for them.

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<sup>165</sup>Gans, H. (1982) "The Participant of Observation as a Human Being: Observation on the Personal Aspect of Fieldwork" in Burgess, R.C., *Field Research: A Sourcebook and Field Manual* (London, George Allen and Unwin), pp.53-61.

The major problem faced during this study was the non availability of the latest national data about older people, their problems and development of the old homes and many other concerned issues like these. Data hunting for the review of the literature to avoid mistakes done by the others was quite difficult. Much of the information was gathered through the personal efforts of the researcher.

The lack of information about the authorities except few dealing with older homes was another problem. They were not fully aware with policies and measures of the old home. So they were reluctant to give ethical approval to the researcher to carry out the interviews of the residents of the old home. They were confused that the participant may share something about their treatment with the residents and they may suffer some harmful situation .It took time to make them ready.

## CHAPTER – 5: DATA ANALYSIS

This chapter has five parts. Part-I is the qualitative data analysis collected from the retired senior citizens.

Part-II is the data analysis of the stratum-II collected from respondents living in the welfare homes for senior citizens.

Part-III is the data analysis of the stratum-II collected from respondents living within the families.

Part-IV will describe data of the third stratum collected from the careers (relatives/ children) of the aged people.

Part-V will be the data analysis of aged people who were deserted and on the street as beggars, laborers, etc.

### **5.1. Part-I: Stratum-1 (Retired senior citizens, qualitative data analysis)**

This part includes the views of the senior citizens on the issue of the problems of the senior citizens after retirement, their views on the difference between the status of the senior citizens in rural and urban areas as well as the status of the senior citizens in the joint and a nuclear family system. It explains why in urban areas there is a feeling of more isolation among the elderly people. Economic insecurity and poverty concentrate in rural areas in particular.

## 5.2. Problems of elderly people in Pakistan

According to Mariam-Webster's Dictionary, to 'retire' means 'to withdraw from one's position or occupation'<sup>166</sup>. Encarta Dictionary defines it as 'to leave a job or career voluntarily, at or near the usual age for doing so'<sup>167</sup>. The person who retires from a job is called a 'retiree'. However, the sociological definition of 'retired life' does not count only those employed in a job. A 'retired life' means a lifestyle of elderly people above the age of sixty years. It does not necessarily mean a particular group like those who have been in the employment of the state or private sector. Retirement means different things to different people. Not all the elderly or retired persons have the same problem<sup>168</sup>.

Mr. Azhar Rasool Basra, a retired General said

*"I am enjoying a life of relaxation after a busy and tiring career"<sup>169</sup>.*

Employed life is a tiring life. Even if given opportunity, many senior citizens still opt for not working. For example, George Washington when started feeling a decline of his physical powers (due to old-age), refused to contest for the third term of the president as he earnestly desired leisure. According to *Encyclopedia Britannica* entry, "he devoted himself for the last two and a half years of his life to his family, farm operations, and the care of his slaves"<sup>170</sup>. Likewise, James Goldsmith (1933 - 1997) French-born British businessman and politician while referring to his retirement in *the*

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<sup>166</sup> 'Retire'. (2008). Mariam-Webster's Dictionary

<sup>167</sup> 'Retire'. In Encarta Dictionary [DVD] 2008. Redmond" Microsoft Corporation

<sup>168</sup> Azhar Rasool Basra (Retired general), Interview with dated September 2013; also Imran Ahmad (DDO Retd.)

<sup>169</sup> Ibid.

<sup>170</sup> Washington, George. (2009). *Encyclopædia Britannica. Encyclopædia Britannica 2009 Student and Home Edition*. Chicago: Encyclopædia Britannica.

*Sunday Times* (London) said “I can't tell you what a delight it is to be out of business. I've found a new virginity<sup>171</sup>.”

Retirement is virginity for some, but on the other hand, a retired life of being inactive feels boring isolating for many others. As one puts it like;-

*“I was enjoying a rich professional career. I was a social person and had very busy schedules. But now I have nothing to do. It is boring. At times, I feel useless due to reduced work load. It's natural, I guess. These feelings become more prominent if you don't have anything to do for a long time period<sup>172</sup>.”*

A retired life is a life of isolation. Billy Butlin (South African-born British entertainment entrepreneur) quoted that “On my retirement I became a consultant to the company—but nobody consulted me<sup>173</sup>.” Similarly, the renowned British-born Canadian writer Stephen Leacock<sup>174</sup> (1869-1944) metaphorically described a retired life in the following words:

*“Have you ever been out for a late autumn walk in the closing part of the afternoon, and suddenly looked up to realize that the leaves have practically all gone? And the sun has set and the day gone before you knew it...That's retirement<sup>175</sup>.”*

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<sup>171</sup> James Goldsmith (1933 - 1997). in *Sunday Times* (London).

Microsoft ® Encarta ® 2009. © 1993-2008 Microsoft Corporation. All rights reserved.

<sup>172</sup> Interview with Muhammad Saleem (Retd. Medica social Officer). September 2013.

<sup>173</sup> Billy Butlin (1899 - 1980). The Billy Butlin Story. In *Encarta Encyclopedia*. Redmond: Microsoft Corporation.

<sup>174</sup> The author of the famous essay “My Bank Account”.

<sup>175</sup> Stephen Leacock (1869 - 1944). in *Encarta Encyclopedia 2009*. Redmond: Microsoft Corporation.

Leacock used the analogy of autumn for a retired life. In autumn, the trees shed all their leaves. In poetry and literature, the autumn afternoon is mostly used to describe a very gloomy situation. To Leacock, old-age is autumn afternoon.

Comparing pre and post-retirement life, Mr. Saleem said;-

*“In an active life, one can have more stable socioeconomic and psychological, conditions. In an active life the behavior of the people due to sound and stable economic status is usually friendly and all are very close to you. In old-age, you are cutoff from your social circle and your level of awareness about certain current issues in the society decrease as compare to the previous life<sup>176</sup>.”*

Some respondents had very different responses. They compared one’s situation in old-age as a result of a life spent previously. As commented by a retired general;-

*“If a person’s is good to public during his active life the same he will reciprocate in his later life. If a person was sociable and not ‘stiffed nick’ in his blooming age, can have very respected status<sup>177</sup>.”*

This finding is in line with Erik Erikson’s theory of personality development. According to Erikson’s theory, personality develops in eight stages. In each stage, the individual is faced with a challenge between two competing forces. The first stage is infancy where the individual is faced with a challenge of Trust vs. Mistrust. Second stage is toddlerhood where the individual is faced with the challenge of Autonomy vs. Shame and Doubt. Third stage is preschool stage where individual is faced with challenge of Initiative vs. Guilt. Next comes preadolescence when an individual has to compete against Industry vs. Inferiority. The fifth stage, one of the most crucial

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<sup>176</sup>Muhammad Saleem(Retd. Medica social Officer) Interview with dated September 2013.

<sup>177</sup>Interview with AzharRasool Basra (Retired general). September 2013.

stages according to Erikson, is adolescence when individual is faced with the challenge of Identity vs. Role Confusion. Adulthood is the period of Intimacy vs. Isolation while middle-adulthood is a period of Generativity vs. Stagnation. It is the last stage, old-age, which is of importance here. In this stage individual is faced with the challenge of Integrity vs. Despair. According to the theory, if individual has/her been productive in his middle-adulthood, s/he will have a sense of Integrity in old-age. On the other hand, if s/he was self-absorbed in his/her adult-life, s/he will move into a state of Isolation and Despair<sup>178</sup>.

Another respondent commented that

*“in a Muslim society a person who goes to the mosque five times a day, can never feel isolated or bored or useless<sup>179</sup>.”*

However, there are respondents who disagree and think that

*“This was true for some exceptional cases but as time is changing very speedily, it is now false to say that ‘As you sow, so shall you reap<sup>180</sup>’.”*

Still more, there is a difference of problems of elderly people in rural and urban areas. In rural areas the elderly work as farmers, laborers and even are busy all the day in the family affairs and they do not feel themselves ‘useless’. They, mostly attend the mosque, the ‘Chopal’ or community center and talks all the day with other elderly and young people, so they do not have the feelings of being isolated or bored or deserted.

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<sup>178</sup> **Personality**, (2009). Encyclopedia Britannica. in *Encyclopedia Britannica 2009 Student and Home Edition*. Chicago: Encyclopedia Britannica

<sup>179</sup> Interview with Asgar Rana (Retd. DDO) September 2013.

<sup>180</sup> Altaf Ahmad Raja (DDO, UCD) *Interview with*. Dated September 2013

These retired senior citizens were asked questions that namely after retirement what kind of problems they faced as elderly people or what are the major problems of Senior citizens in Pakistan? And how they rank these problems?

This does not mean all elderly people are retired from state or other employment, but all retired people are surely elderly people. Again, it is not always the case that all elderly people may have the same problems as reported by the retired or elderly people dependent upon their pensions<sup>181</sup>.

In the literature review it was said that in Pakistani context, poverty can be the only major problem of most of the senior citizens while social isolation or looking down upon the aged people or ageism like phenomenon may not be there in Pakistan.

An article published in a local daily in Pakistan on the plight of elderly people reported that:

*“Old age is observed as an undesired, problem-ridden... that everyone is forced to live. It marks time until the final exit from life itself. In Pakistan, being old means the start of unending deprivations, an alienation from the family and an indifferent attitude from society. Elderly people are... people in our society. They are often financially distressed... have to continue working until die... are poorly paid and work in unsafe... environments<sup>182</sup>.”*

This can be a journalistic statement, but it still points towards the graveness of the problem.

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<sup>181</sup>Interview with Waqas Ahmad (DDO).September 2013

<sup>182</sup>YasirHabib. Op.Cit.

Nearly all the respondents were of the view that poverty or economic problems were the major problems confronting the senior citizens<sup>183</sup>. It is not necessary that all elderly may be poor. The respondents were those who dependent upon post-employment meager pension. There are elderly who are landlord, businessmen, etc. and who have no financial problem or economic problems.

In Pakistani context, a son is an insurance policy in the old age for parents. Son ear and spend on parents as the Parents spent on them when they were little children. There can be very few male children who dessert their parents in the old age.

In some recent researches, the economic conditions of the elderly have been investigated and the report says that

*“12(27%) respondents were economically independent in the form of their pension. While 20 (45 %) respondents were economically dependents upon their children. 02 (4%) respondents are still bound to earn their livelihood through their laboring. As most of the parents are aware about the economic problems in old age, therefore they frequently possess property in their hands. Out of the collected data 11(24 %) respondents were dependent upon their personal property e.g. land, shops etc.<sup>184</sup>”.*

In the literature review, we had pointed out that the ratio of poverty is more among the state or private sector employees after their retirement. In the private sector, in particular, where the employees have no or little social security coverage must have

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<sup>183</sup>Altaf Ahmad Raja (DDO, UCD) Interview with dated September 2013

<sup>184</sup>Hamid Alam1 et.al. “Socio-Economic Problems of Persons with Old Age In District Dir Lower Khyber PakhtunKhwā” in Academic Research International Vol.4. No 1 January, 2013. Pp.93-100.

economic problems. It was found out that senior citizens get poor after retirement in Pakistan because of the lack of sound pension system in Pakistan, which has failed to meet even the basic needs of life<sup>185</sup>.

Due to the change in the values system, family systems are also in transition from the joint to nuclear systems. These have created the phenomenon of economic stress on the families with increased economic needs. The changing conditions of senior citizens were found to be strongly associated with the socio- economic problems of the families, like structure of the family, personal monthly income of the pensioner/senior citizen and monthly income of the family. The big economic advantage of the joint family, a characteristics of Pakistani society, is that every earning member contributes to the family purse according to his / her income and every member of the family, whether earning or dependent gets according to his /her needs and thus all the prosperities and burdens are shared<sup>186</sup>.

The urban life is more demanding & expensive as compare to the rural life due to which the pensioners have to face this situation forcefully or unwantedly. It is very difficult to manage basic necessities of life for the pensioners in urban areas without the sound economic condition, but the rural life is comparatively simple and easy to manage as the help is usually available even by the neighbors<sup>187</sup>.

The second big problem of the elderly, as reported, was social isolation. In Pakistani cultural context, again, this is an urban phenomenon<sup>188</sup>. In urban areas social relations are very formal and mostly confined to working relationship. Lack of intimacy and sharing social occasions, nuclearization of the family system, all contribute to the

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<sup>185</sup>Muhammad Saleem( Medical Social Officer) *Interview with*. September 2013

<sup>186</sup>Interview with SaniaJaved (Director).*September 2013*

<sup>187</sup>Interview with ZulifiqarHussain, (Deputy Director). September 2013

<sup>188</sup>Interview with Nawaz Mahmood(Deputy District Director). September 2013

social isolation felt by the senior citizen. Mostly, the retired officials belonged to the rural background which is totally different from the metropolitan culture of big cities. The problem of social isolation may not be there in the rural set up where the joint and extended family ties are still strong and pervasive. In addition to the family care and intimate relations, neighborhood, relatives and the community at large, all are available to the elderly and hence the feelings of social isolation may not be there.

In rural areas, we have the traditional joint family system which is a source of mitigation of the sufferings of the elderly. Majority of experts supported and considered the joint family system as a blessing with varied degree to deal with the problems of senior citizens<sup>189</sup>. The experts stressed on the fact that joint family system can more effectively mitigate their needs as it is more value oriented system. They stated that Joint family is a social blessing to mitigate problem of SC as there are so many members to handle the situation. This is reality because in nuclear family system due to the reduced size of family members the help and care is not always readily available. In the urban nuclear family, particularly when the husband and wife both, go on jobs and the children leave for schooling and colleges, the aged person is left at home and there is none to look after them. Their status is not more than a watchman to watch the household.

In Pakistan, there are nuclear families in the urban areas with strong bonds with the family of the origin in the rural area. In such a situation, the nuclear family in the urban area is maintained to avail the services of the urban areas like education of the youngsters, hospitalization of the sick etc. and this is “*Dual family*” system. The

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<sup>189</sup>Interview with RanaAsgar (DDO).September 2013; also interview with ZulfiqarHussain (Deputy Director) on September 2013.

elderly who feel sick, are immediately shifted to the home of the brother/son/ nephew/ niece etc. and the aged are looked after properly<sup>190</sup>.

There was a consensus of opinion among all the respondents that Joint family is a social blessing to mitigate problem of SC as there are so many members to handle the situation while in nuclear family system due to the reduced size of family members the help and care is not always readily available<sup>191</sup>. It is not that joint family is always supportive. Due to more than one care takers in joint family system no one will be answerable, everyone try to shift burden to others. They blame one another for their own duty.

Social change is in evitable. With change in the values of a society, there can be problems for certain sections of the society and the most vulnerable is the aged group, With respect to the aged people they can be ignored by some children in some matters which is thought by the aged ones as disrespect or lowering of their status. Some occupations are very much demanding and consume a lot of time of the younger's and they return home after a few days or very late and cannot give time to the elderly parents which is considered as their low status .

The other major problem pointed out by the respondents was their health issues. Pakistan is not a welfare state where everyone can get quality social services like health free of cost. Quality services are availed by those who can afford financially while majority are dependent upon state run services which are not only of low quality but also deficient in time of emergency. Even if the elderly people attend to a hospital, they cannot avail those services like free medication or access to

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<sup>190</sup>Interview with Azharrasool Basra (Retd.General).September 2013

<sup>191</sup>Interview with SaniaJaved (Director).September 2013

consultants<sup>192</sup>. Mostly, like ordinary people they are put off by just a prescription and are asked to buy the medicines from the open market.

In old age, in Pakistan like other countries of the region, the major diseases are diabetes, hypertension, arthritis, which are lifelong problems and need constant medication and look after. In case of non-availability of medicines and proper care, these diseases can worsen. During service, the state employees are eligible for free indoor treatment, disbursement of the amount so spent on medicines and purchase of medicines as outdoor patients. After retirement, these perks and privileges are no more available and the retired person has to depend upon his own resources or children's income<sup>197</sup>. The conditions are more deplorable for the elderly people who were in the private sector employment as after retirement, their social security coverage is meager and irregular. They are the victims of poverty<sup>193</sup>.

The respondents were right in their assertion that health problems of the elderly are there.

Some respondents also pointed out another important problems regarding their families and children. In Pakistani society, sons and daughters both, are liability of the parents even after their adulthood. Unmarried daughters are the big problems. In urban areas the problem of alienation renders the young women unable to marry as they have to arrange a considerable amount of dowry which in ordinary cases leads in thousands of rupees, beyond the income of an ordinary, low grade state employees' resources. The parents have to take care of the daughters in particular<sup>194</sup>.

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<sup>192</sup> Interview with Imran Ahmad (DDO). September 2013

<sup>193</sup> Interview with Sania Javed (Director). September 2013

<sup>194</sup> Interview with Altaf Ahmad Raja (DDO). *September 2013* also Zulfikar Hussain. Interview with *Op.Cit*

The respondents apprehension about their children is comprehensible. A woman who cannot get marry in time, is looked down upon and the parents are worried throughout their life that such women can slip in immoralities any time, which is an insult to the entire family for the ages to come.

In Pakistan, where Islam has a pervasive effect, it is the religious duty of the children to serve their aged parents. Every respondent expected that it was the religious and cultural obligations of the children to serve the older specially parents. It is this religious and cultural responsibility which is being shouldered by the youth towards the elderly people<sup>195</sup>.

In Pakistan there are a few safety nets like BISP, Pakistan Bait-ul-mal, Zakat system but the senior citizens were not satisfied with their performance and they said that these safety nets They stated that these safety nets are facing lack transparency.

There are two types of safety nets formal and in formal. Family, Relatives, mosque private philanthropists, Zakat and some clubs are in the list of informal net. Only family is playing in the better way. In the formal nets the retired Govt., employees can get pension and private employee can get registration from EOBI.GP fund, Pension and *Behbood* certificate, BISP, Pakistan Baitul-mal, Zakat system but the senior citizens were not satisfied with their performance and they said that these safety nets lack transparency. All respondents were of the opinion that all the safety nets are nominal, superficial and termed them a wastage of national resources<sup>196</sup>.

At present there are there are two types of services for the senior citizens in Pakistan; Government or public sector and some NGO's provided services. The public sector

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<sup>195</sup>Interview with SaniaJaved (Director). September 2013

<sup>196</sup>Interview with AzharRasool Basra (Retd.General). September 2013.

services are provided by the central and provisional governments. The welfare homes for the aged are very insufficient to deal with the problem like “*Affiat*” by the Ministry of Social Welfare and Special Education. Initially four centers were proposed in the budgets for each province with the capacity of 50 senior citizens in each home, but at present they are available only in Punjab and not in other provinces. The establishment of these homes is not a problem, but their management is surely a problem as they are mostly without inmates<sup>197</sup>.

The respondents were asked about the measures at the state level to deal with the problem in response they discussed different ways out. They stated that religious scholars can play a very essential role by disseminating religious awareness. More institutions for the welfare of the senior citizens should be established by the Government in the country and must legislate in a better way for the protection of their rights at every level. Funds should be specified and their distribution must be fair at state level. As due to shift of responsibilities from family to state, old age homes must be improved and converted into day care centers as people don't accept old homes at large. The families having senior citizens should be given some incentives to strengthen the families as care takers. The policy-makers need to immediately pay attention to the condition of health and nutrition services in the country by allocating a great number of funds in order to improve the state of poor and aged population. Care takers should be aware with the available services and the way to access. So it can be said that the Govt. should take some serious steps in formulating the policies for the welfare of SC.

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<sup>197</sup>RanaAsgar .*Op.Cit*

Daycare centers instead of homes and interventions are needed to improve and update the requirements for the care of senior citizens and Day Care homes can be established at district & tehsil levels. In these Day Care homes counseling services, psychological support, and motivational activities can be offered<sup>198</sup>.

### 5.3. Part-II: Stratum-2 (Senior Citizens in the Welfare Homes )

**Table -5.1: Gender, Age, and Education of the Respondents**

Gender	Freq.	Level of education			Age of the respondents			Total
		Illiterate	Primary	Secondary	60-69	70-79	80-+	
Male	40	14	18	8	24	14	2	40
Female	22	11	8	3	12	8	2	22
Total	62	26	26	11	36	22	4	62

Table 5.1 shows the Gender, Age and Education of the inmates of the welfare homes for the aged in the Punjab province of Pakistan, sampled out for this study. There were 40 males and 22 female inmates selected as respondents. Education wise statistics show that 60 years back, the literacy rate in Pakistan was very low. 26 (42%) respondents were totally illiterate. 26 (42%) were educated up to primary level. This means (again illiterate because) the level of education could not help the person to get a white collar job or government job in any office except a peon or security worker. So literally, this level of education can be counted as illiterate and the rate of illiterates comes to be over 82%. Those who were educated up to secondary school level or high school level were 11 (18%). Gender wise educational attainment shows that more women were illiterate than men. Considering both illiterates and primary level educated as illiterates, it can be inferred that the illiterate men were 80% as compared to 86.4 % women.20% men were literate up to high school level while 13.6% women were educated up to that level.36 (58%) respondents were in the age

<sup>198</sup>AltafHussain.*Op.Cit*

group of 60-69 years, 22 (35.6%) were in the next higher age group of 70-79 years and only 04 (6.4%) were in the oldest age group of 80+ years.

**Table 5.2: Gender and previous Income of the respondents**

Gender	Freq.	INCOME					Total
		No income	1000-5000	5001-10000	10001-15000	15001-20000	
Male	40	10	6	16	7	1	40
Female	22	10	5	3	3	1	22
Total	62	20	11	19	10	2	62

Average income of the respondents in Rs. =5879/-

Table 5.2 shows the income of the respondents when they were earning hands and not dependent upon any other person. The table 5.2 shows that women were poorer than men. Among men, 10/40 (25%) had no income at all while among women 10/22 (45%) were resource less. 6/11 (54.5%) men earned up to 5000 rupees a month while only 5/22 (22.7%) women earned the same amount. In the second income category of Rs.5000-10,000 there were 84% men and only 16% women. Among those who could make up to Rs.15,000 rupees a month, there were 70% men and 30% women. Equality no. of men and women, one each earned up to 20,000 rupees a month. The average income of the respondent per head was calculated as Rs. 5,879/PM.

**Table 5.3: Family residence and contact with family members**

Family live in the same city	Freq.	Contacts with family members		Total
		Yes	NO	
Yes	38	15	23	38
No	24	1	23	24
Total	62	16	46	62

Table 5.3 shows that 38/62 (61.2%) respondents lived in the same city where the welfare homes for the aged were established while 38.8% were brought from other cities and admitted to the welfare homes. Among the locals 39.4% respondents had contacts with their relatives or family members while majority 60.6% had no contacts with their families. This shows the changing trend of the status of the elderly in Pakistan. Those who brought from outside areas, were nearly out of touch with their families. Only one respondent reported that he/ she had contacts with his / her family and 23/24 (25.8%) had no contacts with their families and were deserted.

**Table-5.4: Nature of Relationship with family in past**

<b>Nature of relationship</b>	<b>Freq.</b>	<b>Percent</b>
Careless	3	4.8
Neutral	12	19.4
Caring	24	38.7
Extremely Caring	23	37.1
Total	62	100.0

Table 5.4 shows the nature of the relationship of the respondent with his/ her family members when he was a young and earning person. This question was asked in the backdrop of the present relationship of the family members with the respondents. In many cases, the relation between even parents and children or even between the spouses is reciprocal. If a father or husband is good and caring towards his children or wife, in a later age when the person (father/ husband) needs any help from the family members, it is reciprocated. In case if the father/ husband was not caring or careless or indifferent or rude, etc., in later age the children/ wife in Pakistani cultural context, will also show the same attitude. Table 5.4 shows that 47/62 (5.8% respondents reported that they were caring or extremely caring. 12/62 (19.4 %) reported that they were neither caring nor careless rather neutral. When this question was further probed, it was found out that these respondents did not take proper care of the needs

and requirements of the children and spouses including food, dress, medical need, other social needs etc. Only three respondents reported that they were careless about their duties towards their families.

**Table-5.5: Existence & Type health problem**

Do you have any Health problems	Freq.	Type of health problems				Total
		Arthritis	Stiffness in joints	Problem with movement	Others	
Yes	33 (53.2%)	2	10	6	15	33
No.	29 (46.8%)	---	---	--	--	29
Total	62 (100%)	2 ( 6%)	10 (30%)	6 ( 8.18%)	15(45,5%)	62

Table 5.5 shows the existence of the physical health problems of the senior citizens and the nature of the problem. The table 5.5 shows that 33/62( 53.2%) respondents were suffering from health related issues and 46.8% or 29/62 had normal health in their old age. As far as the type of health problem was concerned, it was found out that 2/33 (6%) had an arthritis problem and suffered due to severe pain in the knee joints during movement. 10/33 (30.3%) respondents reported stiffness in their joints which is again a type of arthritis known as chiropody problems. 6/33 (18.18%) and had problems in movement due to weakness, arthritis, Parkinson like problems. Majority 15.33 (45.5%) had other health problems like enlarged prostate and other urinary tract problems, chest weakness, asthma, eyesight problems, diabetes, heart problems, cancer etc. Some reports on the health issues of elderly people in Pakistan have summed up the nature of the health problems as including hypertension (36%), musculoskeletal problems, disabilities, cancer and diabetes; along with significant infectious diseases. Similarly, 60% deaths caused by diabetes, 59% due to cardiovascular diseases and 29% owing to cancers develop in senior

citizens.<sup>199</sup> Further it was reported that diabetes, arthritis, hypertension was the most common chronic diseases. Depression, among the psychological illness, has been found as a major problem. According to a study, 22.9 percent elderly was suffering from depression and indicated that depression was the consistent risk factor in the elderly<sup>200</sup>.

**Table 5.6: Dependence on others due to health problem?**

Do you have any physical health problem	Freq.	Dependence on Others		Total
		Yes	No.	
Yes	33	29	4	33
No	29	----	---	29
Total	62	29	4	62

Table 5.6 shows the presence of health problem and the dependence of the elderly person on other due to the problem. Table 5.6 also shows the presence of the health problems among the elderly people and it was found out that 53 % respondents had some health problems while 46.8% had no health problems. Those who had any health problem, were asked whether they needed the physical support of any family member or not ? 29/33 (87.9%) reported that they depended upon others due to health problems and they needed someone most of the times to be with them. This situation is really difficult particularly in the nuclear family system and the urban way of life where the husband and wife both go for a job and the elderly is left unattended. In rural joint family system it is somehow manageable where there is someone of the family at home all the time.

<sup>199</sup>“Elderly population steadily increasing in Pakistan” in *The News*, April, 6, 2012.

<sup>200</sup>YasarHabib, (2011) “No place for the elderly in today’s Society”. Retrieved December 23, 2013 from <http://www.pakistantoday.com.pk/2011/10/01/city/lahore/no-place-for-the-elderly-in-today%E2%80%99s-society/>

**Table 5.7: Relationship with the Career**

<b>Relationship with the Caregiver</b>	<b>Freq.</b>	<b>Percent</b>
Son	10	30.30
Daughter	8	24,2
Brother	6	18.2
Sister	1	3.0
Wife	5	15.15
Relative	3	9.0
Not applicable	29	41.9
Total	62	100.0

Table 5.7 shows that 33/62 ( 53.2%) respondents depended upon others due to the health problems while 46.8% respondents did not. The respondents who were dependent upon others for help, were asked the relationship of the person (s) who provide care them during need or health problem. The table 5.7 shows that in most cases it is the family members, children or kin and kith who supported the aged person. In very few cases, relatives also supported. The table shows that in 10/33 (30.3%) cases sons were a source of support to their fathers and similarly in 24.2% cases daughters were a source of support to the ailing aged fathers. In 18.2 % cases brothers helped the aged brothers and in one case a sister was support to a brother. The sister role is always less as she is married out and is not always readily available for help to a brother or even parents at the time of need. The relationship with wife, which is considered as the most intimate relationship, should be always there, but in this case only 15,15% wives were helping their husbands in the old age problems. It does not mean that wives are not supporters to their husbands in Pakistani society, but the main reason can be that in a joint family system, it is against the rule of modesty that a wife should come openly to the physical help of her husband rather it is the responsibility of the children, first, to help their father and then brothers, nephews. Relatives like in –laws, cousins, etc. should come forward.

**Table 5.8: Do relatives help in need?**

<b>Do relatives help?</b>	<b>Freq.</b>	<b>Percent</b>
Yes	16	25.8
No	46	74.2
Total	62	100.0

In Pakistani context, it is a cultural binding that the joint and extended family system is the first to come to rescue the relatives at the time of need. The need can be of any type ranging from physical support at the time of any outside threat or violence against a family member, to help and support in times of financial crisis or personal problems like health problems, during hospitalization, during any litigation in courts with people outside the family, etc. Table 5.8 shows a change in the cultural values of Pakistani society. 25.8 % respondents reported that they were helped by the relatives during hard times, but a majority 74.2% reported that they were not expecting any help when they needed.

**Table 5.9: Do Children give time to the respondents?**

<b>Do Children give time ?</b>	<b>Freq.</b>	<b>Percent</b>
Most of the time	3	4.8
Some time when free	11	17.7
At eating time	4	6.5
At the time of need	30	48.4
Not applicable	14	22.6
Total	62	100.0

Table 5.9 indicates the question about the time that children of senior citizen give them daily. This question was asked to know whether the children, particularly the sons pay any attention to their parents, give them time to sit with them, listen to them, keep them busy, discuss any domestic or personal problem of the parents etc.? 3/62 (4.8%) respondents did report that their children gave them most of their time. 11/62 (17.7%) respondents reported that their children gave them time when their children

were free. This means the economic orders do not allow the youngsters to stay back at home and gave time to their parent otherwise they will not be in opposition to finance their families. The majority of the respondents i.e. 30/62 (48.4%) reported that their children did give them time when they were asked or when the respondents/ parent needed their help and called them for a help. 14/62 (22.6%) respondents reported that they either did not need any help or they had no children or all relatives and children died.

**Table 5.10: Satisfaction with Current relations of the respondents with their children.**

Satisfaction with relationship with children	Freq.	Percent
Satisfied	9	14.5
Very Satisfied	8	12.9
Unsatisfied	38	61.3
Not applicable	7	11.3
Total	62	100.0

Table 5.10 shows the satisfaction of the respondents with the current relationship between them and their children. The table shows that only 9/62 (14.5%) were satisfied, a less number i.e. 8 /62 (13%) were very much satisfied with the current relationship between them and their children. 38/62 ( 61.2%) were not satisfied at all and 7/62 (11.2%) had either no children or relatives

**Table 5.11: Do the children of the respondents full fill his/her needs**

Fulfillment of needs by respondent's children	Frequency	Percent
Yes	8	12.9
No	48	77.4
Not applicable	6	9.7
Total	62	100.0

Table 5.11 shows the needs of the respondents being fulfilled by their children. It was found out that only 13% children satisfied the needs of their aged parents while a vast

majority 48/62 ( 77.4% ) parents reported that their needs were not satisfied with their children. 6/62 (9.6%) respondents had no issues.

**Table 5.12: Does Family seeks permission in daily matters?**

Does Family seek permission in daily family Matters?	Permission in family matters like				
	Daily matters	Property matters	Relatives matters	Marriage issues	Other issues
Ignored	55	50	17	34	52
To some extent	02	03	22	06	04
To great extent	05	09	23	22	06
Total	62	62	62	62	62

In Pakistani context, it is a matter of the respect and honour of the elderly people particularly the parents to seek their permission in most of the family matters including but not exclusively marriage arrangements of the youngsters in the family, asking hand of a girl or deciding the such matters, family purse keeping, keeping or not relations with the relatives, permission to women and young girls to go or not to go out of the house, property handling matters etc. These like matters and the advice or permission of the elders in such matters is matter of the social status of the elderly of the family. 55/62 (88.8 %) a vast majority rather complained that their advice or permission was never obtained in such matters of daily routine. Only 2/62 (3.22%) reported that they were asked in such matters to some extent while 5/62 (8.0 %) respondents reported that they were asked their permission in such matters and they enjoyed a good social status in the family. Similarly, in case of property matters 50/62 (80.64 %) reported that they were ignored. Only 12 were consulted in such matters to some extent or great extent. In case of relationship with the relatives (cousins, *beradari*) 45/62 (72.58 %) respondents were asked their permission and only 17/62 (27.41 %) reported that they were ignored in such matters. In arranging marriages and such matters, 28/62 (45.1 %) reported their consent while 34/62 (54.8 %) felt ignored.

In other general issues only 10/62 (16.1 %) respondents reported that their permission was asked while 52/ 62 (83.9 %) were complaining being ignored. Table 5.12 shows that in eastern societies where seeking advice of the elders was not considered only as must be the privilege of the elders, rather it was considered as a religious duty to seek the pleasure of God by seeking the pleasure of elders and parents. Status of elderly is dwindling due to changing social values.

**Table 5.13: Relationship of respondent with family of daughter-in-law before her marriage**

<b>Any Relationship with daughter in-law family before marriage of son</b>	<b>Frequency</b>	<b>Percent</b>
Yes	25	40.3
No	30	48.4
NA	7	11.3
Total	62	100.0

In rural Pakistani context, most of the marriages are family or clan endogamous like marriages between paternal and maternal cousins i.e. crossed and parallel cousins. It has many repercussions like non-transfer of inheritance rights in property for women, exchange marriages, arranged marriages, after marriages the expectations of respect and protection from the husband and parents-in law and then in turn the expectations of the parents-in laws from the son/ daughter-in la laws in terms respect and help in need etc. This is a reciprocal matter which keeps the family intact as well as protected. This question was asked in that background, whether there was any prior blood relationship between the parents –in –law and the daughter-in-law to highlight the nature of the relationship, respect and love and affection and protection after the marriage and particularly for the aged parents-in- law. In urban areas the case is totally upside down as most of the people have working relations and due to alienation arranging marriages is left to the discretion of the new generation and

hence the expectations of respect and affection is not considered. Mostly, it is a bargain between the families. The girl side asks for more and more legal protection while the boy side asks for more and more material benefits. Table 5.13 shows that 25/62 (40.3%) respondents had a prior blood relationship with their daughter-in-laws before asking her hand for the sons. 30/62 (48.3%) families were unknown to each other while 7/62 (11.2%) had no issues and hence no such worries.

**Table 5.14: After how long children visit in the old home to meet the respondents**

Visit by Children/ relatives	Freq.	Frequency of visits					Total
		Weekly	Monthly	Yearly	When needed/ called	N.A.	
Yes	20	02	04	13	01	--	20
No	28	---	---	--	--	28	28
N.A.	14	--	--	--	--	14	14
Total	62	02	04	13	01	42	62

Table 5.14 shows the attitude of the children towards their aged parents in the welfare home for the aged. The indicator was their visit to see the parents in the welfare homes. The greater the frequency of visits to parents, greater will be the love and respect of the children for their parents but due to some reasons known to the respondents or children, the children could not perform their obligation. Table 5.14 shows that 20/62 (32.25%) respondents reported visits of their loved one with them while 28/62 (61.2%) reported that they were never visited by their children. 14/62 (22.6%) respondents either had no children or lost them. Two (10 %) of those who were visited by their children said that they were visited by their children every week, 4/20 (20 %) were visited by children monthly. The majority of the respondents 13/20 (65%) was visited by their children once a year or on the occasion of *Eid-UL-Fitr*. 1/20 reported that they were visited when they called their child/ children to see

them. The table shows that the trend of visits of children to their aged parents was at the lowest ebb and it seems that they were considered as a burden or were forgotten.

**Table 5.15: Who admitted him/ her to the old age home?**

Age of the respondents	Freq.	Who admitted him/ her to the old age home				Total
		Family	Relatives	Friends	Own self	
60-69	36	14	10	7	5	36
70-79	22	7	4	8	3	22
80+	04	2	2	0	0	4
Total	62	23	16	15	8	62

Table 5.15 shows that how the respondents reached to the welfare home for the aged? It is a western experience that admissions to such institutions require an orientation and assessment of the needs of the aged population<sup>201</sup>. In Pakistan, in the public sector, it was the first experience that welfare homes for the aged were established and some people got the opportunity to avail the services of a welfare home. In Pakistan, being a Muslim majority country, where Islam has a pervasive effect, it is believed that children and relatives are religiously and socially bound to be in the service of their aged parents at all costs. Now the trend is changing. 23/62 (37%) respondents were admitted to the welfare homes for the aged by family members (means children/ wife/ brother, etc.) and 16/62 (25.8%) were admitted by their relatives (cousins/ in-laws etc.).15/62 (24 %) were brought in by friends and only 8/62 (13%) reached the welfare home of their own choice as they had no other decent source of survival within the community.

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<sup>201</sup>Liesbeth M. et.al. (2002) "Orientation towards living in an old age home: an instrument to predict use of an old age home" Netehrlands: Nordic College of Caring Sciences. P.1.

**Table 5.16: Attitude of the welfare home staff towards inmates.**

<b>Attitude of the institute staff</b>	<b>Frequency</b>	<b>Percent</b>
Loving	30	48.4
Harsh	6	9.7
Neutral	26	41.9
Total	62	100.0

Table 5.16 shows the attitude of the welfare home staff towards inmates it is generally believed that inmates in the homes for the aged are treated harshly as the care takers are paid people who have concerns with their wages rather than with kindness towards the inmates. This table shows that the attitude of the welfare home staff was praised by a majority of the inmates. 30/62 (48.3%) respondents reported that the staff attitude was loving and 26/62 (42%) respondents reported that their attitude was neutral or normal. Only 6/62 (9.6%) respondents said that the attitude of the staff was harsh towards them. However, this can-not be generalized to all the welfare homes as this is a matter which can vary from home to home and officer to officer.

**Table 5.17: Respondent satisfaction with the old-age home**

<b>Satisfaction with old-age home</b>	<b>Frequency</b>	<b>Percent</b>
Yes	50	80.6
No	12	19.4
Total	62	100.0

Table 5.17 shows the satisfaction of the inmates with the life in the welfare homes. The majority of the inmates 50/62 (80.6%) was satisfied with life in the welfare homes while 12/62 ( 19.4 %) were not satisfied.

#### 5.4. Part-III: Stratum-3 (Senior citizens within families)

[Table 5.18: Age and Gender of the respondents

Age (Years)	Gender		Total
	Male	Female	
60-70	18	3	21
71-80	18	3	21
81 +	7	1	8
Total	43	7	50

Table 5.18 shows the age and gender of the respondents' .i.e. The aged persons who lived within their families. The table shows that there were 21/50 (42%) respondents each in the age groups of 60-70 years and 71-80 years. There were 8/50 (16%) respondents in the upper age group of the senior citizens i.e. 81+ years of age. As far as their gender was concerned, 43/50 (86%) were men and 7/50 (14%) were women.

**Table 5.19: Gender and marital Status**

Marital status	Frequency	Gender		Total
		Male	Female	
Married	46	42	04	46
Widow	04	01	03	04
Total	50	43	07	50

Table 5.19 shows the gender and marital status of the respondents. There were 43/50 respondents were male and 7/50 were female. Among the male respondents only one was a widower and 42/50 (84%) were still married. Among the women 3/7 ( 42.8%) were widows and 47.6 % were married. This shows the ratio of aged persons is more among women than men. At present , in Pakistan there are less aged males than aged females and researches show that ratio of rural older women has increased nearly 100 % from 9 percent in 1990-91 to 16 percent in 2003-04<sup>202</sup>.

<sup>202</sup> G., Clark, H. Zaman, A.C. Ghafoor. (2002). *Pakistan Aging Study Preliminary Report on six sites in Punjab: Testing Traditional Assumptions about Family Support*.

**Table 5.20: Education and Family System**

Family system	Frequency	Education			Total
		No Education	School Education	College Education	
Nuclear	9	5	3	1	9
Joint	39	21	15	3	39
Extended	2	1	1	0	2
Total	50	27	19	4	50

In table 5.20, education and family system of the respondents shows that 9/50 (18%) lived in nuclear family system while a vast majority 39/50 (78%) still lived in joint family system. By joint family system we mean any family with at least three generations living under the same roof and share their kitchen. The joint family system has the advantage that all earning members contribute to the family purse, according to earning and each member gets according to his / her needs irrespective of the earning or dependency status. 2/50 9450 respondents reported living within an extended type of family system. Though this type of family system in Pakistan is on the verge of extinction, still there are areas where the entire clan live in the same village and share the entire property and other resources collectively.

**Table 5.21: Employment before retirement and gender of the respondent**

Employment Before retirement	Frequency	Gender of the respondent		Total
		Male	Female	
Yes	25	23	2	25
No	25	20	5	25
Total	50	43	07	50

In table 5.21, the respondents were asked the question whether they worked before attaining the age of sixty or not? Among the fifty respondents, 50% worked and fifty percent did not work. Among the 50% respondents who worked females who worked before attaining the age of sixty years. It is understandable that in a backward country like Pakistan, forty to fifty years back, the chances of work in the pensionable sector

or government sector were very little . Again, the females in many instances did not want to go out of the four walls of the homes in search of jobs or employment. It was considered below the status of a man to send his wife or female from the family for an earning work.

**Table5.22: Employment before and after retirement**

Employment before retirement	Frequency	Currently employed?		Total
		Yes	No	
Yes	25	13	12	25
No	25	12	13	25
Total	50	25	25	50

It is interesting to know that those who did not work in their young age or before attaining the status of an aged person or sixty years age, were now conditioned to work and those who worked in their young age, we're now free and did nothing about earning a living. Equal number of respondents i.e. 25.50 worked in their young age and the same no. of respondents did not work after retirement on attaining the age of sixty years.

**Table 5.23: Reason of Current Working**

Working now	Frequency	Reason of working		Total
		Financial crisis	To keep myself busy	
Yes	25	6	19	25
No	25	----	----	25
Total	50	6	19	50

In table 5.23, when the respondents were asked that what made them work in this old age, 6/25 (24%) replied that they had financial problems and thus they worked. While 76% respondents replied that they just kept themselves busy and worked. This means some of the aged people, not all, had financial problems and they were compelled to work in their old age.

**Table 5.24: Was the job before retirement pensionable?**

<b>Was the job pensionable?</b>	<b>Freq.</b>	<b>Percent</b>
Yes	13	52
No	12	48
Total	25	100

In table 5.24, when the respondents who were employed (25/50) before attaining the status of aging people, were asked about the nature of the job , 52% respondents said that their job was pensionable while 48 % replied that their job was not pensionable. Here arises the problem of social security, of the aged people in Pakistan. There is substantially lower pension coverage in Pakistan compared to its neighboring countries. Pakistan is ranked at 89 out of 91 on global Age Watch index 2013. Overall lower than its neighbors, ranking show that older people feel less secure, lack of opportunities to enjoy civic freedoms and poorly connected to the rest of society. The above three tables indicate that the elderly are mostly economically distressed. Many of them work in an irregular and unsafe environment, poorly paid and a great portion of them have to work until the day they die. Lack of appropriate investment in health, having the invasive poverty and dismal insurance coverage and poor pension schemes indicates that Pakistan is not well equipped to look after its aging population. Pakistan has been ranked among the three worst countries in the world in respect of older people, which is poorer ranking compared to neighboring countries, including Sri Lanka, Nepal and India<sup>203</sup> narrates that vast number of the workforce in Pakistan is working in the informal economic set-up, many elderly people are without social security schemes and proper cover of pension. The older population is more prone to the hardships of life following increased poverty in Pakistan.

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<sup>203</sup>Afzal, M. (1999). *Growing Old in Pakistan: Challenges for the New Millennium, International Year of Older Persons.* (Islamabad. UNFPA .p.8

**Table 5.25: Attitude towards financial Assistance from Zakat/Baitulmal**

<b>Attitude towards financial Assistance</b>	<b>Frequency</b>	<b>Percent</b>
Some extend	5	20.0
Neutral	12	48.0
Greatly extend	8	32.0
Total	25	100.0

In table 5.25, we have some idea of social security system in Pakistan for the aged and those who have no source of livelihood in their old age . Those who worked in the informal sector, have no rights to pension and other old age benefits and hence they suffer poverty to the maximum in their old age. Having a look at the previous table, it can be inferred that 48 % respondents jobs were not pensionable while there are low grade state employees who get meager amounts of pension always insufficient to meet the requirements of a one square meal a day. When the respondents were asked whether they needed any support from the zakat system of Pakistan or the Pakistan Baitul-Mal (Now BISP or Benazir Income support program) , 13/25 (52%) respondents said that they needed every financial support as they were not getting any type of social security or pension etc. while those who were getting pensions (48%) , did not respond to the question.

**Table 5.26: Relation in the family and Reasons of strained relations.**

<b>Relation in the family</b>	<b>Frequency</b>	<b>Reason of Conflict</b>				<b>Total</b>
		<b>Family matters</b>	<b>Routine matters</b>	<b>Distribution of inheritance</b>	<b>Any other</b>	
Unsatisfactory	4	1	0	0	3	4
Satisfactory	18	--	--	--	--	18
Very Satisfactory	25	--	--	--	--	25
Total	47	1	0	0	3	47

Table 5.26 shows the nature of relationship of the elderly people in their families and if there was any conflict, the reason(s) can be traced. Overall 43/50 (86%)

respondents' reported satisfactory living relations in their families. Out of this number, 50% reported very satisfactory relations while 36% reported satisfactory living relations. Only 4/50 (8%) reported unsatisfactory relations with their family members. The reason of strained relations as reported by the senior citizens were many. One of the respondent's reported that family matters were the main cause of their strained relation while 3/4 (75%) reported that other matters were the cause of the strained relations. The family matters may include disrespect of the senior person by the youngsters particularly the daughter-in-law. In many cases, if the daughter in-law is from outside, such a situation creates problems as she is not given due recognition in the family by the elders. In some cases, the love marriage of the son against the norm of arranged marriage, which is exogamous in nature or hypergamous and hypogamous, renders the elders alien in the family. In many families, the endogamous mode of marriage also causes problems for the aged. There are many disputes among the clan and cousins, but endogamy is still practiced as the rate of divorce among cousins is negligible. In such cases, those men who were actively involved in disputes, are the sufferers at their late life with the hands of their sons/ daughters in-law. Other causes may include economic dependency of the elderly person, low income of the family, small houses in the urban areas and mental set up of the elderly person.

**Table 5.27: Status of the elderly in decision making in the family.**

<b>Matters</b>	<b>Frequency</b>	<b>To some extent</b>	<b>To greater extent</b>	<b>Never asked</b>	<b>Total</b>
Purchasing of new property	50	20	21	9	50
Routine matters	50	20	20	10	50
Marriage matching decisions	50	24	20	6	50
Education of the family members	50	24	20	6	50
Visit to relatives/friends	50	21	14	15	50

In table 5.27, the biggest problem of the elderly today, is their lowering status all over the world. The west is notorious for the ‘ageism’ and stereotypes against elderly like ‘greedy geezers’ etc. In Pakistan, this cannot be the problem at the moment but there are signs that the problem is on the rise. This question was asked in that background that are the elderly consulted in family matters like mentioned in the table to determine their status. The first question was about the status determinant of asking their choice/ advice in matters related to sale/ purchase of family property and it was found out that 41/50 (82%) respondents were asked their consent in important decision like purchase of property. Only 18% reported that they were never asked. In routine family matters like ‘who will do what’ at a particular time or important duties of the younger regarding domestic affairs 80% respondents were consulted while 20% were never consulted. In families, the most important decision are about arranging marriages of grandchildren or children. In such matters the elders are definitely asked and if they have any reservation, the relationship is not fixed. When the elders were asked the question whether they were consulted in such decision making, 88% responded in affirmative. This shows the status of the elderly is still important and they were asked their choice in such important matters. The next

question the elderly was asked that whether they were consulted in sending any person for higher education in the family particularly the female. The female education in Pakistan is a cultural problem. Many people do not send their daughters for higher education outside their town/ city or even a village. If there is such an intention on the part of the parents or the younger, they have to ask the consent of the grandparents of the elderly to do or not to do? 88% respondents reported that they were asked their consent in such matters. Visiting relatives and family friends, again, is something which is a family matter and not an individual choice. Family conflicts, disputes over property, any previous grief from anyone, refusal of a relationship, preference of someone over others, insult and cousins strained relations all contribute to low relations among relatives. In such situation, the elders of the family always keep an eye on the younger to avoid relations which have been cold in the past. And if someone has to see or visit one another, have to seek permission of the elders or at least inform the elders about such visits. Respondents were asked this question in the above background, whether the youngsters do ask their permission in such visits or not? 70% respondents reported in affirmative while 30% reported that they were never consulted in such matters and which is perceived by the elders as looking down upon them and a sign of the lowering status of the elderly people rather disrespect of the elders.

**Table 5.28: Do you have any of the following Health problems?**

Type of ailment	Freq.	Not seriously	Very mildly	Mildly
Difficulty in seeing and reading.	50	39	4	7
Difficulty in hearing.	50	33	10	7
Digestive complaints.	50	37	3	10
General weakness.	50	27	14	09
Trembling /Parkinson disease	50	38	3	09
Sleeplessness	50	30	11	09
Pain in joints or difficulty in walking	50	17	13	20
Blood pressure, high/low	50	23	10	17
Kidney trouble	50	43	06	01
Heart trouble	50	36	09	05
Diabetes	50	37	06	07
Any other	50	30	3	17

In table 5.28, it is generally believed that in old age a multiplicity of health problems possesses the elderly and make them live miserable. The elderly were asked questions regarding different health problems. The responses were collected in four categories, namely severe, mild, very mild and not applicable. Except the first one, the remaining two meant the problems did not impede the daily lives of the elderly people. The major health problems have been identified as rheumatoid arthritis, hypertension, Heart problems, asthma, diabetes and eye sight problems. The responses received were very positive. No respondent complained of any severe health problem. A majority reported normal health or not applicable while to some extent there were problem of mild or very mild nature which again meant no acute problem. 78% respondent reported good eye sight while 22% reported from very mild to mild problem which is a normal eye sight problem after forties when the near vision decreases. 17% had mild to very mild hearing problems while 83% reported normal

hearing health. 74% reported normal stomach functioning, 6% reported mild Parkinson disease, 44 % reported mild insomnia problems. The major health problem of the elderly people as reported, was rheumatoid arthritis reported by 66% respondents, followed by 54% had hypertension, and 28% had Cardiac problem. 26% reported diabetes as mild health problem. 47% reported general physical weakness which is a natural phenomenon and this is what's known as an old age problem.

**Table 5.29: Morbidity during last year**

<b>Morbidity</b>	<b>Frequency</b>	<b>Percent</b>
Rarely	26	52.0
Sometimes	12	24.0
Quite often	12	24.0
Total	50	100.0

The table 5.29 is about morbidity during last year among the elderly. The elderly were asked about the frequency of illness during the last one year. It was found out that 76% respondents reported seldom minor sickness during the last one year while 24% had frequent illness.

**Table 5.30: Heads of expenditures of personal income**

<b>Main expenditures</b>	<b>Freq.</b>	<b>Percent</b>
Medicines	24	48
Personal/family expenditures	23	46
Food items	3	6
Total	50	50

In table 5.30, when the respondents were enquired about the heads of expenditures of their personal income, 48% respondents (24/50) reported that they spend their income, mostly, on their health problems while the remaining 52% reported that they spend their income on food items and other necessities of the family members.

**Table 5.31: Expenses for treatment and Family Attitude**

Who bear expenses of treatment?	Freq.	Family Attitude				Total
		Harsh/ V. Harsh	Indifferent	Polite	Very Polite	
Own self	10	1	1	3	5	10
Family	39	5	1	11	22	39
Spouse	1	1	0	0	0	1
Total	50	7	2	14	27	50

In table 5.31, expenses for treatment and Family Attitude. This table shows the payers on health problems and the attitude of the family members during illness. 80% respondents reported that their expenses were born by the family members while 20% respondents born the expenses out of their own resources (may be a pension or other sources of income).As far as attitude of the family members was concerned, 14% respondents reported extremely harsh attitude of the family members while 82% reported very polite and respected attitude of the family members. 4% reported indifferent attitude of the family members.

**Table 5.32: Attitude of the respondents towards day care centers and welfare homes for the elderly etc.**

Sr.	Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1.	Day care centers for elderly	14	23	3	8	2
2.	Old homes	7	30	5	5	3
3.	Extra allowances for family with elderly	14	27	6	3	--
4.	Bounces/ for caretakers	16	26	4	4	--
5.	Tax relaxations for family of elderly	22	21	5	--	2
6.	Better medical care	31	16	2	2	1
7.	Opportunities of work for elderly (who want to do)	16	23	5	4	2
8.	Proper policies at National level for elderly	12	29	5	3	1

In table 5.32, this five point Likert- scale was developed to gauge the attitude of the respondent to know the most favorable and the most unfavorable attitude of the respondents towards the statements on some issues. This five point scale was ranging from the most favourable (with 5 points) to the most unfavorable (1 point only) attitude. Table 5.32 shows that the respondents favored the idea of day care centers for the elderly people very much. A similar number of respondents favored the idea of homes for the elderly people. The idea of extra allowance for the carriers was also favored by many. The elderly also favored a waiver in the tax for the elderly people. Better medical facilities provision, work opportunities for the elderly people, and favourable national policies or elderly friendly policies on the national level were also appreciated, but at present, none of these can be materialized as Pakistan is not a welfare state rather a state where there is no social policy for the elderly till this date.

#### **5.5. Part-IV: Stratum-4(Family members / relatives of senior citizens)**

**Table 5.33: Age and Marital Status of the Careers**

Age of the Career	Marital Status		Total
	Single	Married	
25-34 years	11	8	19
35-44 years	5	14	19
45-54 years	3	9	12
<b>Total</b>	19	31	50

Table 5.33 shows the age and marital status of the respondents (Care takers of the aged people in their families). There were 19/50 (38%) respondents in the age group of 25-34 years, the same number, 38% in the second age group of 35-44 years and 12/50 (24%) respondents in the age group of 45-54 years. Marital status shows that 19/50 (38%) were single and 31/50 (62%) were married.

**Table 5.34: Gender and Relationship with Senior Citizens**

Gender of the Careers	Freq.	Relationship with Senior Citizens			Total
		Son/ Daughter	Wife/ Husband	Brother/ Sister	
Male	43	38	3	2	43
Female	07	3	4	0	7
Total	50	41	7	2	50

Table 5.34 shows the gender. The relationship of the respondents to the aged persons in their families. Among the respondents 43/50 ( 86%) were males and 7/50 (14%) were females. The relationship of the respondents with the aged people shows that majority respondents, 82% were either sons/ daughters of the respondents, 7/50 or 14% were spouses of the aged people, and 4% were either brothers/ or sisters of the aged people. These are the most close relationships in a family, particularly own children or spouses and the information so gathered were based on the internal feelings and experience of the caretakers.

**Table 5.35: Level of Education and Occupation**

Level of Education	Frequency	Occupation		Total
		Private job	Govt. Employment	
Illiterate	7	7	0	7
Middle	8	7	1	8
Secondary	16	13	3	16
Graduate	6	4	2	6
Post Graduate	13	6	7	13
Total	50	37	13	50

Table 5.35 shows the educational status as well as the occupational status of the respondents. It was found out that 14% respondents were totally illiterate, 16 % were educated up to the middle level. This middle level of education shows the dropouts in the school education due to poverty or other reason, a characteristic of Pakistani society and educational system. This level of education does not qualify one for any white collar job or government employment, except to join government employment

in the lowest category of peon or security guard or then join police of the army.16/50 (32 %) were educated up to secondary level or high school passed. 12% were graduates and 26% were post graduates. Employment wise structure shows that 74% respondents were employed in the private sector or self-employed and 26% were in the state service. Most of the illiterates and less educated were either self-employed or in the private sector and most of the highly educated were in the government services.

**Table 5.36: Family members and Income**

No. of family members	Freq.	Income of the Caretaker (rupees)			Total
		11,000-15,000	16,000-20,000	21,000-25,000	
3-4	13	3	6	4	13
5-6	31	10	10	11	31
9-10	6	1	2	3	6
<b>Total</b>	50	14	18	18	50

Average family size =5.5,

Average per capita income = Rs. 18400/= (US \$,184/PM or US S 6 a day)

Table 5.36 shows the family size and income of the respondents. It was found out that 26% respondents had nuclear family types, a characteristic of urban areas with the minimum possible number of 3-4 family members. Majority 62% had up to a family size of 5-6 members, and a little number of 12% had the highest number of family members as 9-10 people. Income wise distribution shows that 28% respondents had income up to 15,000 rupees a month, 36 % respondents had income up to rupees 20,000 and rupees 25,000 each respectively. Further statistics show that average family size was 5.5 persons per family and average per capita per day income was up to Six US dollars.

**Table 5.37: Treatment is given by and expenses born with**

Treatment is given by	Freq.	Expenses born with			Total
		Care Taker	Elder himself	Family member	
Doctor	35	17	7	11	35
Quack	9	3	2	4	9
Spiritual	6	4	1	1	6
Total	50	24	10	16	50

In table 5.37, aged people are most susceptible to all kinds of diseases due to physical frailty. This table shows the mode of treatment of the aged sick people. If the treatment is given by the so-called spiritual healers or quakes, this means the care takers just put off the aged and opt for an easy and cheap but ineffective way of treatment. The spiritual treatment is normally available free of cost or the quakes charge nominal fee or cost of treatment. The table shows that 70% respondents took their elders to prepare doctors or qualified doctors and 18% resorted to treatment by quakes and 12% resorted to spiritual treatment. It is a matter of common observation that those who cannot afford the cost of treatment from a qualified doctor due to poverty or no-access to government health facilities, resort to such kinds of treatment. The cost of treatment was born, mostly (48%), by the caretakers, 20% by the elder person himself and 32 % of family members. This shows that in 80 % cases the family members born the treatment cost.

**Table 5.38: How much time of a day do you give to your elder?**

How much time a day do you give to your elder	Freq.	Percent
Less than hour	23	46.0
Quarter day	9	18.0
Half day	14	28.0
Full day	4	8.0
Total	50	100.0

Table 5.38 shows the attention given by the caretakers of the elderly people in the family. 46% respondents gave less than an hour time to his parents/ elders in twenty four hours which shows the importance and status of the elderly person in their respective families. Probably these respondents were busy in the family economy and could not spare time for the aged persons. 18% respondents gave more than six- hour time with his elders, which is justified. In case if the caretakers go for a job, on return spend the rest of his time in the service of the elders. 28% respondents spared half a day for the elders and 8% spent a full day in the service of the aged person. These caretakers can probably be house wives/ spouses or children of the aged person.

**Table 5.39: Seeking permission of the elders on important issues**

<b>Do you Seek permission of elder for</b>	<b>F</b>	<b>Take for granted</b>	<b>To some extent</b>	<b>To great extent</b>	<b>Total</b>
Property matters	50	6 (12%)	15 (30%)	29 (58%)	50 (100%)
Routine matters	50	14 (28%)	25 (50%)	11 (22%)	50 (100%)
Marriages issues in the family	50	6 (12%)	20 (40%)	24 (48%)	50 (100%)
Other matters	50	14 (28%)	25 (50%)	11 (22%)	50 (100%)

In table 5.39, not only economic and health problems are faced by the aged people, the worst of these problems is the recognition of their social status which is declining day by day, even in a Muslim society like Pakistan. Still the majority of the respondents reported a positive response. In property purchase and sale matters, the elder's permissions were sought by 88% respondents. Only 12 % did not pay attention and took for granted the saying of the elders. In routine daily matters of 72% respondents gave importance to the elders to some or greater extent, in marriage issues in the family, 88% respondents asked the permission and advice of the elders. In all other matters of the family ranging from relationship with certain relatives,

purchases, etc. 72% respondents gave importance to the permission of the aged persons.

**Table 5.40: Behavior of elderly in routine life**

<b>Behavior of senior citizen</b>	<b>Freq.</b>	<b>Percent</b>
Polite	32	64.0
Harsh	16	32.0
Normal	2	4.0
Total	50	100.0

In table 5.40, the behavior of the aged people surely changes in the very old age and mostly is a cause of mental torture for the caretakers in the community. This question shows that in most cases the aged people had never behaved in a negative sense. 64% respondents reported that their aged person was polite and talked sense while 4% were reported normal. 32% respondents reported that the behavior of the elderly persons was changed to very harsh.

## **5.6. Part-5: Stratum-5 (Senior citizens on the streets and in labor)**

**Table 5.41: Type and Gender of respondents**

<b>Type of respondent</b>	<b>Gender</b>		<b>Total</b>
	<b>Male</b>	<b>Female</b>	
Beggars	6	4	10
Hawkers	7	3	10
Destitute	9	1	10
Pensioners	9	1	10
Total	31	9	40

Table 5.41 shows the type of respondents selected for interview. As already known from the sampling strategy, these forty respondents included beggars, hawkers, aged in destitution or persons on the streets, and pensioners who were deserted by the family or were doing hard labor in this age. They were ten in number from each category. As for as their gender was concerned, they were not only male , females

were also found in these conditions. 62 % (31/40) were males and 18% (9/40) were women.

**Table 5.42: Education and Previous income of the respondent**

Previous income of the respondent (pm)	Standard of Education achieved by respondent					Total
	Illiterate	Primary	Secondary	Graduate	Post Graduate	
Up to 5000	9	5	3	1	1	19
6000-10000	2	4	5	2	0	13
11000-15000	0	2	4	0	0	6
16000-20000	1	0	1	0	0	2
Total	12	11	13	3	1	40

In table 5.42, these attributes of the respondents included their educational status and income when they were young or in working age. The table shows that 12/40 ( 30%) were illiterate, 11/40 ( 27.5%) were educated up to primary level.13/40 ( 32.5%)were educated up to high school level. 3/40 ( 7.5%) were graduates and 1 person (2.5%) was educated up to post graduate level.As far as their income was concerned, 19/40 (47.5%) earned up to rupees 5000 a month, 13/40 (32.5%) earned up to ten thousand rupees a month. 6/40 (15%) made up to rupees 15,000 a month and 2/40 (5%) earned up to rupees 20,000 a month. Average income per head per month was 6,875/- PM.

**Table 5.43: Number of Family members and does family live in the same city**

Number of Family members	Freq.	Family live in the same city		Total
		Yes	No	
3-4	11	6	5	11
5-6	16	10	6	16
7-9	13	11	2	13
Total	40	27	13	40

Table 5.43 shows the family size and the living pattern of the respondent whether he lives with family or away from the family. It was found out that 11/40 ( 27.5%)

respondents had a family size of 3-4 members, 16/40 ( 40%) had a family of 5-6 members, 13/40 ( 32.5%) had a family size of up to 9 members. The average family size of the respondents was 5.7.27/40 (67.5%) respondents’ families lived in the same city while 13/40 (32.5%) respondents’ families lived somewhere else.

**Table 5.44: Are you in contact with family and does family help in need?**

Are you In contact with Family	Freq.	Does family help in need?		Total
		Yes	No	
Yes	28	22	6	28
No	12	0	12	12
<b>Total</b>	40	22	18	40

In table 5.44, the respondents were asked whether the family or they contacted each other or they had any communication with each other? It was found out that 70% respondents were in contacts with their families and 30% were not. It was asked whether the family helped them in case of any need or not? 55% respondents reported that they were helped by the family and relatives while 45% were not helped.

**Table 5.45: Health problem and Type of health problem**

Do you have any health problem?	Freq.	Type of health problem			Total
		Arthritis	Joint stiffness	Problem with movement	
Yes	28	5	15	8	28
No	12	0	0	0	12
<b>Total</b>	40	5	15	8	40

Table 5.45 shows whether the aged people had any health problem or not and if they had any such problem, what was the type or nature of the problem? The table shows that 70% respondents had some health problem while 30% had no such problems. As far as the nature of the problem was concerned, 12.5% had arthritis problems, 37.7% had stiffness in joints and 20% had problems with movement. All these problems are

correlated like arthritis and problem in movement seems to be one and the same thing in different words.

**Table 5.46: Depend on others and help from family**

Depend on others in health problem	Frequency	Do family members help in health problem		Total
		Yes	No	
Yes	13	8	5	13
No	15	2	13	15
Not Applicable	12	0	0	12
Total	40	10	18	40

In table 5.46, the elderly were asked whether they depended upon any other person due to their health problems or not? 32.5% were dependent upon some family member while 37.5% were not dependent.30% respondents reported that they had no such problem and the help from other was not applicable to them or had no relatives or children to help them.

**Table 5.47: Relationship with helper in health problem**

Relationship with helper	Frequency	Percent
Son/Daughter	12	30.0
Husband/wife	28	70.0
Total	40	100.0

In table 5.47, we have said earlier that in Pakistani context the relationship between children and spouses are very much intimate and trustworthy. Children are socially responsible for support to aging parents, particularly sons are more responsible as they stay back with parents while daughters marry out. 70% respondents both men and women were helped by spouses during health emergencies and attended to the patient. 30% respondents reported help provided by their children.

**Table 5.48: Do Your Children behave responsibly, If not why?**

Do children behave properly	Freq.	Reason for irresponsible behavior			Total
		Attitude Problem	Family Problems	Economic problems	
Yes	15	5	7	3	15
No	16	5	5	6	16
Not applicable	9	----	---	---	9
Total	40	10	12	9	40

Table 5.48 shows that how parents found their child's behavior towards them. Did they behave responsibly or otherwise and if otherwise what were the reasons of the negative attitude of the children towards their aging parents. 37.5% (15/40) respondents reported their children behaved responsibly towards them while 40% reported the negative attitude of the children. As far as causes of the irresponsible behavior were concerned, 25% reported attitude problems of the children, 30% reported family problems which may include the behavior of the daughter-in-law and the siding of the son with her, divorce problems in the past among the parents, family property problems, etc. 22.5 % reported economic problems of the family like low income of the children, income of the respondents not spent on the family etc.

**Table 5.49: Does Family seek permission in daily matters?**

Does Family seek permission in daily family Matters?	Permission in family matters like			
	Daily matters	Property matters	Relatives matters	Marriage issues
Ignored	15	17	14	14
To some extent	21	20	19	18
To great extent	4	3	7	8
Total	40	40	40	40

Table 5.49 shows about the social status indicator of the elderly persons in the family. If the children and family members do not listen and obey the elders, it is a sign of their lowering status. In this study, 37.5% respondents reported that they were ignored

in daily domestic matters while 62.5% reported that to some extent or great extent they were asked their permission in such matters. In property management and purchase and sale matters, 42.5% respondents were not asked their permission while 57.5 % reported that they were consulted in such matters. In case of coordination and communication with relatives 35% respondents reported that they were ignored and the family had relationships with some people the extended family. 65% were obeyed and in such matters. In case of the marriage arrangement, decisions about who will marry whom, 35% respondents were not asked while 65% were asked their permission. In short, the social status of the elderly in domestic affairs was still recognized.

**Table 5.50: Family support and type of support**

Does family support?	Frequency	Type of support given by family			Total
		Food & clothing	Pocket money	Health maintenance	
Yes	14	12	2	0	14
No	18	0	0	0	18
Not applicable	8	0	0	0	8
Total	40	12	2	0	40

Table 5.50 shows that 14/40 (35%) respondents were supported by their families in terms of food, clothing and pocket money like mini-expenditures while majority ( 45 %) respondents were not supported by their families and were left with the tide of circumstances. 8/40 (20%) respondents had no family or children and relatives and deserted.

## **CHAPTER – 6: WELFARE HOMES FOR THE AGED: FROM PROSCRIPTION TO PRESCRIPTION**

### **6.1. The Framework of the Chapter**

This chapter falls into two main parts, each of which is further subdivided. The first part rehearses attempts which have been made at, respectively, historically on international as well as national levels.

In the second part of the chapter I reflect more broadly on the national policies for the welfare of the aged people or philosophy of Welfare of the senior citizens.

#### **Part A: Historical evolution of the care of the elders**

Care of the elders is not something new rather half a million years ago, there were practices when the family or near and dear one helped and supported own aged and disabled people. From the dawn of creation till this date human beings have been caring for their elders in one way or another. Initially this was a responsibility and obligation of the immediate family and joint family and then changed to state responsibility in the shape of hospitals and now caring homes.

Archaeologists have found out human remains that are estimated to be 500,000 thousand years old. The description says that the man was an aged, disabled person who had trouble in waking or lifting a small load. In order to live along with his disability, he must have support from others. This suggest that the senior care was prevalent, at least half a million years ago<sup>204</sup>. Since then, human beings irrespective of

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<sup>204</sup> “A History of Caring for Our Elders” [Jeff Anderson's Google+ Profile](#) | [jeffa@aplaceformom.com](mailto:jeffa@aplaceformom.com)  
Posted On 07 Aug 2013

their developmental status have been helping their aged and Pakistan or Punjab is not an exception.

Historically, the establishment of the welfare homes for the aged, infirm, women and poor goes back to early medieval- Europe and particularly England. The present day Europe was not so advanced during medieval era, rather the countries and states faced with the worst type of Socioeconomic problems, so big that the states could not solve these problems for centuries. The problems were enormous and gigantic. These problems included poverty, famine, unemployment, wars, feudalism, sickness, diseases, helplessness, illiteracy, ignorance and above all beggary.

## **6.2. The Role of Church**

All experts on welfare are of the opinion that the concept and practice of mutual help and help to the needy is primarily religion based and not on human instinct<sup>205</sup>. During 8<sup>th</sup> -10<sup>th</sup> centuries AD in Europe, the Church assumed the responsibility of helping the needy and the Church and the Bishop were more important than anything else. There were monasteries that served as orphanages and homes for the aged and sick, disabled, women, children and the homeless overall established for the poor and needy people.

These institutions for the poor were financed by income through beggary and alms from the upper class people. The situation not only encouraged beggary but also gave it a respectable status in the society. Under these conditions beggary grew exponentially throughout Europe as asking for alms was not only an easy way of living a life but respected as well being religious mendicancy.

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205

The older church institutions, in which charity was rendered- monasteries, abbeys, convents, were partly replaced by the ‘hospital’s which administered the old, sick, orphans, pregnant women abandoned children etc. They became the main agencies of medieval charity<sup>206</sup>. Help to the destitute was provided by the Church. To give alms to the blinds, the lame, etc. was a religious duty and was considered as a mean of salvation from the threat of the divine punishment in the world hereafter.

As a result of these practices of the Church, by 15th century more than a thousand monasteries, churches, abbeys and convents were providing shelters, food and clothes for the poor. Daily distribution of food was made at the convents gates and shelter was provided to homeless, but this did not change the conditions of the poor as this was not the permanent solution and no efforts were made to make them self-supporting citizens. These institutions were known as almshouses which referred to “charitable housing *provided to enable people typically elderly people who could no longer work to earn enough to pay rent to live in a particular community*”<sup>207</sup> (Alms are, in all religions is amount in the form of money or services that is donated to support the destitute and poor). Mostly an almshouse is a ‘house founded by private charity, for the reception and support of the needy usually the aged poor’<sup>208</sup>. These alms houses are surely Christian –European tradition started in the 10<sup>th</sup> century AD, which provided residential accommodation for elderly and poor people. The first ever such almshouse was established in York, UK by King Athelstan in 990 AD. Initially, these almshouses were hospitals which served the dual purpose of residences and

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<sup>206</sup> Walter, A. Friedlander (1961) *Introduction to Social Welfare*. Pp 2- 32.

<sup>207</sup> old age homes history in uk/Almshouse - Wikipedia, the free encyclopedia.html ).

<sup>208</sup> Oxford English Dictionary

treatment centers for the aged and indigent people. The first almshouse as referred to above was the St Peter's Hospital in York<sup>209</sup>.

The modern and civil workhouses as well as almshouses were established on the basis of when the Act for the Relief of the Poor of 1597 and the poor Law of 1601 were enacted. The Elizabethan 43 or the Poor Law of 1601 not only divided the needy and sturdy poor, but also made family responsible for the maintenance of their grandparents and elderly members. The study poor/ beggars or vagabonds were forced to work in the workhouses. In UK a workhouse, commonly termed as hell-house or a spike, was buildings where insugents like orphans , abandoned children, the disabled, the elderly and unmarried mothers who had no job or home lived<sup>210</sup>. They earned their keep by doing jobs in the workhouse. For many, the word 'workhouse' was a sign of hatred, but actually it was a bit different. Since the proclamation of first welfare enactment of 1349, over the course of 300 years in history, Britain's system of poor relief has considerably saved thousands from starvation. The inmates in a workhouse were provided with the three basic needs like food, shelter and clothing and they could also earn money. The young men and women could get training for a job and the children were provided with free education<sup>211</sup>. Initially, a workhouse and almshouse were a common place where all needy were stationed but after the recommendations of the Poor Law Commission of 1834, the two were separated and the able-bodied were sent to workhouse and the impotent poor like children, pregnant women, women with small children and the aged to an almshouse. This situation continued till 1929 when through legislation when the workhouses and almshouses were taken over by the local authorities as

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<sup>209</sup>old age homes history in uk/Cambridge University Library - Almshouses in England.html.

<sup>210</sup>Workhouse - Wikipedia, the free encyclopedia.html

<sup>211</sup>Mandy barrow on Twitter [@mbarrow](#) Woodlands Junior School, Hunt Road Tonbridge Kent TN10 4BB UK

Municipal hospitals and by 10th July, 1948 when the UK was declared as a welfare state, under the National Assistance Act of 1948, the workhouse controversy was abolished forever. Later, these municipal hospitals for the aged were declared as Nursing homes and care homes for the elders and many names. Nursing homes came to be known as care homes with nursing as care homes in the Great Britain in 2002.

All these English or Christian efforts show that Christians have transformed their social ideals into institutions while the Muslims who have ideals but could transform them into institutions. Hypothetically it could be assumed that following the early and medieval Islamic eras, Muslim leadership broke down due to the lack of vision, inability to organize and uniquely develop institutions. It is clear from the quality of welfare activities in Pakistan that the Islamic ideals are present yet the diffidence to synthesize and research modern ways within these guidelines creates hindrance as discussed below.

### **6.3. The Care of elderly in Pakistan**

Having previously been a part of British India, Pakistan became an independent state in 1947 on the basis of a distinct cultural identity of the Muslim community within the Indian society. India lacked the framework of a poly-ethnic society, therefore discouraging the development of cultural diversity in the socio-political system. Thus the struggle for a separate homeland came naturally to the Muslims of India since it was not merely based on political rights, but it was a necessity for the survival as a social group. They believed that a sovereign Islamic state would promote their culture. Here they could lead their lives according to the religious and social ideals institutionalized pattern of the first Islamic state of Medina.

Since then, an unexampled massive human exodus of Hindus and Muslims was witnessed in history. Only two million Hindus and Sikhs left for India as compared to the nine million Muslims who arrived in Pakistan leading to extensive suffering on their behalf. Hundreds of thousands travelled miles after miles by foot. The migration went on for years, resulting in the disintegration of social norms and values resulting in mass starvations, homelessness, outburst of diseases and above all armed attacks causing deaths and injuries. Business, industry, trade, communication, marketing and commercial organization came to a halt. It was far beyond the competence of any system of absorbing the matchless distress of invasion. An urgent effort was made for disaster relief and rehabilitation as the first welfare attempt. For the time being it was essential to feed, clothe and care for these people who were being settled in refugee camps. Here the widespread epidemics like dysentery, cholera and fever made death easier than life. With scanty and unorganized resources, the best possible welfare was provided by the voluntary sector. Social workers would perform these activities of social welfare to secure a place in the heavens. Religion and philanthropy were the true motivating forces behind charity oriented activities. With a lack of resources to finance urgent education, health and economic development programs, Pakistan was struggling at its budding stage.

By 1950, Pakistan had conquered some of these immediate problems. In 1951, a formal request was extended to the United Nations Organization (UNO) on behalf of the Government to aid in devising a befitting social policy. The first purposeful effort to introduce modern and scientific welfare program in Pakistan came forth in 1952 when the first batch of social welfare experts arrived in Karachi. Thence Pakistan became the first country in Asia to have a modern welfare delivery system.

In 1953 the Government's Health Division formulated a plan to initiate organized social welfare in the country to investigate the social problems and assess the social needs of the people, arising out of the economic and social change in the country and to prepare blue prints for social welfare for the subsequent five year plans.

Similarly, the Government established a Planning Board to prepare plans for the utilization of the national resources for the first proposed five year plan (1955-60), to introduce a process of economic development as well as to build up an institutional framework encompassing the needs and aspirations of the public. But as future events were to indicate, this document never fruitfully came to light as it was buried under the pile of many other files. Subsequently such changes in the government and politics of the country lead to the imposition of first Martial Law. Having a social policy was no longer a priority. The ruling administration, then designed the programs according to their own ideas and political exigencies<sup>212</sup>. The department of social welfare had a structure on provincial levels by 1958.

By 1975 in Punjab province three welfare homes for the aged were established by the provincial government at Lahore, Multan and Rawalpindi, each with a capacity of 50 inmates but the actual number of inmates has always been very low. By 2002-6 three more were added at T.T. Sing, Narowal and Sahiwal take the public sector welfare homes for the aged to six<sup>213</sup> ( The Universe of the present study). The issue of the number of inmates was also observed everywhere in this study and as noted in the sampling methodology the total number of inmates in all the three institutions was 68. There are reports that in Islamabad, Karachi and in other big cities of the country there are welfare homes for the aged run on a commercial basis. The low coverage is

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<sup>212</sup>SherinRahmatullah, 2000. Social welfare in Pakistan . Karachi: Oxford University Press pp.37-8.

<sup>213</sup>M.Iqbal (2013) *Social welfare in Pakistan ; A Case Study of Punjab Province*( Peshawar University; Ph.D. Thesis),p.162.

due to the fact that norms of the society discourage institutional services for the old aged. Home-based care for the elderly is in its excellent shape in all the eastern set-up. It is the virtue on the basis of which Pakistanis call their society better than that of western. A news item confirms it in these words:

*“When Pakistanis want to argue that their society is better than the West’s they give the example of how we treat our elderly. Only callous and ungrateful people send their parents or grandparents to old-age homes, they argue. However, the reality in Karachi, at least, seems to indicate that our social reality is not that different.”<sup>214</sup>*

The province of Sind was the first to establish welfare homes for the aged as early as 1951 by some professional and fraternity guilds as well as voluntary sector like Edhi Foundation called Edhi Foundation Welfare Home rendering for orphans and the aged. At the moment there are some one dozens welfare homes for the aged in Sindh province all run by the voluntary sector.

Other issues related to the welfare homes for the aged, are security of the inmates and the abuse of the elderly by the staff members as pointed out by Iqbal in his research work.

Since then Pakistan has framed three more social policies in the years 1988, 1992, 1994 but none of them have been put into practice in *to* and the social welfare in the country is run on an *ad hoc* basis. Though Pakistan has an accommodating structure for the welfare, it is under worked and seems to be the neglected sector of the state. The services of the sector are confined to special groups of disabled, destitute, women

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<sup>214</sup>. The *Express Tribune*, July 14, 2010.

and now the recipient of Zakat since the unification of the departments of Zakat and social welfare.

The first policy or recommendation for the first five years developmental plan did not talk of the social welfare services, except a few social services but surely not of the aged people. The social welfare activities on state level started in 1961 and the Ministry of Social Welfare and Rural Development were established in 1976. In the second welfare policy devised by General Zia-ul- Haq government in June 1988, it was said that senior citizens will be included in the target groups, but in August 1988 the architect of the policy was killed in mysterious circumstances and the policy went to the back burner. In 1992, the third social welfare policy was announced which again did not talk about the welfare of the senior citizens. In 1994, Pakistan announced her fourth welfare policy, but it was a theoretical document than a pragmatic one. It did mention, of the welfare of the senior citizen, but did not mention the nature and extend of the services for the aged people.

## **PART-II: PROSCRIPTION OR PRESRIPTION**

### **6.4. The Federal Government and the Senior Citizens' welfare**

In September 2014, all the leading Newspaper in the country carried a front page report saying that the Council of Islamic Ideology (hereinafter CII) has forbidden the establishment of welfare homes for the aged in the country. This was a blow to many philanthropists and social worker not only in the private sector, but also in the public sector. Later on, it was known that the report was nothing but a journalistic sensational report, which is a characteristic of the Pakistani newspaper to malign Islam and Islamabad. The real story goes like this.

In 2012, the National Council for Social Welfare, on the advice of the Ministry of Capital Administration and Development (CAD)\* Division drafted a Senior Citizen Welfare Bill. (The National Council for Social welfare is a Federal Watch-dog and advisory body on issues related to social welfare in the country and which was established in 1956). The Bill was presented before a workshop on 6<sup>th</sup> December 2012 in Islamabad for finalization. Many amendments were proposed and the draft was finalized. The Bill was presented to the Senate of Pakistan on 17<sup>th</sup> December and the Senate unanimously adopted the Bill through a resolution and recommended that;

*“The State should establish shelter homes for the senior citizens. The resolution also said that the government should take special measures to create awareness among the masses regarding the respect and protection of the senior citizens.”*

The National Council of Social welfare sent the draft Bill for the opinion of the Council of Islamic Ideology\*\* (CII) of Pakistan. The Council, after thread bare discussion on the issue appreciated the effort of the National Council of Social welfare and submitted her report on two aspects of the Bill, namely the Structure and administration of the Senior Citizen Welfare Council for the welfare of the elderly and objectives of the proposed Senior Citizens Bill as proposed in the Bill.

Regarding the structure and functions of the Council for the welfare of the senior citizens the CII said that there is nothing repugnant to Islam. As for as the target groups and the objectives of the Bill were concerned, the CII had a very positive and

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\*CAD was created after the 18<sup>th</sup> amendment to the constitution of Pakistan granting autonomy to the federating units/provinces. The CAD carryout the functions which were previously undertaken by federal government departments for Islamabad Capital Territory.

\*\*The Council of Islamic Ideology (CII) is a constitutional body responsible for guidance of the federal government whether any law made or proposed by the parliament is in accordance with Islam or not.

guiding role. The Council specifically quoted articles of the Constitution reminding the state her duties towards such needy persons as the aged. The Council observed that the Pakistani society looks after the senior citizens within the ambit of the Islamic culture still there are senior citizens who because of desertion and economic problems need special attention. It is our duty to act now for their welfare and provide the senior citizens protection. This Bill can be a source of encouragement for the provinces to take concrete steps for their welfare.

The CII strongly recommended to the government to establish such shelter homes on limited scale only meant for the most deserving senior citizens who had no child/ son/ ward etc. to look them after. Those who had any child, particularly a male child must be held responsible for the maintenance of the parents. In case, if they are poor or jobless, the government should provide maintenance to such poor aged people at the doorstep.

This decision was sensationalized by the newspaper and reported the other way round.

### **6.5. Arguments for and against the establishment of shelterhomes on large scale**

The CII verdict was based on Islamic Injunctions which is based on the sayings of the holy Quran and the sayings of the holy prophet (PBUH). The Quran says that Allah has commanded man to be kind to his parents and the holy prophet (p b u h) said that the children as well the wealth earned by the children are the property of the parents (see reference no 72 and 74 Chapter-II). In case the children are so poor that they cannot maintain the parents, then the State is responsible for the upkeep of such old people. Under Article-38 (d) of the constitution of the country, the State is

responsible to provide the basic necessities of life to its citizens irrespective of caste, colour or creed<sup>215</sup>”.

The CII gave its verdict that those aged people who have children/heirs, be inculcated the duty of maintaining and caring their elders / parents and a mass awareness be created among the youth regarding this sacred duty. Those senior citizens who have no heir/ children and are in trouble, be maintained and sustained by the State through monthly allowances/ stipends or appointment of carers for them.

In case the children are poor and cannot maintain the parents, it is the State responsibility to provide them facilities to fulfill their religious obligations of Islamic way of Life. Article 31(1) of the constitution states ensures taking of steps on individual as well as state level to order the public lives in accordance with the Quran and the sayings of the holy prophet Muhammad (SAW)<sup>216</sup>”.

In pursuance of this declaration the Government of Pakistan has established the departments of Zakat and Pakistan *Baitul- Mal*. The Zakat is deducted on all the bank accounts in the country @ of 2.5 % and which yields billions of rupees annually. The Heads, on which the Zakat money can be spent, are specified in the holy Quran and the aged poor people are one of the categories on which the zakat money can be spent. Similarly, the *Baitul Mal* which is meant to help the poor and needy people can also help the aged poor and their families.

In case the shelter homes are established for all aged people irrespective of their financial and social needs like having no child, then it will become a culture that people will dump their old parents like in the west. As already mentioned, it is the

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<sup>215</sup> Government of Pakistan (1973) *The Constitution of the Islamic Republic of Pakistan*. (Islamabad: national Assembly Secretariat), Article 38 )(d).

<sup>216</sup> Ibid. article 31.(1)

sacred duty of the children to maintain aged parents. In case shelter homes for the aged were created in large number, children will tend to send their parents to such homes and give up their duties which are a sin.

This has been practiced in the Christian Britain in 1601 under the Poor laws of 1601 when the children and grandchildren were made responsible to maintain their aged parents and grandparents. Why this cannot be practiced in Pakistan, where the environment is already ripe for the purpose.

In 2007, the government of India announced a policy of the welfare of the senior citizens under the Act of parliament entitled “Maintenance and Welfare of Parents and Senior Citizens Act, 2007” promulgated in December 2007. The Act seems to be the latest version of 1601 Poor Law of England in which the children and grandchildren were held responsible for the maintenance of the parents and grandparents. The law states that;

*“A senior citizen, including parent who is unable able to maintain himself from his own earning or out of the property owned by him, is entitled to get relief under this Act. Children/grand children are under obligation to maintain his or her parent father, mother or both.<sup>[12]</sup> Likewise, relative of a senior citizen is also bound to look after the senior citizen. If such children or relative are not maintaining his parents or senior citizen respectively, then the parents/senior citizen can seek the assistance of Tribunal constituted under this Act, to enforce the remedy of maintenance. Such parents/ senior citizen can*

*file an application before the Tribunal, claiming maintenance and other reliefs from their children/relatives as the case may be*<sup>217</sup> “.

This law, in India, held responsible the children to maintain their parents and if any one defied the law, could be sued in the court of law under the Act. There is no mention of any welfare home for the aged rather the whole responsibility was placed on the children.

The same year Pakistan also drafted a senior Citizen welfare Act, but this was confined to the establishment of a Senior Citizens Welfare Council and nothing more. Unfortunately, this half- baked effort too, did never put into practice and is kept pending since 2007.

On limited scale the establishment of shelter homes is good as there are many aged people who have no children or have children but do not support them. In such cases the aged parents can be admitted to such institutions.

There are people who have no children but have heirs after their death. Such heirs can be made responsible for the maintenance of senior citizens. Even then, if there is danger that such people will not support them, the state should provide them with cash benefits for maintenance through the heirs or can hire the services of carers for them at their homes.

Now, as the CII has given her verdict in favour of the establishment of the shelter homes on a small scale and it is the duty of the State to honour her verdict.

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<sup>217</sup> Government of India (2007) *Maintenance and Welfare of Parents and Senior Citizens Act, 2007* - Wikipedia, the free encyclopedia.html visited on 12.12.2014.

In shelter homes or welfare homes for the aged abuse of the elderly inmates is a fact not only in the west, but also surfaced in Pakistan since the establishment of these homes. It is reported that 4-6% elderly do experience abuse in their families as well, but it is hidden or perpetrated in privacy and is not visible. It is difficult to quantify this issue. But there are reports that the elderly are being abused in these welfare homes<sup>218</sup> in Pakistan as well. The lesser the number of these welfare homes or shelter home, more will be the monitoring and hence lesser will be the chances of abuse by the staff of the homes.

The practice of violence against elderly leads to the theory of disengagement which says that getting aged is a process of gradual withdrawal from the family and society by the elderly people. It is argued that this withdrawal is natural, acceptable, and universal process with the older people,<sup>219</sup> but there are opponent to the theory as well. This can be acceptable to the young but the old are conditioned to accept as they have no other option than retiring to the silent cornered homes for them. The violence or abuse of these elderly people will compel them to withdraw from those who are employed to look them after and also for those living with them as they will have no pleasure in living. In the words of sociologist Smelser,

*“This withdrawal is both a response to the social context of the aged and a process that helps the older people to adjust to their diminished capacities and face death<sup>220</sup>” ...*

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<sup>218</sup> M. Iqbal (2013) *Social Welfare in Pakistan ; A Case Study of Punjab Province* (Peshawar University; Ph.D. Thesis),p.162-5

<sup>219</sup>

<sup>220</sup>.Neil,J.Smelser, , (1981), *Sociology*. (Engle-wood Cliff: Prentice –Hall),p.225

This is an urban –industrial culture where the family is only a place to spend the night. Both man and woman go to work and the children go for schooling and there is none to interact with the elderly in the family if there is any.

In rural-agrarian culture, the life of a nuclear family is difficult as compared to those who live jointly. In such case the family needs manpower to carry out daily chores. With a large number of people the care of one or two elders is not a difficult job. There is frequent interaction between elders and younger's in particular. The grannies take care of the newborn as a special duty. The grandfathers mostly take care of the lands, and attend social occasions, etc. Daughters-in-law in particular care the parent's in-law. Mostly, educated women do not opt for any employment. The daughters –in-law is preferably being either the nieces of father or mother and there is a very close relationship among the in-laws based on blood relationship as well as mutual respect and understanding. In such cases, the elders never feel idle and isolated and remain active, a sign of a good age as stated by the theory of Activity coined by Havighurst<sup>221</sup>. This theory is also known by the names such 'Implicit Theory of aging', 'Normal Theory of Aging', 'The Lay Theory of Aging and even 'Commonsense Theory' of aging assumes;-

*“A positive relationship between activity and satisfaction in old age when older adults stay socially active and maintain social interaction resulting in delay of aging process and enhancement of quality of life”<sup>222</sup>.*

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<sup>221</sup>Havighurst, R. J. (1957) *The Sociological Meaning of Aging*. Address given at the General Session of the Introductory Gerontological Congress in Merano, *Conference Proceeding* ; Italy, July 15, 1957, Pp. 23.

<sup>222</sup>Wikipedia, the free encyclopedia.html dated 20.12.2014

Adding to this theory, Bernice Neugarten said that satisfaction in old age depended on active personal, social relationship<sup>223</sup> and enhances the sense of self<sup>224</sup>. The idea of living in the integrated family system or care by the own children and heirs means contentment in old age depended on active preservation of personal relationships and aspirations.

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<sup>223</sup>Ibid.

<sup>224</sup>Ibid.

## CHAPTER – 7: SUMMARY AND CONCLUSION

This study was aimed at exploring the problems of the aged and welfare homes for the aged in the province of Punjab Pakistan. After having a detailed investigation of the problem, the researcher is left with a sense of sorrow and dejection on the plight of the aged people in this province. The problems, though have emerged recently but gaining momentum. Nothing on state level is learnt from other countries with the same problem. It seems that the state and society, both are either unaware or indifferent to the situation. It is said that, “you can avoid reality, but you cannot avoid the consequences of avoiding reality”. The State also seems to be closing her eyes on the upcoming issue of the elderly population in Pakistan, which is growing tremendously and with a fast pace besides many warnings and awakening by economists, medical professionals, social workers, social policy practitioners. In addition, the children and the aged people themselves live in miserable conditions without any support, particularly with the poor and deserted background.

Probably, this is done in the belief that Pakistan is cohesive society and parents are culturally, socially and religiously, cared for by their children particularly by male children. It should be noted that in Muslim societies in general, and in Pakistan in particular, elderly citizens, especially men, are given much respect and a high status.

However, dimension of the society and values are changing rapidly with the modernization. The joint family system is on the verge of breakage particularly in the urban areas. Small housing, the fading culture of help by daughter-in-law, the geographical mobility in search of earning a livelihood, especially by the male member for the entire family, and above all the increasing life expectancy of elder persons are some of the causes of this situation.

## 7.1 Old age

Aging is a natural phenomenon and most, if not all, living organisms have to pass through it. It is a universal phenomenon encountered by every human individual across the life span. Who is an old aged person among human beings, is not explained universally in the same words and figures. Defining the initiating limit or boundaries of old age is a difficult and considerably ambiguous task as it varies from society to society, given that it is more of a cultural process than a biological one.

Ageing is one of the most visible problem surfaced during the last century and will surely remain visible and important throughout the future. The process has lately become more evident in many developing countries, including Pakistan as initially experienced by rather developed countries.

Sociologically, it can be defined in at least three aspects other than chronological age. These aspects are biological, psychological, and social. Chronological age is the time passed since the birth of a person's in years and is the most common determinant of defining age and aging. During the last century, however, social scientists and demographers took keen interest in using scientific methods to explain the aging process, especially the length of an individual's chronological age. Birren has distinguished normal aging in three factors; physical, psychological, and social.

*“Biological age is the study of changes in the body systems and how the effects these bodily changes have on the overall (physical, psychological, and social) functioning of older adults’ ;*

*“Psychological age determines the person's aptitude to become accustomed to and alter recognizable and foreign environments; as*

*well as an individual's sensory and mental capacities his/her adaptive capacity and personality”*

*Lastly; “Social age, a person's place or role in a given social structure, where age-based assigned roles specify an individual's rights and responsibilities, as well as his/her ability to relate, to connect with others, and accounts for the older adults' functionality in a social context”.*

In common parlance, old age is defined as any person who crosses into retirement from active services or is over the age of sixty years and somewhere over sixty five years. In the case of Pakistan, where the Chronological definition of old age is mostly not applicable, the sociological definition can serve a lot as the exact birth records for the age 60 are not available for the huge population involved in the informal sector for their livelihoods. Although, from religious perspectives, Islam does recognize the high status of the elders and prescribes the respect and services to them.

## **7.2 International Old Age Statistics**

Internationally, though the population growth rate is in decline, however, world population is growing, particularly the aged population of 60 years and over. Consequently, internationally the aged population of over sixty and sixty five is on rise. In 1950, the over-60 years population was just 8% (200 million) and within sixty one years, this number has jumped to 11% (760 million) in 2011. By 2050, this number will reach 22% of the total world population or 2 billion. Therefore, consequently the oldest-old population or those 80 years are also increasing. In 1950, this latter category (80+ years) was 0.6% of the world population that is 15 million. It is projected that this age group has increased up to 1.6% of the total world population

by 2011 and by 2050, it will touch the highest figures of 4% of the total global population of 400 million. In other words the world population will increase 3.7 times in hundred years from 1950 to 2050 and during the same period, the old population (60+) will increase ten times, whereas, the oldest-old population (80+) will increase by 26 times. In other words the world population will increase in forty years (2010-2050) by 2 billion, while the aged population, during the same period, will increase by 1.3 billion. The most startling aspect of this situation is that the women of 60-plus group will comprise about 55%, mounting the 80+ group to 64% and 100+ group to 82%. Women tend to outlive men by an average of 4.5 years corresponding with the report by the UN which stated that by 2003, there were 600 million people of the age 60 and above, which will raise to 1.2 billion by 2025. This trend shows that the world's older population is increasing throughout the world more rapidly than the population growth itself. In 2000, for the first time it was realized that there were more 60+ years people in the world than the children of age 5 years. If this trend continues, then by 2050 the aged people (60+ years) people will outnumber the entire population of under-15 years<sup>225</sup>. According to another report, the population of senior citizens throughout the globe is increasing at a rate of 2.6% per years, which is faster than the population growth rate of 1.1% per year. Two reasons can be attributed to this increased aging process resulting in high population size of the elderly; one is a low birth rate, meaning there are fewer children and other is increasing longevity of age due to the improved bio-medical sciences.

The most distressing aspect of this state of affairs is that it is taking the top place in developing countries, together with those which have a large fraction of youth.

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<sup>225</sup>UNDESA,(2012). World Population Prospects: The 2012 Revision, Life expectancy at birth for both sexes combined (years), 2010-2015. Retrieved January 12, 2014 from <http://esa.un.org/unpd/wpp/Excel-Data/mortality.htm>.

Amongst 15 countries with more than 10 million older persons, seven is developing countries, including Pakistan.

### **7.3 Old Age statistics in Pakistan**

Pakistan is at the threshold of ageing hastily. Since the 1950s, mortality has declined, and since, the later 1990s, an embryonic fertility decline has been acknowledged. Presently, there are about 7.3 million people over the age of 60 in 40% of households in Pakistan, which constitutes about 6% of the population. Since 1961, the elderly have stayed at about 6%. Partially, due to population impetus and somewhat due to meager gains in survival in late middle age, the utmost population growth has been in the segment of the population which is at 'working-age' throughout the last half century.<sup>226</sup>

The elderly population seems to be taking its toll rapidly over the span of decades instead of centuries. Pakistan is predicted to have a population made up by 12.4% of the elderly population, which is more than the rest i.e. 42.8 million. In the succession of population ageing there is already a geographic deviation. Both district and provincial level census data show the ratio of elderly varies somewhere between 3.2-8.9%.

According to the first census of population of 1961, the percentage of aged population in the total population of the country was 2.92%. By the second census the total raised to 4.57%. By 1981 census we had the 5.88% aged population of the total and by 1998, in a total population of over 129 million, the aged population (by aged

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<sup>226</sup>Government of Pakistan.(2002). *Population Census 1998*.(Islamabad: Census of population Organization, Statistics Division),P. 134.

population we mean the people aged 60+ as in Pakistan the retirement age or the age of superannuation is 60 years) were over seven million.

The old age dependency ratio will boost as the ageing process gains momentum in Pakistan. There will be a greater increase in old age population with the decline in birth rates as well as bio-medical scientific advancement with the increase the average age or life expectancy. Thus enlarging the number of aged people shall lead to great economic problems for the state which has been a problem since her inception in 1947 on the one hand. On the other hand, aged people themselves have the problems of health, status, respect and roles.

#### **7.4 Old Age statistics in Punjab, Pakistan**

In terms of population, Punjab is the populous province of Pakistan, according to the Census of 1998 which comprises 57% of the total population. Furthermore, as per this census report, out of the total population of 129.17 million older population in that year was 7.16 million i.e. 5.54% in Pakistan. The proportion of the old in the population of the provinces in 1998 was 5.5 % while, province wise ratio of the aged population was 6.21% for Punjab, 4.61% for the province of Sindh, 4.90% for Khyber PakhtunKhawa and 4.30% for the province of Baluchistan. In such scenario, if the population of the aged is more in this province, it means the problems of this age group will also be more than other provinces.

The Punjab population is 53% of total Pakistan's population. However, the proportion of aged population residing in this province is nearly 64% (45,69,796) of all aged population of Pakistan. These figures are seventeen years old as the country could not

have the census of population since 1998<sup>227</sup>. By now, our sources like the World Bank, UNESCO, and UNDP, etc. indicated the estimated figures for greater than the 1998 census.

## **7.5 Study methodology**

In order to study the problems of the aged and the welfare homes for them and the prospects of these homes in Punjab, data were collected from five strata, including the aged people themselves in the welfare homes, the aged people within their families, the relatives and children of the aged people, the aged persons on the streets and the retired persons who were more oriented in the problems of the aged people. The data were collected through semi-structured interviews/questionnaires and in-depth discussion not only to quantify the problems but understand them as well.

The overall sampling procedure was stratified, convenience/voluntary and purposive sampling. There were five strata of respondents namely stratum-1 was of the retired Governments servants, stratum-2 was those aged respondents who lived in the welfare homes for the aged. Stratum-3 consisted of those respondents who lived within their families. Stratum-4 was the carers/ children of the aged people and the stratum-5 were aged people on the streets, in work, beggars etc.

The sample size from a stratum-1 ten educated retired persons on purposive basis were selected. The main purpose of these interviews was to understand the problems of the aged people at homes, at the welfare homes and on the street and get the information for the construction of a tool for the rest of four strata. Stratum-2 was 62 respondents out of a total of 68 from the welfare homes selected through Krejcie

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<sup>227</sup>Government of Pakistan (2003), Census of Punjab 1998 (Islamabad: Population Census organization), p.90

and Morgan method on a voluntary basis. From stratum-3, 50 aged people in their families on a convenience basis were sampled out. From Stratum-4, again 50 children/ carers of the aged person, were selected on purposive basis. The children and carers were interviewed to assess the problems made by the aged persons for their families as well. 40 aged persons from stratum-5 of beggars/deserted aged persons, laborers, hawkers and pensioners of the private sector were selected on the streets on purposive basis.

The demographics of the aged people showed that 40 out of 62 were males and 22 were females in six welfare homes in stratum-2. It is worthwhile to mention that each of these six welfare home was meant for at least fifty persons, but the actual number of the inmates was less. This can be due to the cultural and religious practices prevalent in Pakistan, where many young people do not prefer to send parents to such like welfare homes.

Among the 62 inmates (the respondents of the first stratum) 26 (44%) were illiterate, 26 (44%) were educated up till primary level and 11(18%) were educated up to high school level.

Economically, 20 respondents, with equal number of both sexes, had no income at all, 11 had a monthly income up to 5000 rupees, 19 had a monthly income of up to 10,000 rupees and only 2 respondents had a monthly income of up to 20,000 rupees. On average the monthly income was rupees 5,879/, when divided on daily basis, the income was found less than 200 rupees or less than US\$ 2 per day. Such situation depicts the characteristics of Pakistan's poor economy and poverty among the people.

In stratum-3, 43 out of 50 were males and 7 were females, and regarding marital status, 46 out of 50 were married and 4 were widowed/widowers. According to the

educational level, out of total 50 aged, 27 were illiterate, 19 could attain school education while only 4 had education upto intermediate or graduate levels. Family system wise 41 lived in a joint and extended family system and only 9 reported nuclear family type. Occupation wise 50% were employed and 50% were not employed before attaining the age of sixty years. The same occupational status continued till this date and 50% were still working. Those who were working before attaining old age, 52% (13/25) reported a pensionable job.

In stratum-4, 45 males and 7 females out of 50 respondents were interviewed. They were the carers/ children of the aged people of stratum-II. 31/50 were married and 9/50 were unmarried. Among this stratum 7/50 were illiterate and 43/50 were educated. Income wise, on the average, each person was earning over US \$ 180 month or 18,000 Pakistani rupees.

In stratum-5, 31/40 males and 9/40 were sampled out from four sub-stratum. More than 50 % respondents were illiterate, but there were highly educated aged persons also included in this stratum. Per capita income was over 6000/- pm. 27/40 respondents belonged to the same city or their families lived in the same city while 13/40 came from outside or their families lived outside the city. Out of 40, 28 had contacts with their families while 12 were deserted or had no contacts with their families.

## **7.6 Problems of the Old Age people**

The results of this study indicated that a number of problems faced by aged. Among them, the most serious and prominent were found socioeconomic problem explained as below.

### **7.6.1 Economic Problems**

The major issue that was appeared in four startaof this study as well as indicated by retired senior citizens, was the economic or financial problem. These problems were on the top list of the problems faced by senior citizens the world over. In old age the physical strength and vigor to work lessens and hence earnings. Throughout the world, the trend is that majority of the people depends upon their own earnings and very few ascribe wealth from the family. Pakistan is a poor country in the third world where one third of the population live below the poverty line. Those who live below the poverty line include women, children and the aged in particular. In addition, Pakistan is not a welfare state where a state assumes the responsibility of the looking after those who have no resources. Very few inherit family wealth while majority depends upon own income when they can earn or the child's income. Those who were in the state service, get a frugal pension not sufficient to meet the basic requirements of the family of a retired person. Those who work in the private sector or industrial sector either do not get any benefit in their old age or even if they do, it is so meager to meet the needs of a person. For example, till April, 2015, the pension rate of a retired industrial worker was 3600/- rupees per month or 36 US\$ a month. Many have to carry on working till their death and many are inadequately paid and work in hazardous and unbalanced environments. Due to persistent health problems, the major portion of the income of this group is spent on costly medicines.

Data shows that 50% respondents were jobless before retirement and hence could not get any benefits /pension in the old age, while 50% aged persons were still earning the bread for them and their families. About 24% aged persons who were working at the time of this study reported that due to financial crisis they had to work.

In Pakistan, where majority of the citizens were out of work about forty years back due to lack of industrialization and other job opportunities, many people in their young ages had to resort to daily wages.

The only source of a father and mother survival is their children, particularly sons are insurance policies in the old age. Joint family looks after everybody according to his/her needs and expect from every earning person to contribute to the family purse. Consequently, many aged people are looked after by their children. Those who do not have any issue or died or parted ways with parents, feel the agonies of poverty and isolation.

In stratum-3, 50 % respondents were employed in their young age, while a similar no. was unemployed or daily wagers depended on casual labour. Out of those who were employed, 13/25(52%) got a pension on retirement while 48% were not eligible for pension benefits. 50 % respondent worked hard even in their old age due to their economic problems as reported by them. In stratum-5, 14/40 (35%) respondents were supported by their families while 18/40 (45%) did not receive any support from their families as their families lived out of the city. 8/40 (20%) were destitute and had no family or relatives at all.

Poverty is a national social problem in Pakistan and one of the many reasons of poverty is the lack of out reaching social safety nets to the most vulnerable groups, even in the presence of institutions like Zakat system, Pakistan Baitul- Mal and Benazir Income Support Programme (BISP) which according to ordinary observers is a source of corruption and amassing ill-gotten wealth by the Politicians.

### **7.6.2 Health problems**

Old age is a host of many health problems for many if not majority. This study showed that among the inmates of the welfare homes, more than 53% respondents had health problems. Among the most vulnerable aged persons on the street (stratum-5) morbidity was found to the maximum i.e.70% had one of other problems. Similarly, among those living within the families and the retired people had health problems. The most common health problems were eyesight problems, arthritis, diabetes, heart problems, hypertension, problems with movements, prostate enlargement/Urine problems, difficulty in hearing, insomnia, Parkinson etc.

The severity of health problems can be assessed from the fact that among the respondents of Stratum-2 with health problems, 29 out of 33 (87.8%) aged depending upon others for help and support. Among the stratum-3 elder, persons who had health problems, 86% aged persons had problems in maturation, 78% had eye sight problems,76% had weakness and Parkinson diseases, a similar number had diabetes problem, and 72% had heart problems as major diseases.

### **7.6.3 The Problem of Lowering Status**

It is generally complained by many elders and a common observation as well that the status of a person decrease with the passage of age particularly in the old -old age. In Pakistani society, elderly people are looked after properly and they are accorded a high status by the young generation. But there are cases where Many reasons can be attributed to this issue like loss/ reduction in income of the aged person, dependence on others, change of behavior, economic engagement of the son(s) where he/they cannot manage to pare time to attend to father always etc. Literature is full of the

stories that in the west elderly are sent to homes meant for aged people where they are properly looked after than living in isolation at home. As there is no practice of a joint family system, the practice of looking after the elderly is also not in vogue. The trend of joint family system and single- parents means no child live with parents after their marriage.

There are cases in which the children do not listen or consult parents on important matters like sale and purchase of property, arranging marriages of the daughter/son, asking permission of parents to go out of the town/village, involving them in conversation, giving them importance in presence of guests, asking them about their health and other needs, are some of the indicators of the lowering status of the elders in Pakistani society.

11% respondents from stratum-2 reported that they were consulted in daily matters while majority elders were ignored. In matters of relative's issues, majority elders were consulted and asked their consent.

In stratum-3, majority (80-84%) reported that they were asked by their family members before making any important decision (table- 10). Similarly, among the carers/children majority reported that they did listen to their elders in important matters. In stratum-5, more than 50% elderly respondents reported that they were consulted in daily matters. This shows that the status of elderly people is not that lowered in Pakistani context as said depending upon the circumstances of the elderly person and venue of interview.

#### 7.6.4 The Problem of Social Isolation

The problem of social isolation is always there with the aged people, whether they live in joint families or nuclear families depending upon the age. The more the age of an elderly, more will be his isolation because of his physical and mental conditions. In urban areas this can be a problem due to alienation and low level of personal contacts, but in rural culture the isolation problem can be minimum due to large family set-ups, personal contacts, blood relationship, the cultural institution of *Choopal* ( a common sitting and meeting place meant for male son only) and guest houses of the village chieftains where the village elders frequently meet and discuss matters of daily interests. In addition the institution of mosque is a place where the elders in particular, meet five times a day.

Still, the interaction of the juniors with the elderly matter. In the contemporary busy life, in many cases, the children leave home for earning and return late in the evening and thus cannot spare more time for the parents and the aged.

There were reports from some elderly that they are not given proper time and attention by the youngsters. For example, in stratum-2, only three respondents reported full time attention from children while 11/62 reported when the children were free, they interacted. 30/62 reported their interaction with the children when needed. 114/62 were totally destitute and had no issue probably (stratum-2).

More 50% children/care takers reported that they gave from quarter of a day to full day time to parent's/elder's services and interaction while 46% reported less than half an hour due to their busy schedule. Overall situation is that the children and carers do attend to the services of the parents/elders and are not deserted at all.

## 7.8. Recommendations

- The Government should manage all formal and informal safety nets for the care of senior citizens at state level.
- The responsibilities of off-springs, family members, relatives and neighbours should be advocated to the member of society through print and electronic media, religious scholars and teachers as well.
- Already established Islamic and welfare organizations should play vital role in identifying the senior citizens bearing families under economic stress for the fair distribution of Zakat among those families.
- Committees at grass root level like CBOs with the collaboration of CSOs can highlight the significance of charity and donations to the members of society which can be used as a supportive wheel for mitigating the economic needs of senior citizens.
- The young members / care givers of the senior citizens bearing families should have some arrangements of cash payments by government or welfare organizations so that their interest and moral in taking care of the senior citizens can be boosted by financial aid.
- Relaxation in tax and fee should be given to the children and grand children of the senior citizens to reduce the economic stress on the care takers.
- Proper record maintenance of senior citizens and their families should be done in order to take practical steps on top priorities.
- Trust of the people should be enhanced on the government regarding distribution of the funds and Zakat by adopting transparent and easy to access procedures like online banking.

- Establishing new old homes without the estimation of its exact need is just wastage of state resources so proper planning and policies are required for utilization of funds for the care of senior citizens.
- Day care centers, libraries, recreational centers are required instead of residential homes in a larger number.
- There should be clear cut policy regarding residential homes and people without families.
- The worthwhile and precious experience of senior citizens must be transferred to the news generation and it can be done by different knowledge exchange programmes and trainings.
- The senior citizens who are physically fit and willing they must have opportunities to serve at kinder gardens.

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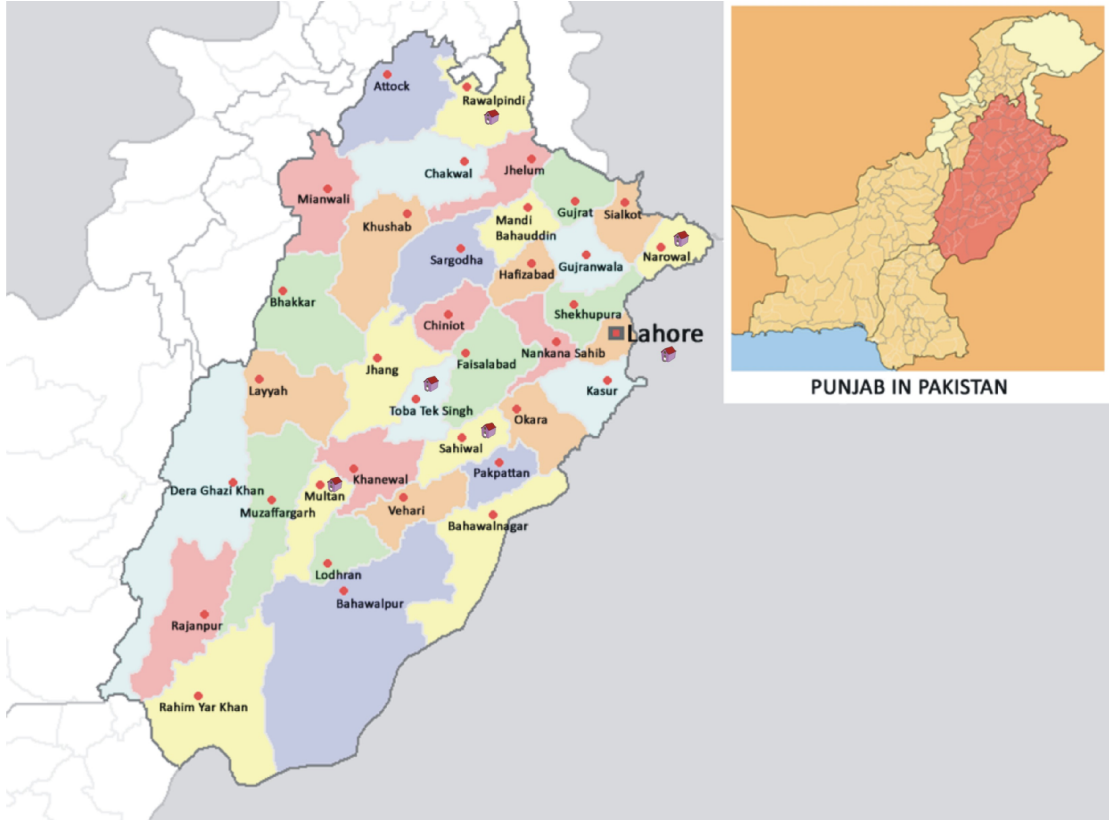
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## APPENDIX 1

### MAP OF PAKISTAN & PUNJAB





## APPENDIX 2

Dear Respondent,

As a PhD student at The University of Peshawar (Pakistan), I am conducting a study, which focuses on the Socio Economic problems and prospects of the elderly in Pakistan. This study is a combination of both qualitative as well as quantitative work. It aims at identifying and understanding the existing socioeconomic problems of our senior citizens and examining the social factors which have a direct bearing on their circumstances..

Along with the major causes of socioeconomic problems among the elderly, the study shall also research any changes in the behavior of family members towards the elderly and how the latter cope with such problems. This research will, therefore, not only highlight the socioeconomic conditions of the elderly, but also look into the ensuing changes in family structures, and any social security challenges affecting the status of the elderly that have not yet been addressed properly. It is hoped that the results of this study will improve the public perception regarding this issue of great national importance.

I believe that, as humans, we are undoubtedly interested in the welfare of our elderly and we all have experiences that could be shared to enhance the efficacy of our effort. Thus, being keen to benefit from your personal experiences, I have attached a questionnaire that focuses on your own views and thoughts on the matter.

I might also mention here that, while your participation in this study is entirely voluntary, all measures shall be taken to protect your identity and keep the information confidential. Please feel free to contact me if you have any questions about the study.

Your cooperation will be greatly appreciated.

Sincerely,  
UzmaAshiq  
PhD Student  
Department of Social Work  
University of Peshawar Pakistan. (This study has been reviewed and approved by the Institution).

## APPENDIX 3

### INTERVIEW SCHEDULE FOR RETIRED SENIOR CITIZENS

1. Name: \_\_\_\_\_
2. Job Title: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Address of Respondent: \_\_\_\_\_  
\_\_\_\_\_
5. Year of retirement/Age \_\_\_\_\_
6. After retirement what kind of problems you are facing. Please tick from the following list
  - a. Economic/ financial
  - b. Health (Personal)
  - c. Social Isolation
  - d. Children related
7. You have been related to welfare services. In your opinion, what are the major problems of Senior citizens in Pakistan? Please Mention at least two major problems.
8. How you rank these problems (which one is prior and which one is the last)?  
As ranked in column 7 above.
9. How much difference you feel in an active and retired life? Please explain.
10. From which area you belong (Rural/Urban)
11. Is there any difference between the problems of aged pensioners of rural and urban areas?
12. In rural areas, we have the traditional joint family system; do you think joint families can mitigate the problem of senior citizen?
13. What specific problems aged parents/people have with nuclear urban families?
14. It is said that educated pensioners after retirement have the problem of social isolation, to which extent you support this perception.
15. Do you think on retirement, a person becomes poor?
16. If yes, how?

17. Unemployed, non-pensioners in rural and urban areas of poverty, how do you think?
18. Do you think a change in our social values is a cause of the deteriorating condition of aged people?
19. If yes, how you can explain it?
20. Is there any institutional service available for the welfare of the aged in Pakistan?
21. Is there any social safety net/policy/legal protection about the welfare of aged people in Pakistan?
22. If yes, is it in practice?
23. If no, why?
24. Do you think that the Govt. is spending sufficient amount on the welfare of Senior citizens?
25. Can something be done for the institutional care of senior citizens in Pakistan?
26. There are many destitute aged people in our country, particularly in the urban areas, is it not the moral/religious obligation of the male child/ren in Pakistan to serve their aged parents?
27. Can they be held responsible under the 'family responsibility' under Islamic law/legislation of the UK? (a model law)
28. We have some official resources of welfare like BISP, Pak. Baitul-mal, Zakat and social what is their role in the welfare of senior citizens?
29. Can they be diverted /mobilized for the welfare of senior citizens as well?
30. What on the state level can be done for the welfare of S.C (senior citizens) as this problem is on rise due to the population policies/ development in bio-medical/health services?
31. What special message you want to convey to the Pakistani society regarding senior citizens plight?

## APPENDIX 4

### INTERVIEW SCHEDULE FOR SENIOR CITIZENS IN WELFARE HOMES FOR AGED

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

1. Gender

- i. Male
- ii. Female

2. Education

- i. Illiterate
- ii. Primary
- iii. Secondary
- iv. Higher secondary
- v. Graduate
- vi. Postgraduate

3. Your previous income (in Rs.)

- i. Up to 5,000
- ii. 6,000 – 10,000
- iii. 11,000 – 15,000
- iv. 16,000 – 20,000

4. Family background of the respondent

S.No	Relationship with the elderly person	Age	Education	Income (from all sources)	Occupation (Previous in case of the respondent)	Where at present
1	The Respondent					
2						
3						
4						
5						

Note;- Complete this question on the back if needed.

5. Family income
  - i. Up to 5,000
  - ii. 6,000 – 10,000
  - iii. 11,000 – 15,000
  - iv. 16,000 – 20,000
6. Have you got any other relatives (brothers/ sisters) in the same city/town?
  - i. Yes
  - ii. No
7. If yes, do they have still interaction with you?
  - i. Yes
  - ii. No
8. Do they help you at the time of need?
  - i. Yes
  - ii. No
9. How was your relationship with the family when you were young?
  - i. Extremely careless
  - ii. Careless
  - iii. Neutral
  - iv. Caring
  - v. Extremely Caring
10. What were daily routine when you were at home?
  - i. Family Tasks
  - ii. Doing Nothing
  - iii. Social Meetings
  - iv. Religious Activity
11. Had you got any physical health problem
  - i. Yes
  - ii. No
12. If yes, what problems;-
  - i. Arthritis
  - ii. Stiffness in joints/ bones
  - iii. Problems with movements

- iv. Any other (pl. Explain)
  - v. Not applicable
13. As a result of the health problem did you depend on other?
- i. Yes
  - ii. No
14. If yes, was there anyone in the family who helped you all the times?
- i. Yes
  - ii. No
  - iii. Not applicable.
15. If yes, Who,
- i. Son
  - ii. Daughter
  - iii. Brother
  - iv. Sister
  - v. Wife
  - vi. Relative
  - vii. Not applicable
16. Was the help readily available or when someone was free
- i. Readily available
  - ii. When someone was free
  - iii. N/A
17. If someone did not help, how you felt then;-
- i. Become enraged
  - ii. Mind it and on strike
  - iii. Stay out of home
  - iv. Tried to help yourself
  - v. Ask for help
  - vi. Felt helpless
18. Did your Son/ daughter, performed their responsibility well?
- i. Yes
  - ii. No
  - iii. N/A

19. If no, why?
- i. Property disputes
  - ii. Family problems
  - iii. Economic Problems
  - iv. Not applicable
20. How much time daily did they spend with you?
- i. Most of the time
  - ii. Some time when free
  - iii. At eating time
  - iv. At the time of need
  - v. N/A
21. Family seeks permission in daily matters?
- i. Take for granted
  - ii. To some extent
  - iii. To great extent
22. Family seeks permission in property matters
- i. Take for granted
  - ii. To some extent
  - iii. To great extent
23. Family seeks permission in marriage matters
- i. Take for granted
  - ii. To some extent
  - iii. To great extent
24. Family seeks permission in relative matters
- i. Take for granted
  - ii. To some extent
  - iii. To great extent
25. Family seeks permission about other issues
- i. Take for granted
  - ii. To some extent
  - iii. To great extent
26. How they respond when you did not permit?
- i. Shouted at you
  - ii. Cursed you

- iii. Unhappy
- iv. Did task
- v. Accepted happily
- vi. Did what they liked
- vii. N/A

27. How you responded when the things went against your permission?

- i. Left home
- ii. Shouted
- iii. Boycott
- iv. Got disappointed
- v. Accept decision
- vi. Any other
- vii. N/A

28. Is there any blood- relationship between you and your daughter-in-law

- i. Yes
- ii. No
- iii. N/A

29. If yes, what relationship:

- i. Maternal
- ii. Paternal
- iii. In laws
- iv. Outside

30. Did she respect and serve you as a relative and daughter –in –law:

- i. Yes
- ii. No
- iii. N/A

31. If no, how this marriage was decided

- i. Arranged
- ii. Love marriage
- iii. N/A

32. Did you really accept her as a daughter-in-law

- i. Yes
- ii. No
- iii. N/A

33. Do you have conflict between you and your son or daughter –in-law
- i. Yes
  - ii. No
  - iii. N/A
34. Were you economically supported by the family?
- i. Yes
  - ii. No
  - iii. N/A
35. If yes, in which way?
- i. Food and clothing
  - ii. Pocket money
  - iii. Health maintenance
  - iv. No support
36. Was there anyone in the family who picks on you:
- i. Yes
  - ii. No
  - iii. N/A
37. If yes, who is he/she
- i. Son / daughter
  - ii. Husband / wife
  - iii. Brother
  - iv. Daughter-in-law
  - v. Other
  - vi. N/A
38. Reasons to pick on:
- i. Property
  - ii. Family problems
  - iii. Economic problems
39. With whom you came in the old home
- i. Family
  - ii. Relatives
  - iii. Friends
  - iv. Came own self

40. Have you got some property/pension/ source of income
- i. Yes
  - ii. No
41. Do you spend your income on yourself?
- i. Yes
  - ii. No
  - iii. N/A
42. If no, then whom you spend your income
- i. Family
  - ii. Friends
  - iii. N/A
43. Do you think that property/ income etc is the one of contention now?
- i. Yes
  - ii. No
  - iii. N/A
44. How your own children behave towards you?
- i. Loving and peaceful
  - ii. Only respect, but not loving
  - iii. Caring
  - iv. Just sympathetic
  - v. Bad attitude
  - vi. Not applicable
45. What is the overall attitude of your own children towards you:
- i. Negative
  - ii. Positive
  - iii. N/A
46. If negative, why this situation
- i. Property
  - ii. Economic problems
  - iii. Family problems
  - iv. Careless
  - v. N/A

47. Your age when you came in the old home
- i. 60 – 69
  - ii. 70 – 79
  - iii. 80 or above
48. Are you Satisfied here?
- i. Yes
  - ii. No
49. Does someone from your children/ relatives / family ever pay visit to you
- i. Yes
  - ii. No
50. If yes, how often:
- i. Weekly
  - ii. Monthly
  - iii. Yearly
  - iv. When you call them
  - v. When you need them
  - vi. At Eid
  - vii. Not applicable
51. Do they take care of your needs, not provided by the institutions:
- i. Yes
  - ii. No
  - iii. N/A
52. Can the institute fulfill your basic needs
- i. Yes
  - ii. No
53. What are your needs which are not provided here
- i. Financial support
  - ii. Emotional isolation
  - iii. Less facilities
54. What is the attitude of the staff of the institute:
- i. Loving
  - ii. Strict
  - iii. Neutral
  - iv. Others

55. When you get sick, do you have medical facilities instantly:
- i. Yes
  - ii. No
56. Do you pay any money for your upkeep here:
- i. Yes
  - ii. No
57. Do you miss your children?
- i. Yes
  - ii. No
  - iii. N/A
58. Do they miss you the same way:
- i. Yes
  - ii. No
  - iii. Don't know
  - iv. N/A
59. How you evaluate your relationship with the children/family members at present:
- i. Satisfied
  - ii. Very satisfied
  - iii. Unsatisfied
  - iv. Not applicable
60. The message to the children of those who are residents of older homes:
- i. Tit for tat
  - ii. As you sow, so shall you reap
  - iii. Might is right
  - iv. Respect your parents

## APPENDIX 5

### INTERVIEW SCHEDULE FOR SENIOR CITIZENS WITHIN THE FAMILIES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

1. Gender

- i. Male
- ii. Female

2. Education

- i. Illiterate
- ii. Primary
- iii. Secondary
- iv. Higher secondary
- v. Graduate
- vi. Postgraduate

3. Your previous income (in Rs.)

- i. Up to 5,000
- ii. 6,000 – 10,000
- iii. 11,000 – 15,000
- iv. 16,000 – 20,000

4. Family background of the respondent

S.NO	Relationship with the elderly person	Age	Education	Income (from all sources)	Occupation (Previous in case of the respondent)	Where at present
1	The Respondent					
2						
3						
4						
5						

Note;- Complete this question on the back if needed.

5. Family income
  - i. Up to 5,000
  - ii. 6,000 – 10,000
  - iii. 11,000 – 15,000
  - iv. 16,000 – 20,000
6. Have you got any other relatives (brothers/ sisters) in the same city/town?
  - i. Yes
  - ii. No
7. If yes, do they have still interaction with you?
  - i. Yes
  - ii. No
8. Do they help you at the time of need?
  - i. Yes
  - ii. No
9. How was your relationship with the family when you were young?
  - i. Extremely careless
  - ii. Careless
  - iii. Neutral
  - iv. Caring
  - v. Extremely Caring
10. What were daily routine when you were at home?
  - i. Family Tasks
  - ii. Doing Nothing
  - iii. Social Meetings
  - iv. Religious Activity
11. Had you got any physical health problem
  - i. Yes
  - ii. No
12. If yes, what problems;-
  - i. Arthritis
  - ii. Stiffness in joints/ bones
  - iii. Problems with movements
  - iv. Any other (pl. Explain)
  - v. Not applicable

13. As a result of the health problem did you depend on other?
- i. Yes
  - ii. No
14. If yes, was there anyone in the family who helped you all the times?
- i. Yes
  - ii. No
  - iii. Not applicable.
15. If yes, Who,
- i. Son
  - ii. Daughter
  - iii. Brother
  - iv. Sister
  - v. Wife
  - vi. Relative
  - vii. Not applicable
16. Was the help readily available or when someone was free
- i. Readily available
  - ii. When someone was free
  - iii. N/A
17. If someone did not help, how you felt then;-
- i. Become enraged
  - ii. Mind it and on strike
  - iii. Stay out of home
  - iv. Tried to help yourself
  - v. Ask for help
  - vi. Felt helpless
18. Did your Son/ daughter, performed their responsibility well?
- i. Yes
  - ii. No
  - iii. N/A
19. If no, why?
- i. Property disputes
  - ii. Family problems

- iii. Economic Problems
  - iv. Not applicable
20. How much time daily did they spend with you?
- i. Most of the time
  - ii. Some time when free
  - iii. At eating time
  - iv. At the time of need
  - v. N/A
21. Family seeks permission in daily matters?
- i. Take for granted
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  - iii. To great extent
22. Family seeks permission in property matters
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26. How they respond when you did not permit?
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  - ii. Cursed you
  - iii. Unhappy
  - iv. Did task
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- vi. Did what they liked
- vii. N/A

27. How you responded when the things went against your permission?

- i. Left home
- ii. Shouted
- iii. Boycott
- iv. Got disappointed
- v. Accepted decision
- vi. Any other
- vii. N/A

28. Is there any blood- relationship between you and your daughter-in-law

- i. Yes
- ii. No
- iii. N/A

29. If yes, what relationship:

- i. Maternal
- ii. Paternal
- iii. In laws
- iv. Outside

30. Did she respect and serve you as a relative and daughter –in –law:

- i. Yes
- ii. No
- iii. N/A

31. If no, how this marriage was decided

- i. Arranged
- ii. Love marriage
- iii. N/A

32. Did you really accept her as a daughter-in-law

- i. Yes
- ii. No
- iii. N/A

33. Do you have conflict between you and your son or daughter –in-law
- i. Yes
  - ii. No
  - iii. N/A
34. Were you economically supported by the family?
- i. Yes
  - ii. No
  - iii. N/A
35. If yes, in which way?
- i. Food and clothing
  - ii. Pocket money
  - iii. Health maintenance
  - iv. No support
36. Was there anyone in the family who picks on you:
- i. Yes
  - ii. No
  - iii. N/A
37. If yes, who is he/she
- i. Son / daughter
  - ii. Husband / wife
  - iii. Brother
  - iv. Daughter-in-law
  - v. Other
  - vi. N/A
38. Reasons to pick on:
- i. Property
  - ii. Family problems
  - iii. Economic problems
39. With whom you came in the old home
- i. Family
  - ii. Relatives
  - iii. Friends
  - iv. Came own self

40. Have you got some property/pension/ source of income
- i. Yes
  - ii. No
41. Do you spend your income on yourself?
- i. Yes
  - ii. No
  - iii. N/A
42. If no, then whom you spend your income
- i. Family
  - ii. Friends
  - iii. N/A
43. Do you think that property/ income etc is the one of contention now?
- i. Yes
  - ii. No
  - iii. N/A
44. How your own children behave towards you?
- i. Loving and peaceful
  - ii. Only respect, but not loving
  - iii. Caring
  - iv. Just sympathetic
  - v. Bad attitude
  - vi. Not applicable
45. What is the overall attitude of your own children towards you:
- i. Negative
  - ii. Positive
  - iii. N/A
46. If negative, why this situation
- i. Property
  - ii. Economic problems
  - iii. Family problems
  - iv. Careless
  - v. N/A

## APPENDIX 6

### INTERVIEW SCHEDULE FOR REALTIVE/ CHILDREN OF THE SENIOR CITIZEN

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

1. Gender

- i. Male
- ii. Female

2. What is your relation with SC

- i. Son/Daughter
- ii. Wife/Husband
- iii. Brother/Sister
- iv. Grand/Other

3. How old are you?

- i. 25 -34 years
- ii. 35 – 44 years
- iii. 45 – 54 years

4. Marital Status

- i. Single
- ii. Married

5. Level of Education

- i. Illiterate
- ii. Primary
- iii. Middle
- iv. Higher Secondary
- v. Graduate
- vi. Postgraduate

6. Occupation
  - i. Low SES Pvt.
  - ii. Middle Pvt.
  - iii. Low SES Govt.
  - iv. Middle SES Govt.
7. Your income
  - i. 10,000 – 15,000
  - ii. 16,000 – 20,000
  - iii. 21,000 – 30,000
8. Your family system
  - i. Nuclear
  - ii. Joint
  - iii. Extended
9. Number of Family Members
  - i. 3 – 4 members
  - ii. 5 – 6 members
  - iii. 7 – 8 members
  - iv. 9 – 10 members
10. Number of dependent family members
  - i. None
  - ii. Half of families
  - iii. Whole family
11. Economic Support to elder
  - i. Yes
  - ii. No
12. If yes, type of economic support
  - i. Giving cash
  - ii. Bearing expenses
13. Who accompanied elder
  - i. Caretaker
  - ii. Other family members
  - iii. Attendant
  - iv. Other

14. Who give treatment to elder
  - i. Doctor
  - ii. Quack
  - iii. Witchcraft
15. Who bears expense of treatment
  - i. Caretaker
  - ii. SC himself
  - iii. Family members
16. Daily time spend with elder/SC
  - i. Less than one hour
  - ii. Quarter of the day
  - iii. Half of the day
  - iv. Full day
17. Seek permission of elder / SC for routine matters
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
18. Seek permission of elder / SC for property matters
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
19. Seek permission of elders / SC for marital issues
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
20. Seek permission of elders / SC for visiting relatives
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
21. Seek permission of elders / SC for other matters
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent

22. Behavior of SC in the case of seeking suggestions

- i. Polite
- ii. Harsh
- iii. Taken for granted

23. The behavior of resourceful SC / elder

- i. Proud
- ii. Sharing
- iii. Hiding

24. The behavior of SC in sickness / ailment

- i. Silent
- ii. Sensitive
- iii. Harsh

25. SC wants separate room

- i. Taken for granted
- ii. To some extent
- iii. To great extent

26. SC wants to attach bathroom

- i. Taken for granted
- ii. To some extent
- iii. To great extent

27. SC wants TV

- i. Taken for granted
- ii. To some extent
- iii. To great extent

28. SC wants a garden

- i. Taken for granted
- ii. To some extent
- iii. To great extent

29. SC wants nutritious diets

- i. Taken for granted
- ii. To some extent
- iii. To great extent

30. Caretaker tried to provide a separate room to SC
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
31. Caretaker tried to provide separate bathroom to SC
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
32. Caretaker tried to provide TV to SC
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
33. Caretaker tried to provide a garden to SC
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
34. Caretaker tried to provide a nutritious diet to SC
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
35. SC perform daily routine activities
  - i. By you
  - ii. By himself
  - iii. With someone's help
36. Reaction of SC when he remains idle
  - i. Polite
  - ii. Harsh
  - iii. Isolated
  - iv. Feel useless
37. Reaction of SC when busy whole day
  - i. Happy
  - ii. Fatigued
  - iii. Harsh

38. The most joyful activity of SC: playing with children
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
39. Most joyful activity of SC: gardening
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
40. The most joyful activity of SC: cooking / mopping
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
41. The most joyful activity of SC: book reading
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
42. The most joyful activity of SC: gossips
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
43. The most joyful activity of SC: watching TV
  - i. Taken for granted
  - ii. To some extent
  - iii. To great extent
44. Any institutional support for SC
  - i. Yes
  - ii. No
45. If yes, then what type of support
  - i. Financial support
  - ii. Medical support
  - iii. Recreational support
  - iv. Incentives to care taker
46. Getting any government support
  - i. Yes
  - ii. No

## APPENDIX 7

### INTERVIEW SCHEDULE FOR SENIOR CITIZENS

(ELDERLY ON THE STREETS, AND IN LABOR I.E. BAGGERS,  
HAWKERS, DESTITUTES, PENSIONERS)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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1. Type of respondent
  - i. Baggers
  - ii. Hawkers
  - iii. Destitutes
  - iv. Pensioners
2. Gender
  - i. Male
  - ii. Female
3. Socioeconomic status of family
  - i. Poor
  - ii. Lower middle
  - iii. Middle
4. Education
  - i. Illiterate
  - ii. Primary
  - iii. Secondary
  - iv. Higher secondary
  - v. Graduate
  - vi. Postgraduate
5. Your previous income (in Rs.)
  - i. Up to 5,000
  - ii. 6,000 – 10,000

- iii. 11,000 – 15,000
  - iv. 16,000 – 20,000
6. Number of family members
- i. 3 – 4 members
  - ii. 5 – 6 members
  - iii. 7 and above
7. Have you got any other relatives (brothers/ sisters) in the same city/town?
- i. Yes
  - ii. No
8. If yes, do they have still in contact with you?
- i. Yes
  - ii. No
9. Do they help you at the time of need?
- i. Yes
  - ii. No
10. How was your relationship with the family when you were young?
- i. Extremely careless
  - ii. Careless
  - iii. Neutral
  - iv. Caring
  - v. Extremely Caring
11. What were daily routine when you were at home?
- i. Family Tasks
  - ii. Doing Nothing
  - iii. Social Meetings
  - iv. Religious Activity
12. Had you got any physical health problem
- i. Yes
  - ii. No
13. If yes, what problems;-
- i. Arthritis
  - ii. Stiffness in joints/ bones
  - iii. Problems with movements
  - iv. Not applicable

14. As a result of the health problem did you depend on other?
- i. Yes
  - ii. No
  - iii. Not applicable
15. If yes, was there anyone in the family who helped you all the times?
- i. Yes
  - ii. No
  - iii. Not applicable.
16. If yes, Who,
- i. Son/Daughter
  - ii. Brother/Sister
  - iii. Husband/Wife
  - iv. Relative
  - v. Not help
17. Was the help readily available or when someone was free
- i. Readily available
  - ii. When someone was free
  - iii. N/A
18. Did your Son/ daughter, performed their responsibility well?
- i. Yes
  - ii. No
19. If no, why?
- i. Attitude problem
  - ii. Family problems
  - iii. Economic Problems
  - iv. Not applicable
20. How much time daily did they spend with you?
- i. Most of the time
  - ii. Some time when free
  - iii. At eating time
  - iv. At the time of need

21. Family seeks permission in daily matters?
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
22. Family seeks permission in property matters
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
23. Family seeks permission in marriage matters
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
24. Family seeks permission in relative matters
  - i. Take for granted
  - ii. To some extent
  - iii. To great extent
25. How they respond when you did not permit?
  - i. Shouted at you
  - ii. Unhappy
  - iii. Did task
  - iv. Accepted happily
  - v. Did what they liked
26. How you responded when the things went against your permission?
  - i. Left home
  - ii. Shouted
  - iii. Boycott
  - iv. Got disappointed
  - v. Accepts decision
27. Is there any blood- relationship between you and your daughter-in-law
  - i. Yes
  - ii. No
  - iii. N/A

28. If yes, what relationship:
- i. Maternal
  - ii. Paternal
  - iii. In laws
  - iv. N/A
29. Did she respect and serve you as a relative and daughter –in –law:
- i. Yes
  - ii. No
  - iii. N/A
30. If no, how this marriage was decided
- i. Arranged
  - ii. Love marriage
  - iii. N/A
31. Did you really accept her as a daughter-in-law
- i. Yes
  - ii. No
  - iii. N/A
32. Do you have conflict between you and your son or daughter –in-law
- i. Yes
  - ii. No
33. Were you economically supported by the family?
- i. Yes
  - ii. No
34. If yes, in which way?
- i. Food and clothing
  - ii. Pocket money
  - iii. Health maintenance
  - iv. No support
35. Does anyone tease you from the family?
- i. Yes
  - ii. No
  - iii. N/A

36. If yes, who is he/she
- i. Son / daughter
  - ii. Husband / wife
  - iii. Brother / Sister
  - iv. Daughter-in-law
  - v. Other
  - vi. N/A
37. Reasons to pick on:
- i. Property
  - ii. Family problems
  - iii. Economic problems
38. Have you got some property/pension/ source of income
- i. Yes
  - ii. No
39. Do you spend your income on yourself?
- i. Yes
  - ii. No
  - iii. N/A
40. If no, then whom you spend your income
- i. Family
  - ii. Friends
  - iii. N/A
41. Do you think that property/ income etc is the one of contention now?
- i. Yes
  - ii. No
  - iii. N/A
42. How your own children behave towards you?
- i. Loving and peaceful
  - ii. Only respect, but not loving
  - iii. Caring
  - iv. Just sympathetic
  - v. Bad attitude
  - vi. Not applicable

43. What is the overall attitude of your own children towards you:

- i. Negative
- ii. Positive
- iii. N/A

44. If negative, why this situation

- i. Property
- ii. Economic problems
- iii. Family problems
- iv. Careless
- v. N/A