PECUNIARY SUPPORT AND HEALTHINESS OF OLDER PERSONS OF RAWALPINDI

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Abstract

Paper aimed at analyzing the impact and relationship of pecuniary support on the health of the older population following one's gender. A sample of 384 respondents were selected and interviewed from Rawalpindi city. An interview schedule was developed as a tool, and pre-testing was employed to enhance tool quality. Data were analyzed using SPSS and the findings revealed that there exists a relationship between financial support and the health status of old people. Data shows, 69.53% of respondents were financially supported by their children while 40.89% of them were seeking financial support from either governmental or private institutions. The calculated p-value was 0.001. Relationship prevails between both variables that affect the older population of males and females. Meanwhile, the research study indicated the vulnerable situation of older people in society and suggested some measures to improve their health that includes: means of providing financial support or employment opportunities for the older population.

Keywords: Aging, Gender, and aging, aging and health, disease status and health, financial support and health.

INTRODUCTION

Human life follows a systematic life cycle that constitutes of following stages: Childhood, teenage, adolescent, and elder being (Bayram, Öksüz, Türk, & Sağsöz, 2011). A society with more aging people is sprouting and most of its proportion is of females (Mylander, 1979). The increase in the older population is found due to technological innovation. People in elder ages, usually do not live longer due to less medicinal resources. Now, with the evolution in

technology the diagnosis of diseases and its treatment have become easier than before, which resulted in a long life. As a result, the number of the older population is also increasing by consequently increasing the older population worldwide (Andersson, Burman, & Skär, 2011:646). Aging society is found more in western society with an increased number of the older population (Suhonen, Stolt, Launis, & Leino-Kilpi, 2010, 337).

Aging is an inevitable process that causes deterioration of body cells and results in biological changes. These biological changes appear with age after or at the last stage of the human life cycle i.e. elder and remain unaffected by any environmental stimulus (Brundtland, 1999, 10). Aging cannot be hindered by any means but the process might differ from individual to individual due to the following reasons: Social support, disease or health dilemma, and functional capabilities (Hautsalo, Rantanen, & Astedt-Kurki, 2012). The deterioration in cells of the body also weakens the immune system resulting in decreased functioning of individuals. This weakening indicator of aging also results in making an individual more prone to other diseases (Lepeule *et al.,* 2014:566).

There are many effluents one of which is demography. It creates obstacles in providing several services including health depending upon the vicinity (Laidlaw, 2010). But with facilities that are provided with a passage of time and betterment in technology resulted in an increase in population including the older population as well. The number of the older population is expected to reach 2 billion in 2050 which was around 8 million in 2012. Among the whole population, the group which is rapidly increasing is of the 'oldest-old' population and found to be those, above 80 years. Meanwhile, it is expected that this number would increase 8 times more than now, until 2100 (United Nations, 2012).

A UNFP report illustrated other age groups' populations and interpreted its increase with time. It elucidated that people with the age of 60 and above constitute 12.3% of the total population while this figure will reach 22% by 2050. The report also suggested that one person among 8 in the world is with the age of 60 and above (UNPF, 2015). The oldest population is rapidly increasing and 2/3 of the total population constitutes of elder people in developing countries. Among increasing, population age groups, oldest-old, or people with the age of 80 and above is increasing more than other age groups (Ashiq & Asad, 2017).

The increase in the aging population can also be made evident from a report suggesting that the number of the older person with the age of 60 and above had been almost doubled in 2017. The number of older people in 1980 was 382 million which has become 962 million in 2017. This number is expected to reach 2.3 billion by 2050. Moreover, 2/3 of the older populace is in developing region which will also be multiplied and would reach a figure where there will be 8 persons among 10 will be older ones (UN, 2017).

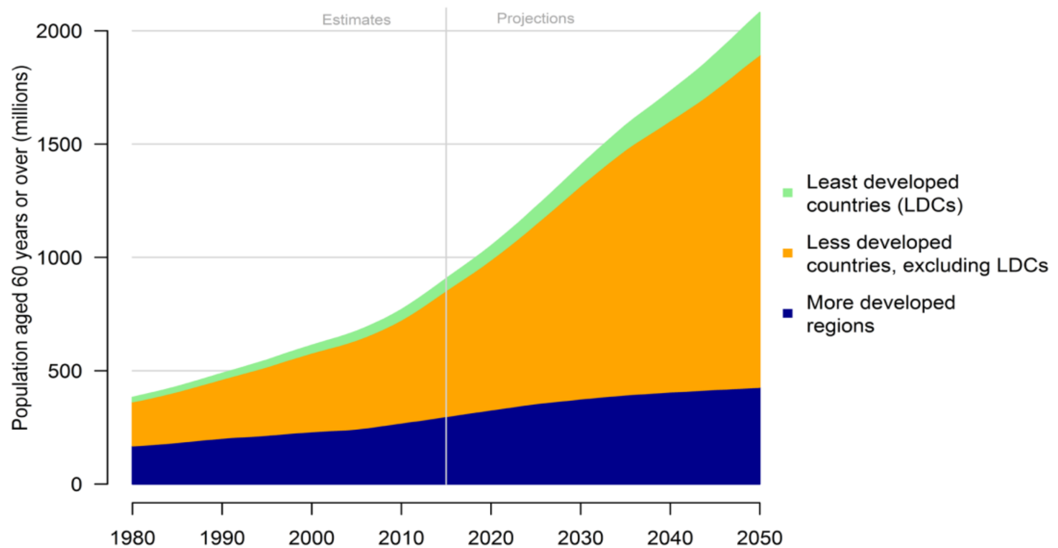

Figure 1: Data source: United Nations (2017). World Population Prospects: the 2017 Revision

The figure1 are presented to indicate the emergent aging population. Older people are considered more infirm or feeble and are considered a saddle. These believe show the stereotypes about age in a society that renders a negative impact on people. These stereotypes are found in every society regarding the older population and perpetuated by culture, media, and experiences of individuals (Levy, 2003). The reasons behind these negative concepts can be the following: Lack of physical and cognitive capabilities and loss in social activities (Urry & Gross, 2010).

Merely defining aging as a phenomenon that results in a lack of activities cannot be considered as a worthy cram because aging can be defined through several magnitudes (Ahmed & Chaudhry, 2015). It can also be defined in terms of the growth of an individual (Ahmed, Chaudhry, & Seemab, 2015). The study of aging, considering any of its dimensions, is known as 'gerontology' (Chaudhry *et al.,* 2014).

Although, aging poses similar consequences to all the phenomenon of aging differs from male to female, depending upon gender so, their experiences are also different. An older female has experienced differently than that of an older male. It is because of the social network that is strong in the case of females. When we consider a female, in the role of a mother, she receives more esteem from their children than their father and females are found closer to their adult children than that of a father, so she receives more support in terms of material and non-material resources (UNFPA & Help Age International, 2012).

As described earlier, aging effect differently but there exist some frequent and widespread factors that affect both (males and females). These factors are milieu, diet, atmosphere, and genetics. These factors affect both equally but their reflexive actions are different, depending upon their physiology. The nature of how they receive and react to the stimuli is thus different and affects psychology as well but in different ways (Stibich, 2016).

Previously described figures showed an increase in the older population worldwide but among that figure, there is an increased number of female populations of older age. The number of the female population in 2000 was 336million which is expected to reach 1 billion by 2050. This figure constitutes those females, with the age of 60 and above. There is also found an uneven attribute in the aged population. The number of females with the age of 60 and above is 123 for every 100 males. But older women with the age of 80 and above are found more with a figure of around 189 for every 100 men. A huge gap of the figure is found for the people with the age of 100 and above. For 100 men there are 385 women age 100 and above (WHO, 2006). There exists a predominance of the female population which is evident from the reason that they live longer than men (Austad, 2006). There is found an increase in the population of 75.1% in Pakistan from 1990 to 2010 with the age of 60 and above. It shows that it would also increase life expectancy. By 2023 life expectancy would reach 72 years in which gender equilibrium is an important attribute in the demography of Pakistan (Jalal &Younis, 2012).

Objective: The objective of the present study was to explore the relationship between financial support [from government or private sector] and its influence pervasiveness of ailments amid older persons of Rawalpindi and gender differences were considered for this analysis.

MATERIALS AND METHODS

Research Design: A cross-sectional design study was employed to determine the association perceived social support has with maternal stress, anxiety and depression, and self- esteem. To conduct this study, a multistage sampling technique was implemented.

The locale of Study: At the first step from Rawalpindi District, Rawalpindi city was selected for study locale. Rawalpindi city was divided into two Tehsil Municipal Authorities [TMAs]. TMA Potohar Town and TMA Rawal Town were selected in the second phase. From TMA Rawal Town, Union Council # 46 and Union Council # 36 from TMA Potohar Town were selected in the third phase. A sample of 384 respondents was calculated statistically.

Sampling: A sample of 384 was statistically calculated to get a suitable representation of the elder's population. While drawing the sample: Level of significance= 95%, Confidence interval =5%, and Response distribution was 50%.

Tool: Interview schedule was developed to collect data. The interview schedule comprised of a structured format. Tool pre-testing was also applied to enhance the quality of the tool. After pre-testing 384 people were interviewed through the interview schedule.

Data Management: After data collection, data were coded before exercising data editing. After that SPSS data entry file was developed with the help of that code plan. Once all data collected was entered by designing a coded file into SPSS, data were analyzed for further explanations.

Inclusion and Exclusion Criteria: The sample only comprised of the older person of Rawalpindi city, having age 60 or above. Sample selection also required that older persons were able to listen to our questions and respond by themselves rather than any translator. All other older persons were put into exclusion criteria for the present study.

Ethical Considerations: To fulfill research ethics, every person was informed about the purpose of the study. Their participation was voluntary with their consent.

RESULTS AND DISCUSSION

The sample of 384 people was obtained and interviewed, relevant to the subject i.e. aging. Basic demographic indicators of the respondents are given as:

Table 1: Demographic Background

Responses	Frequency	Percent	Mean	S.D
Gender Distribution of the Respondents				
Male	269	70.05	1.30	.459
Female	115	29.95		
Age Distribution of the Respondents				
60-65	207	53.91	1.87	1.155
66-70	80	20.83		
71-75	51	13.28		
76-80	31	8.07		
80+	15	3.91		
Marital Status Distribution of the Respondents				
Married	276	71.88	2.29	.495
Widow/ widower	105	27.34		
Divorced	1	0.26		
Separated	2	0.52		
Educational Distribution				
Illiterate	234	60.94	1.90	1.412
Primary	50	13.02		
Secondary	45	11.72		
Matriculation	34	8.85		
Intermediate	7	1.82		
Bachelors	8	2.08		
Masters	5	1.30		
Others	1	0.30		

The table [1] demonstrates some of the attributes of respondents including their: age, gender, marital status, and education. Out of 384 respondents, 70.05% were male which constitute about 269 while 115 females were interviewed which constitute about 29.95%. As the area of

interest was to elaborate impediments with aging thus, the respondents who were interviewed were the age of 60 and above. People with the age group of 60-65 were about 53.91% i.e. 207 respondents out of a total of 384 were interviewed between the age of 60-65. The second higher proportions who were interviewed were between the age group of 66-70 i.e. 80 out of 394 that constitute about 20.83%. People between the age group of 71-75 who were interviewed constituted 51 respondents i.e. 13.28%, while 31 respondents were between the age group of 76-80, i.e. 8.07 respondents. Moreover, 15 respondents in the research study were age 80 and above i.e. almost 3.91%. Based upon the marital status of respondents, 276 were married while the proportion of widow/widower was 105. It constitutes 71.88% and 27.34% respectively. While there was also found a case of divorce that made it 0.26% out of 384. Cases of separation were 2 that constituted of 0.52% respondents.

The respondents were also categorized on the basis of literacy level. In this regard, the highest proportion of respondents was found illiterate. Illiterate people in the research study constituted 234 respondents out of 384 i.e. 60.94%. 50 were those who studied till the primary level and the number found to be decreasing at the secondary level that constituted 45 respondents only. The ratio of both (primary and secondary passed respondents) appeared to be 13.02% and 11.72% respectively. Out of 384 respondents, 7 were those who studied till intermediate, and 8 were found to be those who had cleared their bachelors. The proportion of respondents who had passed intermediate and bachelors comprised of 1.82% and 2.08% respectively. Furthermore, 1.30% or 5 respondents had got a master's degree while 0.30% or 1 respondent set in a group of others.

When respondents were interviewed, there were found many discrepancies among the old age population in terms of wealth, employment, and access to several other opportunities like financial services. These disparities might be the result of the following factors like their socio-economic status, gender, geography, attitude, and lack of policies and their implementation for the aging population. These disparities consequently affect economic and social growth and also frontier the participation of the old age population into healthy activities that should be taken into account, as the aging group is rapidly increasing (UN, 2015).

Table 2: Financial Assistance form Children/Govt./Private Sector

Question	Frequency	Percentage	Mean	S.D
Financial assistance from your children?				
Yes	267	69.53	1.30	.461
No	117	30.47		
Financial support by Govt. or private sector?				
Yes	157	40.89	1.59	.492
No	227	59.11		

The table [2] described the mean of pecuniary support for old age people. The sub-set of the population was asked if they get financial support from their children or not. 267 respondents out of 384 were those who were getting financial assistance from children while the rest figure of 117 people were those who were not getting financial support from their children. This made a percentage of 69.53% of people who were financially supported by their children while 30.47% of respondents were not getting financial support from their children.

Then, respondents from the group who were not getting financial assistance from their children were asked whether they were supported by any government or private institution. A less proportion of them was getting aid from the governmental or private institution with several 157 people while 227 were those who were neither supported by their children nor from any government or private sector. This proportion of people constituted 40.89% and 59.11% of respondents respectively. Upon the basis of fiscal support relationship was tried to found with the health status of respondents, in specific reference to gender which is given in cross-tab below:

Table 3: Cross-tab: Disease, Gender and Financial Support

Do you have any of the following Diseases?	Financial Support by Govt. or any Private Sector			
	Yes	No	Yes	No
	Male		Female	
Hypertension	29.4%	70.6%	50.0%	50.0%
Heart Problems	31.4%	68.6%	28.6%	71.4%
Diabetes	44.7%	55.3%	35.0%	65.0%
Arthritis	26.7%	73.3%	41.7%	58.3%
Asthma	61.1%	38.9%	55.6%	44.4%

Results: Pearson correlation value: 23.150, Degree of freedom (r) =382, p=.001,

Table 3 describes the relationship between major variables of the study i.e. pecuniary support and health status, regarding gender. The table shows a clear difference in the percentage of those getting financial assistance were less suspected of a particular disease as compared to those who were not getting assistance by any means. The case was slightly different in case of asthma where we found that people who were getting financial support showed a higher percentage of people suspected of asthma, in the case of both (males and females). Now, if we consider hypertension, the percentiles found among females whether getting financial support were equally suspected, while that of males who were not getting assistance were more suspected than others (getting financial assistance). A higher percentage of people who were not getting financial assistance were found more suspected of heart diseases. 68.6% of males and 71.4% of females were having more cardiac diseases.

Apart from the disparities, UN General Assembly represented an agenda for sustainable development that ensured that by 2030, there would be equal chances for all vulnerable including poor, men, and women. It also enshrined upon equal rights in terms of resources including property, ownership, inheritance, technology including microfinance, and other such assets.

Health status can be influenced by several factors other than financial assistance. These include the surroundings of an aging society, which include physical and socio-economic surroundings. Poor lodging and circumstances, less education, and poverty can lead to an increase in more dependence on an old individual and reduce functional aptitudes (WHO, 1999). The present research study also indicated the relationship between financial support and health status among older people. Thus, the dependence of older population over others and their capabilities along with health can be improved by providing financial support either by family or any government and private institutions. It would also result in reducing the worse situation of the elder population.

The worse situation of older population can be made evident by a research study that claimed that by 2049, functional disabilities along with other diseases including arthritis, cancer, diabetes, coronary artery disease, and cognitive disabilities would increase by 300% (Boult, Altmann, & Gilbertson et al., 1996). It is also found that some diseases like chronic diseases are found more among Asian people including Bangladesh and Pakistan which cannot be although generalized because of gender differences and other factors of surrounding as described above (Evandrou, 2000).

Aging is an enthralling phenomenon that is universal and inevitable as nobody can stop the process of aging and had to experience it by all. But it occurs in diversified forms and is also affected by several factors like stereotypes, geography, gender, ethnicity, and access to financial assets. Although the life expectancy of individuals has increased than people before, the still old age population is the liabilities and does not receive the care, they need. These factors pose effects from household to societal level (Davidson, 2011).

A decrease in financial assistance increases the liabilities of the older age population (Blane, Bartley, and Smith, 1997). The older age population becomes more reliant and also results in causing several diseases. The economic condition also results in malnutrition in old age and also causes diseases in the older stage of the life cycle. It could result in hypertension, stroke, and numerous types of cancer that can emerge as a result (World Cancer Research Fund, 1997; Irshad et al., 2014). Thus, it becomes evident that there exists a relationship between the economic condition and health status (Mackenbach *et al.,* 2008).

Another factor was indicated in a research study that shows a direct relationship between education and income that consequently results in deterioration in one’s health in older age (Kiuila & Mieszkowski, 2007; Irshad *et al.,* 2014). Another research study by Alavinia and

Burdorf (2008) studied the relationship between financial status and health. They researched 10 European countries and included 11,462 people as part of the research. They included an aging society with the age of 60 and above to find the relationship between financial status and health.

Aging is a similar process but experienced by people differently. The difference of experience depends upon their social network and the level to which older people are rooted in their social network (Victor, 1994: 169). Support in older age is essential and acts as a defense system for people in older age and helps to improve the health of those having any disorder (Shippy *et al.,* 2005). The social support system influences the recovery and improves the pattern in old age (Zink, 1994). Infirm attribute with older age accompanied by several diseases can be compensated by people in surrounding that provides social support to their older adults (Albert, 2004).

Disability in older age is not just one that causes bodily impairment but also affects activities and participation[WHO, 2001].The relationship between social support by family and the functionality of old age people is also supported by descriptive statistics and uni-variate analysis of variance. People in old age are respected by the other members and the older ones are ensnared in their families but the changing complexities in society are also changing socio-economic structures that can also affect and might ruin the support to the old age members in a family. Thus, the need of the hour is to formulate such strategies that would ensure to safeguard social support and fortification for old members in society (Ahmed, 2011).

The declining functional capabilities of old age people are also decreasing the economically vibrant population (Nasir, 2003). It is consequently also increasing poverty in Pakistan (Ali and Kiani, 2003). These consequences not only lessen or ruin the quality of life in older age but also undermine the stipulations taken to improve the old age population's maintenance. Among all the stipulations social support is also an effective one in providing a well and long life to the old age population which is evident by several pieces of research that unavailability of support can increase several diseases in old age (Dykstra, 2007). Furthermore an important affluent in older age other than social support, are the health services that should be provided to improve the health status of an aging society (Uchino, 2004). Aging society is increasing in developing countries also, including Pakistan, and change in the social structure is also resulting in a change in the living standard of the old age population that could affect pecuniary support and health of old age population (Ahmed, 2011).

CONCLUSION

Aging is a similar phenomenon that is experienced differently by all individuals depending upon their socio-economic condition and other circumstances. The research paper aimed at analyzing the impediments in the way toward aging by the old age population. As it is an

inevitable phenomenon and it cannot be stopped but several measures could be taken to improve such experience. The paper suggests one of the measures that include pecuniary support. It also elucidated the relationship between pecuniary support and health status and suggests that people who did not get financial assistance are more suspected of diseases that include: cancer, stroke, arthritis, and other such diseases. These can be caused by malnutrition, stress, and lack of social support. The relationship between these variables is analyzed in specific reference to gender. The research study also found diseases like hypertension, heart diseases, and asthma among people in older age and the proportion of those who were neither getting financial support from family nor from any governmental or private institutions were more than those who were getting support. The research study also mentioned that the old age population is increasing worldwide that results in an increasingly dependent population but social and financial support and other stipulation strategies including employment for the old age population can change several stereotypes about old age.

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