
Ghulam Qadir Arbab*
Nanik Ram**
Fateh Muhammed Marri***

Status of Health Care of Senior Citizens in Rural and Urban Areas of District Mirpurkhas

ABSTRACT

Increasing ageing global trends have created challenges for entire world including developed as well as developing countries. Health problems and care are most important factors for a balanced life in old age. This study was done to study the current status of health of senior citizens and their perceptions about medical care services. In total, 400 interviews were conducted with male and female seniors in rural and urban areas of district Mirpurkhas. After data cleaning 385 interviews were analysed and results are presented in this article. The study found that the current health status of majority of male and female senior citizens in rural as well as urban areas is either below average or very bad and they don't get proper health care services mainly due to poverty and no value in the family. The study also found that the government health facilities lack special services for senior citizens. The study recommends creation of awareness and income security so that senior citizens can take care of their health care needs to avoid burden on their family home budget and improvement in government hospitals to effectively look after senior citizens.

Keywords: Senior Citizens, Ageing Care, Older People, Health Care, Income Security, Older People

-
- * Ph.D Scholar, Department of Economics, Faculty of Social Sciences, University of Sindh, Jamshoro, Pakistan
 - ** Professor, Department of Economics, Faculty of Social Sciences, University of Sindh, Jamshoro, Pakistan
 - *** Project Coordinator Planning & Development Department, Government of Sindh, Pakistan

Introduction

Ageing is a continuous process of change that occurs throughout the life. Every person pass through different stages over a period of time in life from childhood to older age. These stages invariably involve different roles and responsibilities. Starting life from childhood dependency, a person strives hard to support back to his/her family in youth age. Unfortunately, in most of the world due to poverty, one has to work entire life for livelihood, even if their health conditions don't allow them to work. Because in most of the cases after 60 years of age, mostly people take rest in their life and enjoy the remaining life with their children and grand-children. But due to poverty, older people are forced to continue working to support their family. On the other hand, in most of the poor families the health and nutrition needs of senior citizens are sacrificed over other family members.

Increasing ageing global trends have created challenges for entire world including developed as well as developing countries. Health problems and care are most important factors for a balanced life in old age. Considering ageing issues on priority countries are now preparing several plans to provide better services including health care for the old age population. This study was done mainly due to study the current status of health of senior citizens and their perceptions about medical care services. The main objective of this study was to figure out the status of health and provision of care to senior citizens in rural and urban areas.

Literature Review

Yaseen and Zaman (2017) in their study on socio-economic problems of older people in Karachi in the area of Ayesha Manzil found that nuclear family system is replacing traditional joint family system that has direct impact on the care and well-being of older people. The study suggested that older people should be given special care and discount while their visit to hospitals. The study has also stressed upon the need of role of print media and suggested to promote role of older people and their needs in the family structure.

Ahmed, Chaudhry, & Farooq (2015) conducted research study on relationship of age and health. The study found that senior citizens face illness, isolation, ignorance, dependency and exclusion from social interaction in their latter part of life. The authors opined that community awareness should be created about the needs and care of the senior citizens.

Abid et.al (2015) in their study reviewed different types of age related discriminations/challenges. The study found that age related discrimination depend on several factors such as ethnic and religious background and

financial status of the senior citizen. Due to poverty, the senior citizens face problems of homelessness, deteriorating health, malnutrition, access to safe drinking water, and medical care. The study suggested conducting research on various aspects of gerontology in order to make data available for different ageing aspects.

Ahmed, Muzaffar, Javed & Fatima (2015) in their study on socioeconomic problems of senior citizens found that social values of respecting elders in the family has started vanishing as senior citizens are now felt burden and liability. Resultantly, these people are facing several problems such as nutrition, clothing and health care. The study found that poverty is among the major reasons behind problems of senior citizens as their health care needs are sacrificed over the family home budget.

Alam, Ali, Daraz, Ahmad, & Ibrahim. (2013) in their study focused on analysing the challenges of increasing older people population. The study focused not only on the socio-economic issues but also studied factors responsible for the problems of older people. The study found that older people face problem in getting proper health care due to expensive medicines. The study has suggested promotion of role of family, religious values and media to ensure better care and attention for older people.

Saniya & Gohar (2010) in their study on ageing in Pakistan stressed upon the challenges of increasing older people population. The study found that with limited resources and lack of understanding of ageing issues, Pakistan is facing many challenges. In the medical environment of Pakistan, geriatrics or elderly care is not recognized as a separate specialty; older patients are seen and treated by general practitioners or other specialists. The unique medical and psychosocial needs of our elderly people are thus often unmet. The disease burden in our elderly is high and some data is available regarding common diseases in the elderly but by and large most numbers are observational. Therefore, the study suggested for detailed research on age related health problems and their remedial measure.

Methodology

The study was conducted in rural and urban areas of district Mirpurkhas. Descriptive research method was used to conduct this study. A purposive sample of 400 senior citizens ageing 60 years and above was drawn from rural and urban areas. Both male and female senior citizens were interviewed with a gender perspective. This study covered district Mirpurkhas to collect data from the senior citizens in rural as well as urban areas. District Mirpurkhas was selected mainly due to the reason that the district's main city is divisional head quarter with almost all facilities that an urban area can provide to the inhabitants. Moreover, the migrant workers from adjoining desert areas of

district Tharparkar also come in rural areas so this aspect was also considered as an additional opportunity to reach senior citizens from varied cultural backgrounds. Consultations with senior citizens were conducted in rural and urban areas in order to develop a questionnaire for quantitative data collection. Based on outcome of the consultations, a detailed questionnaire was developed to collect quantitative data through individual interviews of male and female senior citizens.

Random sampling technique was employed using four main stages to select the respondents for the study. The first stage involved the clustering of 2 *Tehsils* (Rural & Urban) out of 7 *Tehsils* in the district. These two *Tehsils* were selected purposively i.e. one from rural areas (*Tehsil Sindhri*) and one from urban areas (*Tehsil Mirpurkhas*). In the second stage, two union councils were selected purposively among the union councils in the *Tehsil*. Resultantly, union council *Phuladyoon* and *Ismail Kumbher* were selected from *Tehsil Sindhri* (rural area) and union council 3 and union council 7 were selected from *Tehsil Mirpurkhas* (urban area). In the third stage, 8 villages were selected purposively from each union council. Finally, in the fourth stage these villages were visited for data collection. The senior citizens were informed about the purpose of the research and were interviewed at their convenience.

Results

On an overall basis, 400 interviews were conducted in rural and urban areas. After data cleaning 385 interviews were finally selected for further analysis under this study. The results of the analysis is presented in this article. The interviews were conducted with male and female senior citizens with age of 60 years and above. The key results of the study are presented in the table given below.

Table 1
Status of Living

| Detail | Rural | | | Urban | | | Total |
|-------------------------|------------|-----------|------------|------------|-----------|------------|------------|
| | Male | Female | Total | Male | Female | Total | |
| Relative | 18 | 14 | 32 | 11 | 11 | 22 | 54 |
| Children/Grand Children | 143 | 56 | 199 | 92 | 36 | 128 | 327 |
| Alone | 0 | 0 | 0 | 4 | 0 | 4 | 4 |
| Grand Total | 161 | 70 | 231 | 107 | 47 | 154 | 385 |

The data in above table shows that 60% (231) respondents were taken from rural areas and 40% (154) respondents from urban areas. The gender based distribution was 70% male and 30% female respondents both from rural and urban areas. The results of living status of respondents presented in above

figure reveals that 89% male and 80% females from rural areas reported that they live with their children/grand-children followed by 11% male and 20% who were living with their relatives. Situation was almost same in urban areas except 4% male also reported living alone due to being widowers and without family members.

Table 2
Current Health Status

| Status | Rural | | | | | | Urban | | | | | |
|---------------|------------|------------|-----------|------------|------------|------------|------------|------------|-----------|------------|------------|------------|
| | Male | | Female | | Total | | Male | | Female | | Total | |
| | # | % | # | % | # | % | # | % | # | % | # | % |
| Good | 27 | 16.8% | 15 | 21.4% | 42 | 18.2% | 35 | 32.7% | 7 | 14.9% | 42 | 27.3% |
| Average | 57 | 35.4% | 21 | 30.0% | 78 | 33.8% | 25 | 23.4% | 9 | 19.1% | 34 | 22.1% |
| Below Average | 49 | 30.4% | 19 | 27.1% | 68 | 29.4% | 27 | 25.2% | 22 | 46.8% | 49 | 31.8% |
| Very Bad | 28 | 17.4% | 15 | 21.4% | 43 | 18.6% | 20 | 18.7% | 9 | 19.1% | 29 | 18.8% |
| Total | 161 | 100 | 70 | 100 | 231 | 100 | 107 | 100 | 47 | 100 | 154 | 100 |

The data related to current health status from rural areas reveals that on an overall basis only 18.2% respondents reported their health as good and 33.8% respondents reported their health condition as 'average'. Whereas, the majority of 48% respondents reported their health as 'below average' and 'very bad'. On the other hand from urban areas 27.3% respondents reported their health as good and 22.1% respondents reported their health condition as 'average'. Whereas, the majority of 50.6% respondents reported their health as 'below average' and 'very bad'.

Table 3
Sufficient Medical Care Services

| Detail | Rural | | | | Urban | | | |
|--------------------|------------|-----------|------------|-------------|------------|-----------|------------|-------------|
| | Male | Female | Total | % | Male | Female | Total | % |
| Yes | 23 | 5 | 28 | 12% | 6 | 5 | 11 | 7% |
| No | 138 | 65 | 203 | 88% | 101 | 42 | 143 | 93% |
| Grand Total | 161 | 70 | 231 | 100% | 107 | 47 | 154 | 100% |

The results of provision of medical services in need reveal that on an overall basis majority of 88% respondents from rural areas and 93% respondents from urban areas reported that they don't get medical care when needed. The

gender wise results reveal that male senior citizens were on higher side from urban areas i.e. 94% and female were on higher side from rural areas i.e. 93% reporting that they don't get proper medical care when they need.

Table 4
Reasons if you are not getting sufficient medical care

| Detail | Rural | | | | Urban | | | |
|--------------------|------------|-----------|------------|-------------|------------|-----------|------------|-------------|
| | Male | Female | Total | % | Male | Female | Total | % |
| No Value | 15 | 24 | 39 | 19% | 16 | 5 | 21 | 15% |
| Due to Poverty | 96 | 41 | 137 | 67% | 51 | 31 | 82 | 57% |
| Due to Dependency | 27 | 0 | 27 | 13% | 34 | 6 | 40 | 28% |
| Grand Total | 138 | 65 | 203 | 100% | 101 | 42 | 143 | 100% |

The data presented in above figure shows that reasons quoted by the senior citizens from rural and urban areas. On an overall basis, the results reveal that out of 346 respondents who reported provision of insufficient medical care from rural areas 67% respondents reported that they don't get sufficient medical care because they are poor followed by 19% respondents who were of the opinion that they have no value in the family and 13% were of the opinion that since they are dependent on their family so they don't get proper medical care as and when needed. Same way from urban areas 57% respondents were of the opinion that due to poverty they cannot afford getting proper medical care and 28% were of the opinion that due to their dependency on family their medical needs are not taken care for and 15% respondents were of the opinion that they have no value in the family, hence, they don't get proper medical care when needed.

Table 5
Perception about Government Health Facilities

| Detail | Rural | | | | Urban | | | |
|--------------------|------------|-----------|------------|-------------|------------|-----------|------------|-------------|
| | Male | Female | Total | % | Male | Female | Total | % |
| Yes | 22 | 7 | 29 | 13% | 6 | 4 | 10 | 6% |
| No | 139 | 63 | 202 | 87% | 101 | 43 | 144 | 94% |
| Grand Total | 161 | 70 | 231 | 100% | 107 | 47 | 154 | 100% |

While commenting on provision of effective health services by the government, on an overall basis 87% respondents from rural areas and 94%

respondents from urban areas reported that these services are not effective for them.

Conclusions

The current health status of majority of male and female senior citizens in rural as well as urban areas is either below average or very bad.

The senior citizens don't get proper health care services irrespective of the area they live in rural or urban area.

Poverty is among the main reason of insufficient medical care for senior citizens. Moreover, in some of the families senior citizens are not given importance to take care for their health care needs.

However, the government health facilities provide free services but unfortunately these hospitals lack special services for senior citizens.

Recommendations

Based on findings of this research study some steps are suggested in order to ensure better health care services for senior citizens:

Awareness should be created among communities about the basic knowledge of health care needs of the senior citizens.

Income security should be ensure among senior citizens so that they can take care of their health care needs to avoid burden on their family home budget.

Special services for senior citizens should be provided in government hospitals with trained staff to look after senior citizens.

References

- Abid, G. C., Aftab, A., Haris, F., Shaguft A., and Shaheer, E. K. (2015). *Older Person's Index: New Developments in Ageing Research on Violence against Older Persons*. Pakistan Association of Anthropology, Islamabad, Pakistan, Special Issue 27(4), 3705-3709, pp. 37-5-3708.
- Ahmed, A., Chaudhry, A.G., and Farooq, H. (2015). *Perceived Ageing and Elders Health: An Anthropological Study of Older Persons of Rawalpindi*. The Professional Medical Journal, Vol 22(5), pages 577-581. Retrieved from www.theprofesional.com
- Ahmed, Z., Muzaffar, M., Javaid, M.A., & Fatima, N. (2015). *Socioeconomic Problems of Aged Citizens in the Punjab: A Case Study of the Districts Faisalabad, Muzaffargarh and Layyah*. Pakistan Journal of Life & Social

Sciences, Vol. 13(1), p. 28. Retrieved from http://www.pjlss.edu.pk/pdf_files/2015_1/37-41.pdf

- Alam, H., Ali, F., Daraz, U., Ahmad, W., & Ibrahim. (2013). *Socio-Economic Problems of Persons with Old age in District Dir Lower Khyber Pakhtunkhwa Pakistan*. Social Sciences and Humanities (Part-1) Vol. 4(1), 93-99.
- Estelle, J. (1992). *Income Security for Old Age. Conceptual Background and Major Issues*. New York: Country Economics Department. The World Bank. WPS 977.
- Peter, T. (1996). *Sampling methods for Applied Research – Text and Cases*. John Wiley & Sons Canada, Limited, 1995.
- Saniya, S., & Gohar, A. (2011). *Ageing in Pakistan—A New Challenge*. *Ageing International*. 36. 423-427. 10.1007/s12126-010-9082-z.
- UN. (2013). *World Population Ageing*. Department of Economic and Social Affairs, Population Division. New York: UNDESA.
- UNDESA. (2007). *World Population Ageing 2007*. New York: United Nations Department of Economic and Social Affairs, Population Division. Retrieved from <http://www.un.org/en/development/desa/population/publications/pdf/ageing/WorldPopulationAgeingReport2007.pdf>
- UNFPA. (2012). *Ageing in the Twenty-First Century: A Celebration and A Challenge*. New York: United Nations Population Fund (UNFPA), New York, and HelpAge International, London.
- Yaseen, M., & Zaman, S. (2017). *A Sociological Study of the Socio-Economic Problems of Elderly People in Karachi*. (A. E. Society, Ed.) *International Journal of Asian Social Science*, Vol. 7(7), pages 608-620.