HEALTH STATUS OF ELDERLY WOMEN IN SOCIO-ECONOMIC AND CULTURAL CONTEXT IN PUNJAB, PAKISTAN

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ABSTRACT

The study was aimed at identifying socio- economic and cultural characteristics of the respondents and to investigate the impact of demographic factors (i.e. family income, housing/living arrangements, nutritional status) on the health status of the elderly women Punjab province of Pakistan. In this regard, Multistage Random Sampling Technique was used. Both independent and dependent variables were measured by operationalzing and constructing the indexation. Analysis of data was made on the basis of uni-variate and bi-variate analysis. Mean age of the women was 69.4, around 35.0% were 'widows', 94.8% were living with their married/unmarried children. Only 13.4% of the elderly women and 26.6% of their husbands were literate. Majority of sample women (56.6%) were living in low housing category. Statistical test indicated that the age of the elderly women was inversely related with the health status. Results of ordinal regression analysis also showed that family income, housing/living arrangements, nutritional status, social support and social network had highly significant influence on the health status of the elderly women.

Key Words: **Elderly women, family income, housing and living arrangement, nutrition, social support.**

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INTRODUCTION

'Aging' previously regarded as an emerging problem of the industrialized countries is now recognized as a global phenomenon. The number of persons aged 60 and above rose from 200 million in 1950 to 400 million in 1982 and was projected to reach 600 million in the year 2001 and 1.2 billion by the year 2025. Of those, over 70% will be living in what are today's developing countries. According to another estimate, the number of aged persons (60 years or older) was 605 million, of which 54%, live in Asia (Concepcion, 1995). As far Pakistan the trends of aging population is reflected in Table I.

Table I ***Trends of aging population for Pakistan***

1990	2000	2006	2025	2050
4.6%	5.8%	6.0%	7.3%	12.4%

Source: United Nations (2002) World Population Aging 1950-2050.

While the pace of aging varies, all nations are or soon will be facing important issues regarding the quality of life and health care for their rapidly increasing older population (Islamset, 1999). Most issue will affect elderly women, who greatly out number elderly men in most countries. According to another estimate the number of older women living in developing regions will increase in future, since 'two-thirds' of the women in the age group 45-59 currently live in developing countries as compared to only 'one third' in the developed regions of the world (WHO, 2000). The health disadvantage and problems faced by 'aging women' stem from economic, social, cultural and political factors as much as biological one. The economic and social factors are powerful determinants having far-reaching consequences for health and quality of life of aged persons especially women. Poor economic status earlier in life could be one of the determinants of poor health at all stages of life. The health of older women often reflects the cumulative impact of poor diets. Lack of nutritious diet during the child bearing, rearing stage and sacrificing her own nutrition to that of the family can leave the older woman with chronic anemia. This further limits their awareness about health behavior and access to relevant health care knowledge (WHO, 2000).

Women's experience of 'aging' and its effects on their health is profoundly influenced by the cultural setting within which it occurs. Women in developing countries like Pakistan have worked all of their lives in the informal sector or in unpaid activities, access to health care often remains unaffordable and difficult (WHO, 2000). It is of paramount importance that younger women have the opportunity to build and maintain strong bones in order to maintain bone density and prevent osteoporosis at later ages (WHO, 2000). The mental and physical well-being that results from positive attitudes and 'social support system' also allows personal development and involvement in society to continue (Albert, 2003). The objectives of the present study were to identify socio- economic and cultural characteristics of the respondents; to investigate the health status of elderly women; and the health status of the

elderly women and to suggest some measures to create awareness and concern for the health and welfare of aged in society.

MATERIALS AND METHODS

In the present study, Multistage Random Sampling Technique was used. According to this technique, sampling is done in two or more stages. At the first stage, from 36 districts of the 'Punjab' province, two districts were selected randomly. These were 'Faisalabad' and Rawalpindi'. At the second stage, out of eight towns, (of each district) two towns were randomly selected from each of the two districts, constituting a sampling of four towns. At the third Stage, two union councils (one rural and one urban) were randomly selected from each of the four above mentioned towns to constitute a sample of eight union council (rural and urban). The desired sample of 500 respondents was to be divided on two districts of the 'Punjab' province.

Data Collection

Both quantitative and qualitative methods were used to collect data. Quantitative methods are used to verify the hypothesis about the phenomena. For this purpose structured methods are used to describe the characteristics of population, measure variations, and to predict casual relationship among the variables. A comprehensive interviewing schedule was developed covering almost all aspects of the topic/problem under study.

RESULTS AND DISCUSSION

Descriptive Analysis (Uni-variate Analysis)

Descriptive analysis deals with systematically summarizing and organizing of collected information in an understandable form (Nachmias and Nachmias, 1992). Variable-wise description of the univariate analysis based on the classification, percentages, means and standard deviation of the data has been presented below.

Demographic and Socio-Economic Characteristics

The data on selected demographic and socio-economic characteristics of the respondents, like age, marital status, educational level, family income and occupation are of great significance in social research. Description with reference to these variables is being presented in the Table II.

Table II ***Demographic characteristics of the respondents***

Age (in completed years)	Frequency	Percentage
60-65	189	37.8
66-70	123	24.6
71-75	81	16.2
76 and above	107	21.4
Total	500	100.0
Mean age = 69.39, Std. Deviation = 9.00		
Marital status		
Married	309	61.8
Separated	7	1.4
Widow	175	35.0
Divorced	9	1.8
Total	500	100.0
Since how long widow (years)		
1-5	69	39.4
6-10	50	28.6
11 and above	56	32.0
Total	175	100.0
In case of widow, (living with):		
Unmarried children	16	9.1
Unmarried children and married son(s)	150	85.7
One of the married daughters	4	2.3
Living alone	2	1.1
Any other (brother, sister)	3	1.7
Total	175	100.0

Age of the Respondents

Age distribution is of fundamental importance, since it reflects the prospective social, economic and health status of the respondents. As reflected in Table II, little more than one-third (37.8%) of the respondents were in age category 60-65 years, while one-fourth (24.6%) were in age category (66-70 years). About 16.2% of the respondents belonged to age category 71-75 years. Almost one-fifth (21.4%) of the elderly women were quite senior i.e. 76 years and above. The results are in agreement with past studies conducted by Moneer and Karim (2006).

Marital Status of the Respondents

As reflected in Table II, majority (61.8%) of the elderly women were married and living with their husbands. It was unpleasant to find that quite significant number of women i.e. 175 (35.0%) were 'widows'. The remaining 1.4% and 1.8% were 'separated' and divorcees, respectively. As for the duration of widowhood almost 40.0% were in the category of 1-5 years, however 28.6 percent and 32.0% reported to have lost their spouses for 6-10 years and more than 11 years, respectively. Majority i.e. 85.7% were living with their married/unmarried children, 9.1% lived with their unmarried children. However, an insignificant percentage i.e. 2.3 and 1.7 lived with their married daughters and other relatives, respectively. Only 2 respondents (1.1%) reported to be living alone. Obviously it is not practicable for elderly persons especially women to live alone by themselves. The results are at par with past findings of Evan, *et al*. (2003); Bonnefoy, *et al*. (2004).

Education of the Respondents

Level of education has been determined by the number of years completed by a respondent in an educational institution. The respondent who was unable to read and understand the written material has been termed as illiterate. The concept of literate stands for those who can read and write with some understanding" (CIA World Fact Book 2010). The education of the respondents and of their husband's has been categorized as under:

Table III ***Educational status of the respondents and of their husbands***

Educational status	**Respondents**		**Husbands**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Non-literate	433	86.6	367	73.4
Literate	67	13.4	133	26.6
Total	500	100.0	500	100.0
Level of educational attainment (years of schooling)				
1-5 years	34	50.7	4	3.0
6-8 years	19	28.4	11	8.3
9-10 years	14	20.9	31	23.3
11-12 years	-	-	43	32.3
14+	-	-	44	33.1
Total	67	100.0	133	100.0

As depicted in Table III, the 'Educational status' of the respondents as well as of their 'husbands' was quite depressing. Only 13.4% of the elderly women and 26.6% of their husbands were literate. The results are in association with Albert (2003).

Further distribution of the literate respondents Table III by the level of the 'Educational attainment' revealed that out of 67 literate women, 34(51%) were in the category 1-5 years schooling. Among the remaining 28.4% and 20.9% were in the category 6-8 and 9-10 years of schooling, respectively. None was educated beyond matric level. The comparable percentages among husbands were lower in 1-5 and 6-8 years of schooling i.e. 3.0% and 8.3%, respectively. However, the percentage of husbands in 9-10, 11-12 and more years of schooling were comparatively higher i.e. 23.3%, 32.3% and 33.1%, respectively.

Table IV ***Family income of the respondents (from all sources)***

Family income (monthly in Rs.)	**Frequency**	**Percentage**
Upto 10000	238	47.6
10001-15000	118	23.6
15001-20000	55	11.0
20001 and above	89	17.8
Total	500	100.0

Mean = 15469.00 Std. Deviation = 11771.26

Table IV represents the distribution of the respondents by their family income (from all sources). Majority i.e. 47.6 % of the respondents monthly income was upto Rs. 10000, while 23.6%, 11.0 % and 17.8 % were earning Rs. 10001-15000, 15001-20000 and Rs. 20001 and above, respectively. The similar findings were noticed in the previous studies conducted by Moneer and Karim (2006).

Living Arrangement

Poor housing and living conditions have internationally been recognized as a significant threat to social, physical, and mental health problem. 77.2 % families consisted of 6-10 and more number of persons. The 'mean area' of the housing was 6.29 marlas with 3.29 'mean number of rooms' in the sample. The results are related to the past studies of WHO (2000); Ian (1999) and Bonnefoy *et al*. (2004).

Table V ***Living arrangement of the respondents (in joint family system)***

Living arrangement	Frequency	Percentage
Independent room	84	22.3
Share the room with other persons	176	46.7
Balcony/Veranda	9	2.4
No permanent place	108	28.6
Total	377*	100.0

* 123 respondents were living in nuclear family system.

As reported in Table V only 22.3 % had the privilege of living in 'independent rooms' about 46.7% were 'sharing room' with other family members. The remaining 31.0 % were found to be rolling stone, as having 'no permanent place' to live in. Among them 2.4 %were putting up in 'Veranda/Balcony'. The relevant results were recorded by Evan *et al.* (2003).

Table VI ***Satisfaction level of respondents with their living arrangements.***

Satisfaction level	Frequency	Percentage
Satisfied	263	52.6
Undecided	50	10.0
Dissatisfied	187	37.4
Total	500	100.0

Scale: 1 = Dissatisfied, 2 = Undecided, 3 = Satisfied
Mean = 2.15, Std. Dev. = 0.97

As seen Table VI, more than 52 % expressed 'satisfaction' with their living arrangement, however, the proportion of 'dissatisfied' respondents was also quite significant i.e. 37.4 %.About 10.0% respondents did not comment and reserved their opinion (undecided). The relevant study was noticed by Bonnefoy *et al*. (2004).

Bivariate Analysis

Age of the Elderly Women is Associated with their Health Status

Table VII ***Association between the age of the elderly women and their overall health status***

Age of the respondents (in completed years)	Health Status			Total
	Low	Medium	High	
60-65	39 (20.6%)	127 (67.2%)	23 (12.1%)	189 (37.8%)
66-70	30 (24.4%)	77 (62.6%)	16 (13.0%)	123 (24.6%)
71-75	10 (12.3%)	62 (76.5%)	9 (11.1%)	81 (16.2%)
76 and above	31 (29.0%)	71 (66.3%)	5 (4.7%)	107 (21.4%)
Total	110 (22.0%)	337 (67.4%)	53 (10.6%)	500 (100.0%)
$\chi^2 = 13.54$* P = .035 γ =-0.106 P = 0.104^{NS}				

* = Significant
NS = Non-significant

Data in Table VII reflected that the majority of the elderly women (irrespective of age category) were in the 'medium health' category (ranging from 62.6% to 76.5%). However, highest percentage of women (29.0%) in 'low health status' happened to fall in age 76 years and above. 'Poor health status of women aged' 76 years and above was further reflected by their lowest percentage i.e. 4.7% in the 'high health category.' Moneer and Karim (2006); Mishra (2004) reported inverse relationship between age and health status of the elderly persons.
For the purpose of analysis, the elderly women in the present study have been categorized in four age categories (60-65 years, 66-70 years, 71-75 years and 76 and above years).

Family Income of the Elderly Women is Associated with their Health Status

Table VIII ***Association between the family income (from all sources) of elderly women and their overall health status***

Family income of the respondents (monthly Rs.)	Health Status			Total
	Low	Medium	High	
Upto 10000	72 (30.3%)	147 (61.8%)	19 (7.9%)	238 (47.6%)
10001-15000	26 (22.0%)	85 (72.1%)	7 (5.9%)	118 (23.6%)
15001-20000 and above	12 (8.33%)	105 (72.9%)	27 (18.7%)	144 (28.8%)
Total	110 (22.0%)	337 (67.4%)	53 (10.6%)	500 (100.0%)
$\chi^2 = 44.100^{**}$ P = 0.000 $\gamma = .395^{**}$ P = 0.000				

** = Highly-significant

As reflected in Table VIII, majority of the women 47.6% belonged to low income category (up to Rs. 10000), where as 23.6% and 28.8% fell in medium (Rs. 10001-15000) and high income category (Rs. 20001 and above), respectively. Further analysis to see the relationship between family income and "health status" of women reflected that majority of elderly women of all three income categories fell in 'medium health status'. The percentages were 61.8%, 72.1% and 72.9%, respectively. However, percentages of women of 'low health status' decreased with the increase in income categories i.e. 30.3%, 22.0% and 8.3% in the low, medium and high income respectively. Almost reverse was seen in the 'high health status' with respect to income categories i.e. 8.8%, 5.9% and 18.7% respectively. Statistical test of chi-square and gamma indicated that two variables income and health status were positively related.

Financial well-being has long been correlated to general well-being and quality of life (Andrew and Wilhey, 1976; Schram and Dunsing, 1986) found strong connection between the perception of financial well-being and general well-being. Financial pressures on the other hand, put strain on the family household dynamics and impact daily living and well-being (Goodman, 2006). The situation affects their access to nutritious food, adequate housing and healthcare (Gibson, 1996). The most important single non-biological factor affecting the health of elderly persons appears to be their economic condition (Ian, 1999; Segall and Chappal, 2002) .

Housing and Living Arrangements of the Elderly Women is Associated with their Health Status

Table IX ***Association between the housing and living arrangements of the elderly women and their overall health status***

Housing and living arrangements	Health Status			Total
	Low	Medium	High	
Low	80 (28.3%)	182 (64.3%)	21 (7.4%)	283 (56.6%)
Medium	25 (15.6%)	125 (78.1%)	10 (6.3%)	160 (32.0%)
High	5 (8.7%)	30 (52.6%)	22 (38.6%)	57 (11.4%)
Total	110 (22.0%)	337 (67.4%)	53 (10.6%)	500 (100.0%)
$\chi^2 = 65.53^{**}$ P = 0.000		$\gamma = .425^{**}$ P = 0.000		

** = Highly-significant

Housing and living conditions have internationally been recognized as a significant threat to physical, social and mental health problem. Distribution of elderly women with respect to housing and living arrangement indicated in Table IX that majority of sample women 56.6% were living in low housing category. Another 32.0% were in medium category only 11.4% were placed in high housing category. A multi-city study by WHO (2000) reported that people were likely to be depressed and anxious when live in houses characterized by insufficient protection against noise, severity of weather, congested and unhealthy social and physical environment of neighbourhood. Further analysis to see the relationship between the housing status and overall health status revealed that majority of elder women from among 'low housing category' 28.3 % and 64.3% were in low and medium health status, respectively. On the other hand in 'high housing category' higher percentage was reflected in 'high health status' i.e. 38.6%, whereas comparable percentage from the low housing category was only 7.4%. Highly significant positive association between the independent and dependent variable was further established by the value of chi-square and Gamma test.

CONCLUSION AND RECOMMENDATIONS

The conceptual frame work of this research included health status, specifically related to social, psychological and physical well-being of elderly women were significantly influenced by their age, education, monthly income, housing/living arrangement, nutritional status, social support, social network and leisure time activities. 'Nutritional status' and 'living arrangements' variables were also positively associated with the 'overall health status' of the elderly women.

i. Present study was undertaken to see the impact of selected socio-economic and cultural factors i.e., age, education, income, housing and living arrangements, nutritional status, social network and social support on the health status of elderly women. There is need to explore/identify, some other determining factors, which are likely to affect women's health; to mention a few, it could be; rural/urban locations/residence , family system (nuclear/joint), value system (traditional vs modern).
ii. Aim of future research should be to highlight the health needs of the elderly women in the background of their socio-economic characteristics and to identify the areas where intervention is needed to improve their health status.
iii. There is sufficient evidence to show that remaining active keeps older people fit physically as well mentally. Regular physical activity of all kinds helps keep heart, lungs and bones healthier. It also promotes appetite and sleep. So there is need to make people aware of the benefits of physical exercise that may be simple walk, jogging, gardening or household activities.
iv. The findings of the present study indicated that the strategies should be developed to help elderly women to adopt healthy lifestyle behaviour by making them aware of proper diet and persuading into being physical active through printed and electronic media.

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Healthâ€”Women tend on average to live longer than men.Ã¡ But in some Asian and North African countries, the discrimination against womenâ€”through neglect of their health or nutritionâ€”is such that they have a shorter life expectancy . . . National statisticsâ€”Women are often invisible in statistics.Ã¡ If womenâ€™s unpaid housework were counted as productive output in national income accounts, global output would increase by 20-30%.Â rest breaks; and ensuring participation of women in trade unions by holding meetings at times that are convenient to women. (See Module 10 for more on the right to work and rights at work.) 2.Ã¡ Land Rights and Right to Property. Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others. When analyzing a family's SES, the household income, earners' education, and occupation are examined, as well as combined income, whereas for an individual's SES only their own attributes are assessed. However, SES is more commonly used to depict an economic difference in society as a whole. Results: Socio-economic and demographic characteristics of elderly persons in Bangladesh indicate: a high proportion of men (app 90%) were married while women were widowed (67%); 98% of all elderly people reported having children; intergenerational co-residence with sons was common; and more than 70% of elderly men reported being in paid work while elderly women reported unpaid work.Â More than 95% of the elderly people reported experiencing health problems and most reported multiple health problems. More health problems were reported by women compared to men and in the rural region compared to the urban. Socio-economic factors were found to have little influence on reporting of health problems.