Older Persons, Familial Care and Psychological Stresses: An Anthropo-Gerontological Approach on Health

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ABSTRACT

Objective: The aim of study was to explore the interrelationship of older persons' health with various psychological stresses in Rawalpindi city.

Study Design: Cross Sectional

Place & Duration of Study: The study was commissioned to the research team on behalf of Help Age Pakistan (an INGO based in Islamabad). The data collection was done in various union councils of Rawalpindi city. The study duration was three months and lasted from September 2013 to December 2013.

Materials and Methods: Structured questionnaire was developed to collect information on Older Persons' health, economic and psychological status. In this regard, an extensive questionnaire was designed and pre-tested vigorously. Questionnaires were administered with the help of a research team that comprised the graduates of department of Anthropology of PMAS-Arid Agriculture University along with professionals of Regional Development Network (RDN) as well as field staff of Pakistan National Center on Ageing (PNCA).

Results: 414 (41.4%) respondents said that they felt lonely because they feel age gaps due to which they thought nobody at home could understand what they feel. As regards the frequency of visits by the kids or family members, the responses were Never (36.7%), Monthly (29.6%), Weekly (18.9%). To kill their time 16.2% OPs spent their time in mosque, shops, or parks, 14.1% spent time while staying at home.

Conclusion: The large majority of the OPs felt lonely because of the ignorance on behalf of the kids, families and indifferent attitude of society. There is a strong relationship between the mental stresses, economic instability of families and gradual loosening up of familial bond. The psychological stresses later on are increasing health problems and complications for OPs.

Key Words: Anthropology, Gerontology, Ageing, Older Persons (OPs), Health Issues, Mental Health, Psychological Stress, Loneliness, Social Isolation, Social Exclusion

INTRODUCTION

Psychological anthropology is one of the most contemporary of academic studies; the scholarly study of the relationship between the individual and culture arguably began in the late nineteenth century, when W. H. R. Rivers and his colleagues undertook an expedition to Melanesia to test the perceptions of the local people. The heyday of the discipline was reached in the 1930s and 1940s with the investigations of Margaret Mead, Ruth Benedict, and others[3-14].

Considered historically, a renewed interest in psychological anthropology makes good sense, since the discipline addresses fundamental questions about the nature of humanity that have become especially pressing in the present era of multiculturalism and globalization, as taken-for-granted, everyday realities have been challenged within a fluid and dynamic world. Today, perhaps more than ever, people want to know to what degree their perceptions, emotions, beliefs, values, and even their experiences of themselves may be shaped and changed by shifts in culture and context. What about us is consistent? What is malleable? What does it mean to be an individual and also a member of a community?

In order to provide older people with better healthcare, Help Age International and United Nations Population Fund (UNFPA) illuminates that 'input can be allocated from two sources: government and the community. The focus of the discussion was not on prolonging human life, but ensuring that older people live actively for the entire length of their life. The participants discussed three categories of older people's health as follows: Group 1 - Good health; Group 2 - Fair health; and, Group 3 - Poor health. Each group requires different health strategies. Group 1 will need a preventive healthcare while Group 2 will require both preventive and curative treatments. Intense medical attention should be provided to older people who fall into Group 3."

United Nations Principles for Older Persons was adopted by General Assembly resolution 46/91 of 16

December 1991. The Articles 10 to 14 of UN Principles exclusively focus on the physical and psychological health issues of Older Persons. The article 11 solely puts its emphasis on health issues by uttering that "Older persons should have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness".

Policies on ageing have been formulated at an international level (e.g. by the UN), at regional levels (e.g. by the European Commission) and at national levels (e.g. in government strategy, programmes and legislation). Implementation depends on the area of policy being targeted – for policies affecting public service provision (for example, health and social care), devolution of budgetary and administrative responsibility to local authorities and communities is a common feature in many countries. Thus, policies are usually set centrally but implemented locally. This dichotomy brings about tensions that have been articulated elsewhere in the literature on decentralization and devolution[14].

There are a number of differences between the challenges posed by ageing in developed versus less developed countries. Developed nations are mostly concerned about the sustainability of their social protection systems, whereas less developed countries have to deal simultaneously with the challenges of population ageing and those of development. Older people in developed countries are concentrated mostly in urban areas, whereas, in poorer nations, up to half of the population, including many older people, reside in rural areas. Older people in developing countries often reside in multigenerational homes, whereas this is less the case in developed countries[15].

Poorer older people are also at greater risk of social exclusion and exclusion from public services. This can also have an ethnic and cultural dimension. For example, in the UK, 17% of pensioners overall live in poverty, yet this proportion is 42% among the Pakistani and Bangladeshi communities[16].

With respect to the contributions that the anthropology of ageing has made to understanding how cultural change impacts on the lives of older people, Holmes and Holmes (1995) have proposed a number of generalizations that have implications for how cross-cultural gerontologists think about the impact of cultural, societal, economic, religious and political factors on old age and ageing. These are as follows: (1) Modernization affects the way in which we conceptualize old age; (2) Longevity is directly related to the degree of modernization; (3) Modern societies have a relatively high proportion of older people in their population; (4) Older people are accorded more respect in societies where they constitute a low proportion of the total population; (5) Societies in the process of modernizing tend to favor the young (while the old are at an advantage in more stable societies); (6) Respect for older people tends also to be greater in societies in which the extended family has not lost its importance (especially when the extended family functions as the household unit); (7) In pre-industrial societies the family is typically responsible for the economic security of older people, whereas in industrial societies the responsibility falls partially or totally on the state; (8) The proportion of older people who retain leadership roles is lower in modern than in pre-industrial societies; (9) Religious leadership is more likely to be a role one can continue with once one becomes older in a pre-industrial society; and (10) Retirement is a modern invention found only in modern and highly productive societies. These considerations guide most cross-cultural and/or anthropo-gerontological enquiries[17].

An additional consideration with respect to globalization and the age of migration is that these phenomena are expected to intensify the existing gaps in wealth an d resources between the rich and the poor nations, between the First and the Third Worlds, and between what sociologists tend to refer to as 'the centre and the periphery' (i.e. the West and the rest)[18,19].

Victor et al. (2002), for example, distinguish between these concepts. Whereas being alone refers to spending time by oneself, living alone can simply refer to a particular household arrangement, and social isolation to the ways in which individuals are integrated into their broader social environment, through, for example, the number and frequency of contacts they have with others[20].

Some of the key factors which have been found to affect loneliness among older people include personal circumstance and characteristics such as age, marital status, ethnicity, gender and health status; characteristics such as the size of mediating structures of kin and non-kin networks which may facilitate contact with others; and the norms and values influencing expectations about roles and relationships in later life[21]. The risk factors of loneliness and social isolation in later life have been identified as socio-demographic factors, individual health status, life events (bereavement, retirement) and material circumstances such as low income and poverty.

MATERIALS AND METHODS

Structured questionnaire was developed to collect information on Older Persons' health, economic and psychological status. In this regard, an extensive questionnaire was designed and pre-tested vigorously. Questionnaires were administered with the help of a research team that comprised the graduates of department of Anthropology of PMAS-Arid Agriculture University along with professionals of Regional Development Network (RDN) as well as field staff of Pakistan National Center on Ageing (PNCA).

RESULTS

Despite the fact, that most of the respondents were living with their children in their families 414 (41.4%) respondents said that they felt lonely because they feel age gaps due to which they thought nobody at home could understand what they feel. On the other side, 586 (58.6%) said that they don't feel lonely because they regularly visited their friends, and relatives to kill their time and thus kept themselves mentally engaged instead of merely sitting idle and feeling lonely.

Table No.: OPs Feeling Lonely

Response	Frequency	Percent
Yes	414	41.4
No	586	58.6
Total	**1000**	**100.0**

The purpose of this question was to know the frequency of visits paid by their sons or daughters in case the OPs were not living with the immediate families then what was the. The largest percentile was 367 (36.7%) cases in which the question was not applicable. The reasons were tri-fold. Firstly, the OPs were already living with their off springs, secondly, they did not have any kids and thirdly their kids stopped visiting them. 29.6 percent uttered that their off springs visited them monthly, 18.9% said that they meet their kids on weekly basis. 10.7 percent of the total respondents selected replied that their kids visited them on six-month basis just because their kids lived in other cities due to which it was hard for them to come to meet the older parents. Only 4.1 percent said that their kids lived abroad therefore they come once in a year to visit their parents.

Above table recorded the responses of OPs that how did they cope their loneliness in their routine life. In 16.2% of the male OPs of the sample used to visit mosque, men's room or going out from home to cope their loneliness. Staying home with spouse were recorded to be 14.1%, socialization with family, children or both were reported to be 9.8%. Only 1.3% interacted with friends of colleagues. The remaining 58.6% cases were not applicable in this situation because these were mostly females who were supposed to stay at home or they had no options to kill their loneliness or boredom.

Table No.2: Tenure of Visits paid by Children

Response	Frequency	Percent
Weekly	189	18.9
Monthly	296	29.6
Six Monthly	107	10.7
Yearly	41	4.1
Never / NA	367	36.7
Total	**1000**	**100.0**

OPs' Measures to Cope Loneliness

Table: Coping with Loneliness

Response	Frequency	Percent
Mosque/ Club/ GoingOut	162	16.2
Staying with Spouse at home	141	14.1
Socialization with Family/ Children	98	9.8
Interacting with Friends/ Colleague	13	1.3
NA	586	58.6
Total	**1000**	**100.0**
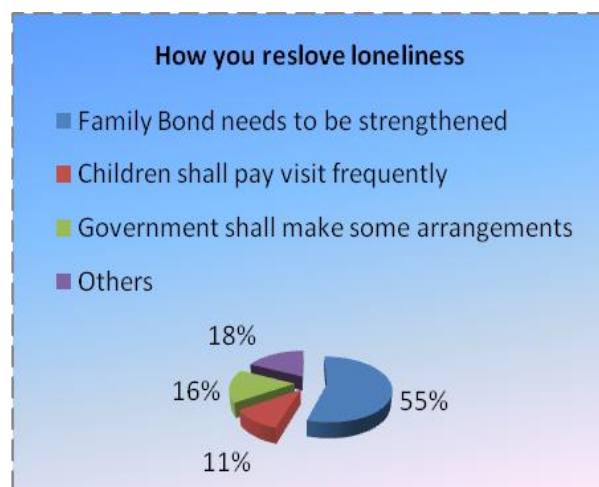
Graph: Remedies to Resolve Loneliness

This graph provides further insights into the previous question to understand the perception of the OPs' about how did they resolve the issue of loneliness if they felt so. 227 respondents said that they thought if the family ties are made strengthened then this issue could easily get solved. 68 respondents narrated that the government should come forth and make some alternate arrangement for the OPs so that this matter could be solved on sustainable basis. The government interventions could depend on initiating some social clubbing for the OPs so that they could spend time among their age fellows. 45 respondents of the total 414 respondents stated that the children and rest of the family members should feel their responsibility to visit them frequently.

DISCUSSION

The current study primarily focused on older persons' health and its relationship with familial care and psychological stresses prevailing among them. The study presented very vital statistics regarding the primal inquiries. It was generally found that OPs feel loneliness due to many reasons. First of all the economic burdens of families kept the off springs busy in their professional chores due to which they could not spare quality time to spend with the parents. It was felt

that there has to be a community-run integrated program that provides the OPs a platform to socialize and spend their time productively.

The importance of mental health is quite established in academics as well as in the responses of the OPs during the course of the study further reinforcing the strengths of the arguments as posed by UN Principles for Older Persons. Research sophistication has also highlighted the importance of social protection and its relation with the health indicators.

The champions of World System Theory and modernization paradigms seem true in their sayings regarding the 'Center-periphery dichotomy' which elucidates that third world countries with their so-called development agenda is largely putting the OPs at the risks of their families and society that obviously has no real place for them other than merely categorizing them as 'economic burden or liability'[18-19,22-23].

The cases in which older persons did not live with their families were even more stigmatized in terms of poor health and high frequencies of psychological complications. It was so because these OPs were totally lacking people to care for OPs. In such cases, these OPs were found to be spending their time in shops or public parks thus escalating their social isolation. This social isolation was established to be devastating factors for the physical and mental well being of the OPs.

In 586 cases OPs had no options to socializing or spending their time productively. The socializing measures adopted by the OPs were in most the cases visiting mosques, shops or parks. Secondly the second highest frequency was staying at home in case OPs' life partners were alive. Thirdly, socializing somehow with family and fourthly interacting with friends or colleagues. OPs gave various suggestions to resolve their loneliness like strengthening the family bond, increasing the frequencies of visits paid by the kids. OPs also suggested that government and community are supposed to commence some community based initiatives where they could avoid their mental stresses and sense of loneliness. It was because the OPs felt that the children, families and society have abandoned them which according to them were a clear sign of deliberate ignorance of religious preaching as well.

CONCLUSION

Pakistan is member of today's third world club with numerous developmental issues and challenges in the domain of economic self-reliance as well as political instability. The traditional social institution of family that has been a hall-mark of South Asian culture has unfortunately proven to be insufficient for the effective redressal of psychological issues faced by the OPs. The economic burdens have doubled their problems of social isolation and social exclusion. There is a need to prioritize the human rights agenda as an essential component of development policy and practices in Pakistan in which the OPs have loads to offer in the light of their life long experience.

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