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Family Support and Health Status of Elderly People: A Case Study of District Gujrat, Pakistan

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Abstract: Present study aims to analyze the impact of family support on the health status of elderly people in District Gujrat, Pakistan. The proportion of the population of older age group is growing. This growth certainly continues to the next decades of the present century. Due to the family financial, moral, physical, emotional and nutritional support most of the elderly people's mental, physical and social well being is improved significantly. For the present study, 120 respondents were sampled from four villages of Gujrat. Results of the collected data showed a positive relation between family support and health status of elderly people in Gujrat. Almost all sampled elderly people living in rural areas of Gujrat were supported by their family members. Majority of the respondents were living with and supported by their children and had feeling of belongingness to their families. Statistical test showed that there was association between family support and health status of elderly people in Gujrat.

Key words: Family Support · Health Status · Elderly People · Gujrat · Pakistan

INTRODUCTION

World Population is facing rapid changes in age structure. Because of epidemiological and demographic transition, the mortality rates have been declined in the world. At the same time, because of availability of family planning services and other social conditions fertility rates are also declining. As a result, people are surviving more and it is producing elderly people gradually. The world population 60 plus is increasing rapidly. Old age is a difficult time for many people, a time of declining health, reduced income, the loss of a meaningful role, or the death of loved ones. These problems can create great unhappiness for elder people and can damage relationships with spouses and children. In extreme cases, this damage can lead to mental illness or feeling of stress [1]. The population aged 60 years and older will increase in 12 or 13 years by 100 million, equivalent to the population of a large country [2]. It is expected that by the middle of this century, the proportion of the population aged 65 years and older will reach 22 percent in cities and 26 percent in rural areas [3]. Many studies have demonstrated that social support has a positive influence on health status of the elderly [4-6]. In developed countries social and demographic changes have been occurred on a very large scale which ultimately increase the life expectancy and it could increase in the proportion of the elderly people. Improvement in social conditions such as education, health facilities, better sanitary conditions, better living standard, healthy diet and development in medical sector played a crucial role in the increase in life span. Aging is the last phase of human life because of social and medical development the time of this period is extending gradually. Many of the social changes of current era have a clear impact on the elderly population of developing countries. Due to a severe change in their lifestyle after retirement, characterized by sudden decrease or loss of income, poor pension and other inadequate retirement benefits, and lack of physical work, the elderly are level to develop mental and physical ailments. Furthermore, their sudden termination from head of the family, which is dictated by his or her earning status, to a passive participant in decision making, leads to lower self-esteem and this led to the neglect of elderly by their children and grand children [7].

Pakistan is a developing country having a large number of populations due to decline in mortality rate life expectancy has been greatly increased. This has tremendously affected the aged population in Pakistani society. After the industrial revolution new technology

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has been introduced, this improved social and medical conditions. On the other hand due to modernization several preventative measures that develop, awareness not only for those who are elder but also for those who are at the edge of the old age. This development produces healthy elderly, which are conscious about their health and productiveness for society. Few studies have addressed the relationship between social support and health status separately for men and women. Family is the most important source of financial or social support in most Asian countries. Many studies have confirmed that family and/or social support improves physical and mental health [8]. Financial support plays a vital role in health status of elderly people. Data from many developing countries in East and South East Asia demonstrate that most of the elderly persons either co-reside with their adult children or receive financial or instrumental support from them [9-11].

Elderly may be tortured mentally and psychologically by the continuous blames given by family member or caregiver. So community treated politely with them and fulfills their every need without showing anger or feeling of unrest to them. Many studies on the relationship between social support and health status of the elderly have shown that emotional support may be especially important for the elderly who face a variety of age-related challenges to their functional ability and health [12, 13]. An efficient and effective primary care to elderly improves their general health status. There is immediate need to enhance the health care services for the elderly people so they may improve their health status. Ensure that separate medical services for elderly people, separate ward should be established for aged people of the country. Mental well-being, emotional satisfaction, physically strong and financial well off are associated with health status of elderly people. All these process only possible with the help of the family members in conjunction with the other institutions. Quality of life is the key component of the health status.

The present research deals with the relationship between nature of support and the health characteristics of elderly. Health disabilities of elderly are usually associated with the neglect of caregivers, a common type of mistreatment of elder people. Loneliness and depression create a number of problems. There was a time when an aged person was respected in our country and like many traditional societies most of the Pakistani families still regard their elders as the heads of the family and allowed them to be the decision makers. They were valuable source of wisdom as they transferred their experience, values and knowledge to the new generation, but this culture and trend is vanishing rapidly. Due to demographic transition the life expectancy has increased, people live longer now. Mostly aged people depend on their family and children. Family members support them, look after them and fulfill their all type of needs. This research will highlight the issue related to elderly people and family support to elderly people in rural area of District Gujrat. This study may be helpful for researchers to know various kinds of help getting elderly towards family. It will also facilitate the forthcoming students, because this study will be the part of library.

Objectives of the Study:

- To determine the demographic profile of the respondents.
- To explore the level of family support to elderly people.
- To analyze the health status of elderly people.
- To find out the association, if any, between family support and health status of elderly people.

MATERIALS AND METHODS

For the present study 120 elderly respondents were selected through convenience sampling technique. Because sampling frame of elderly people was not available. Elderly people were selected after the informed consent. Sample was selected from four villages on the basis of characteristics like, elderly people having age more than 60 years; belong to rural area; and more importantly getting family support. A semi-structured interview schedule was administered by the researchers which contained different parts like a) the demographic profile of the respondents; b) level of family support to elderly people and c) health status of elderly people living in rural area of Gujrat. Further, the data was analyzed by using SPSS version 16.0. Percentage and statistical test was used to draw the conclusion.

RESULTS AND DISCUSSION

Table No.1.1 presents that 40% elderly people belonged to age group of 66-7, 27.5% had 61-65, 18.3% had 71-75 and only 14.2% of the respondents belonged to age group of 76 and above. Family income is total income earned by all family members who have been living in the household, including income earned through employment, business, farming, rent, pensions, dividends, interest, social security and any other money income. Table no.1.2 shows the family income of the respondents.

Table1: Demographic Profile of the Respondents

1.1 Age of the Respondents			1.4 Living Arrangements of the Respondents		
Categories	Frequency	Percentage	Categories	Frequency	Percentage
61-65	33	27.5	Separate Room	40	33.3
66-70	48	40.0	Share the Room	63	52.5
71-75	22	18.3	Balcony/Veranda	16	13.3
75 +	17	14.2	No Separate Room	01	0.8
Total	120	100.0	Total	120	100.0
1.2 Family Income of the Respondents			1.5 Number of Children		
Categories	Frequency	Percentage	Categories	Frequency	Percentage
Up to-10000	03	2.5	No Child	06	5.0
10001-15000	17	14.2	Up to 2	07	5.83
15001-20000	27	22.5	3 - 4	31	25.83
20001-25000	27	22.5	5-6	50	41.67
25000+	46	38.3	7 & Above	26	21.67
Total	120	100.0	Total	120	100.0
1.3 Respondents Supported By			1.6 Living Arrangement Preference		
Categories	Frequency	Percentage	Categories	Frequency	Percentage
Wife	15	12.5	With Family	115	95.8
Son/Daughter	100	83.3	With Friends	02	1.7
Brother/Sister	04	3.3	Separate Room	03	2.5
Social Security Nets	01	0.8	Total	120	100.0
Total	120	100.0			

Table 2: Family Support of the Respondents

	To Great Extent		To Some Extent		Not At All		Total	
Variables	f	%	f	%	f	%	f	%
Feeling of Belongingness to Family	90	75.0	29	24.2	01	00.8	120	100
Participation in Problems Solving	76	63.3	34	28.3	10	08.3	120	100
Importance of Respondent's Decision	80	66.7	32	26.7	08	06.7	120	100
Preference of respondent's Decisions	74	61.7	35	29.2	11	09.2	120	100
Family Politely Talk to Respondent	105	87.5	12	10.0	03	02.5	120	100
Leave the Respondent Alone at House	64	53.3	44	36.7	12	10.0	120	100
Feeling of Loneliness	16	13.3	37	30.8	67	55.8	120	100
Fulfillment of Transportation Need	92	76.7	24	20.0	04	03.3	120	100
Fulfillment of Medication Need	101	84.2	19	15.8	00	00.0	120	100
Satisfaction about Family Behavior	91	75.8	22	18.3	07	05.8	120	100

Table 3: Health Status of the Respondents

	To Great Extent		To Some Extent		Not At All		Total	
Variables	f	%	f	%	f	%	f	%
Provision of Health Care services on Time	93	77.5	25	20.8	02	01.7	120	100
Look After the Injuries of Respondent	109	90.8	10	8.3	01	0.8	120	100
Facing Weakness by Respondent	18	15.0	68	56.7	34	28.3	120	100
Facing Illness by Respondent	26	21.7	54	45.0	40	33.3	120	100
Facing Sickness due to Improper Nutrition	10	08.3	46	38.3	64	53.3	120	100
Facing Tension while Discussing Issue	18	15.0	39	32.5	63	52.5	120	100
Facing Depression while Decision Making	65	54.2	40	33.3	15	12.5	120	100
Facing the Problems of Sleeplessness	09	7.5	48	40.0	63	52.5	120	100
Facing Eating Problem by Respondent	09	7.5	36	30.0	75	62.5	120	100
Freedom to Attend Social Obligations	65	54.2	38	31.7	17	14.2	120	100

Table 4: Family Support and Health Status of Elderly People

	Family Support			
Health Status	Low	Medium	High	Total
Low	6 (5.0%)	10 (8.3%)	7 (5.83%)	23 (19.2%)
Medium	1 (0.8%)	10 (8.3%)	35 (29.1%)	46 (38.3%)
High	0 (0.0%)	0 (0.0%)	51 (42.5%)	51 (42.5%)
Total	7 (5.8%)	20 (16.67%)	93 (77.5%)	120 (100%)

Table 5: Fisher's Exact Test

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	Point Probability
Fisher's Exact Test	46.456			.000		
N of Valid Cases	120					

a. 4 cells (44.4%) have expected count less than 5. The minimum expected count is 1.34.

b. The standardized statistic is 6.418.

Table 6: Kendall's tau-b Statistical Test

		Symmetric Measures				
		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.	Exact Sig.
Ordinal by Ordinal	Kendall's tau-b	.548	.051	6.792	.000	.000
N of Valid Cases	120					

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

According to this table 38.3% had 25001+ family income, 22.5% respondents had 20001-25000, 22.5% respondents had 15001-20000 family income, while only 2.5% respondents had up to 10000 family income.

Table No.1.3 presents the persons who supported the respondents. 83.3% respondents were supported by their sons/daughters, 12.5% respondents were supported by their wives, 3.3% were supported by their brothers/sisters while only 0.8% respondents were supported by social security nets. The findings of this study are similar to the findings of the [14]. His study shows the family is still the major welfare provider for old people in rural areas. Although the implementation of this role has varied significantly, in different historical periods, owing to social and economic changes in the rural environment, the core functions of the family have remained the same, that is, the provision of welfare for dependants, particularly for the aged.

Table No.1.4 shows the living arrangement of respondents at place of living. 52.5% respondents shared the room with their family members, 33.3% respondents had separate rooms, 13.3% respondent's living arrangements were in balcony/veranda and only 0.8% respondent had not separate room. There is a need for more research on the preferences and attitudes of older people in terms of their living arrangements [15, 16]. Table No.1.5 describes the children number of the respondents. According to cited data 41.67% respondents had 5-6 children, 25.83% respondents had 3-4 and 21.67% respondents had 7 & above children while only 5.0% respondents had no children.

Table No.1.6 presents the prefer living arrangement by respondents. 95.8% respondents wanted to live with their family, 2.5% respondents wanted to live in a separate room and only 1.7% respondents wanted to live with friends due to unfavorable or unfriendly behavior of their family members. According to the findings of Okumagba and Kamla [17] the family still accounts for a large proportion of the support received by the elderly.

Table No.2 depicts the feeling of belongingness to family by the respondents. More than half (75.0%) of the respondents had to great extent feeling of belongingness to their families, 24.2% respondents had to some extent and only 0.8% respondents had not feeling of belongingness to their families. 63.3% respondents participated to solve household problems, 28.3% respondents to some extent and only 8.3% respondent did not participate in household problem solving. Finding also indicates the importance of respondents' decision in their families. 66.7% respondent's decision had importance to great extents to their families, 26.7% respondent's decision had to some extent and only 6.7% elderly people decision had no importance in their families.

Elderly people decisions are preferred in their families. 61.7% respondent's decision was being preferred to great extent, 29.2% respondent's decision to some extent and only 9.2% decisions of elderly people were not preferred in their families. According to presented data in the above table 87.5% family members talked politely to great extent with respondent, 10.0% respondent's family talked politely to some extent and only 2.5% respondent's family members did not talk to them politely. Families and children leave their elderly people alone at their homes. According to the presented data, 53.3% family members especially their children did not leave the respondents alone at their homes, 36.7% respondents were leaved alone to some extent and only 10.0% respondents were leaved alone to great extent at their homes by their family members especially their children. Data states that 55.8% respondents were not feeling loneliness while living in their families, 30.8% respondents were to some extent and only 13.3% respondents had to great feeling of loneliness in their families.

According to data, 76.7% respondent's transportation need was fulfill at the time of need properly, 20.0% respondent's to some extent while only 3.3% respondent's transportation need was not fulfilled at their homes at the time of need. 84.2% respondent's medication need was being fulfilled to great extent at the time of need, 15.8% respondent's to some extent and there was no any respondent whose medication needs was not fulfilled at the time of needs. Statistics shows that 75.8% respondents were satisfied with their family member's behavior towards them. 18.3% respondents to some extent, while only 5.8% respondents were not satisfied with the behavior of their family members. Family is the most important source of financial or social support in most Asian countries. Many studies have confirmed that family and/or social support improves physical and mental health [8].

Table No. 3 depicts the health status of elderly people living in the rural area of District Gujrat. According to the data, 77.5% respondent's had provision of health care services to great extent at the time of need, 20.8% respondent's had to some extent while only 1.7% respondent's had not the provision of health care services on time. Eva and Wong [18] conducted a study on health care for elderly people. They estimated the need of elderly population for the health care services. Statistics shows that 90.8% respondents were looked after by their family members at the time of injuries to great extent, 8.3% elderly people to some extent and only 0.8% respondents were not looked after by their family members at the time of injuries. 56.7% elderly people were facing to some extent weakness, 28.3% respondents were not facing any type of weakness while only 15.0% respondents were facing to great extent weakness.

According to the above table, 45.0% respondents were facing to some extent illness, 33.3% elderly people were not facing any type of illness and only 21.7% respondents were facing to great extent illness. 53.3% elderly people were not facing sickness due to improper nutrition, 38.3% respondents were to some extent while only 8.3% respondents were facing to great extent sickness due to the improper nutrition. Family support and friendship improved the psychological well-being of older people. Family support and friendship were related positively significantly to psychological well-being. It is effective support for family and perceived importance of friendship were strong predictors of psychological well-being. 52.5% respondents were not facing tension at the time of discussing issues with their family members, 32.5% respondents were facing to some extent tension while discussing different issues with their family members and only 15.0% respondents were to great extent facing tension while discussing different issues with their family members. 54.2% elderly people were not facing depression at the time of participation at the time of decision making at family or household level, 33.3% respondents were to some extent facing depression while participating in decision making issues in their families and only 12.5% respondents were facing to great extent depression at the time of participation in decision making. Field data describes that there were 52.5% respondents who did not faced the problem of sleeplessness, 40.0% elderly people facing to some extent problem of sleeplessness while only 7.5% respondents were facing to great extent the problem of sleeplessness. 62.5% elderly people were not facing eating problems, 30.0% respondents were to some extent and only 7.5% respondents were facing to great extent eating problems. According to the table 3, 54.2% respondents were allowed to attend social events to great extent, 31.7% respondents were allowed to some extent while only 14.2% elderly people were not allowed to attend social event.

Table No.4 presents the family support and health status of elderly in rural area of Gujrat. According to the data more than half (77.5%) respondents were getting high level of support from their family members, 16.67% medium and only 5.8% respondents were getting family support as compared to others. 42.5% respondents had high level of health status, 38.3% had medium while only 19.2% respondents had low level of health status in rural

area of Gujrat. The study findings show that there was a positive relationship between family support and health status of elderly people in rural area of Gujrat, Pakistan.

The calculated value of Fisher Exact Test is 46.456 i.e. significant. Therefore there is a relationship between family support and health status of elderly people. Also the calculated value of Kendall's tau-b statistical test is .548 and the level of significance at 1%. There is a moderate relationship between family support and health status of elderly people in rural area of Gujrat.

CONCLUSION

The situation of the elderly people in rural areas is related to family support. Family members support their elderly people in a different way like financial, moral, physical, emotional and nutritional. Elderly people are still depending on their family members especially on their children. They live with them and are supported by them. Due to this support their health status is also improved. There mental, physical and social well being is improved due to support of family. Finding shows the relationship of family support and quality of life of the elderly people. Mostly families are plying supportive role, majority of respondents are satisfied to their living arrangements. Medication and other needs are fulfilling by their family members. Respondents are living with their families and are supported by their sons. It reveals that families are playing a very vital role to support the elderly persons. Families support is cause to decrease the level of frustration, depression, tension among elderly person. Elderly people are widely recognized as being a valuable source of information, knowledge, wisdom and experience. Later age is very difficult stage of life. Families and children should look after and obey their parents. They need special care, love and affection. The finding of the present study is also supported by the findings of Suh [19] that healthier people normally have larger support networks as they can be more socially active and Li *et al*. [20] e.g. an increase in instrumental support from children to the elderly is associated with deterioration in the subjective health of older men, financial support from the elderly to children improves the formers' subjective health.

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