Education and Discrimination of Elderly People in Rural Area of Mandi Baha-Ud-Din-Pakistan

Balal Idrees, Shahid Iqbal, Umar Manzoor and Rehan Ilyas

Department of Anthropology, Quaid-i-Azam University, Islamabad
Department of Sociology, University of Gujrat, Pakistan

Abstract: The elderly abuse is becoming a burning issue in Pakistan now-a-days due to improvement in health sector and advancement in technology in every field of life. At the same time education is playing a pivotal role to empower the elderly with respect to their rights, psychological support and economic problems also. The aim of the present study is to analyze elderly education and its relationship with discrimination in rural areas of District Mandibahaud din. A survey was conducted in one Union Council (Pindibahaud din) of Tehsil Mandibahaud din. A sample of 100 elderly respondents (having the age more than 60 years) was drawn with the help of simple random sampling technique. The sample was drawn by using the formula of Yamane (1967). Interview schedule was developed to collect relevant information from the respondents. Statistical test (Kindualls tau b) was used to test the hypothesis. A great significance was seen after the data analysis and interpretation between education and discrimination among elderly in the selected rural union council of Mandibahaud din district. There was negative relationship found between education and discrimination among elderly in the selected rural union council of Mandibahaud din district.

Key words: Education • Discrimination • Elderly People • Rural Area • Health • Pakistan

INTRODUCTION

Education plays a vital role to create awareness among elderly about their rights and gives them a right to take decisions about their children, education, health and household matter. Formal education of elderly influences the use of better health care services and much awareness about the rights of individuals in the societies. Poor level of education plays important role in the life of elderly people not only because of they are victims of the poor treatment in long-term or elderly assisted living facilities due to the discrimination felt against older people. In Pakistan, the demographic transition has begun since the 1990s. A United Nations report on the social situation concludes that the population of the aged is growing at an unprecedented rate; there are 740 million people in the world aged 60 years or over and the number is expected to rise to one billion by the end of the decade and possibly to two billion by mid-century.

The evidence shows a consistent decline in mortality with a resultant rise in life expectancy and a reduction in total fertility rate in recent years [1-3]. The Position of older women in the society is even horribly worst because usually female have less pensionable jobs, health insurances, etc. With a ranking of 123 out of 195 countries in terms of percentage of population aged 80-plus, Pakistan doesn’t have a comprehensive pension system (Global Age Watch). The role of the society in developing countries towards aged people is very poor. Despite a Society is composed of heterogeneous groups. Every individual has one’s roles and duties to keep the flow of a society going smoothly. People of all age groups make equal important contributions to society; duties cannot be assigned to any single individual, it is the platform where people of every age cohort will have to come together not only to enrich their lives with fulfilled desires but also to promote society and its functioning. Ageing is an issue that needs to be view with much significance as like in developed countries. People in older ages facing medical problems due to discrimination they face in many ways such as discrimination in communication, decision making, recreation activities,
access to household activities or goods, participation in household activities, food, considered second citizens[4]. This position is even worst in developing countries such as Pakistan where elderly people are not only discriminated but also face some serious medical problems. Although respect for elderly is a widely excepted social norm in Pakistani society but there is no single formal law presents to protect the elderly from abuse, discrimination. The report submitted to the United Nations Economic and Social Commission for Asia and the Pacific for its second review and appraisal of the international plan of action that concluded last week admitted that Pakistan neither had a policy on ageing nor a national legislation for older people. On the other side many NGO’s are working to protect the rights of elderly and provide them better health services to avoid poor health status, but still many older people are there to be unattended. Government has significantly failed to work. This pathetic position of elderly and uncertainty disturb the society in many different ways such as economic problems. Both WHO and WPA have recognized that the stigma and discrimination attached to mental disorders are strongly associated with suffering, disability and economic losses. Recent social, economic and demographic changes have brought a series of challenges to the elderly, which jeopardize their role in society [5].

The ageing population presents a major challenge to health and social care services now and for decades to come. According to an independent assessment, except for the retired persons who are looked after by the government through its healthcare and other schemes, the elderly are either taken care of through the joint family system or left vulnerable to diseases and economic woes.

The Elderly face specific problems in relation to health and medical treatment. They face problems accessing health facilities due to mobility issues and therefore specific interventions require health service providers going to them. Chronic health conditions and medical problems pertaining to the elderly include nutritional deficiencies, chronic diabetes, eye problems and dental problems. The increasing numbers of the elderly pose a challenge including those relating to their health and consequent disability principally on account of aging problems, senile dementia, deafness, blindness and feeling of loneliness, uselessness and boredom. As times passes by the demand for specific geriatric care would grow. Much remains to be done in the training of more and better rehabilitation medicine care providers.

The government designed a National Policy for the health of the Elderly in 1999. This comprehensive policy included training of primary care doctors in geriatrics, provision of domiciliary care, dental care and a multi-tiered system of health care providers for elderly including social workers, physical therapists. Unfortunately implementation of this policy is still being awaited [6].

The need of the day is therefore to devise medical and social programs for our elderly that help meet their needs in the comfort of their homes. Such programs should also provide caregiver education, training and facilities to family members caring for their older relatives [7, 8]. The issues such as medical care for elderly have assumed increasing importance in Pakistan and with the passage of time receiving greater attention of the policy makers in the Government, though the nature of problem is being faced by them are different from those in developed countries. But the main problem is the implementation of the policies, which government and other think tanks of government made for elderly [9-11].

Objectives of the Study: The specific objectives of the study were to:

- To examine the level of education of rural elderly in Mandibahaud din.
- To examine the level of discrimination and health status of elderly in rural area of Mandibahaud din.
- To examine the association between elderly education and discrimination and health status of elderly in rural Mandibahaud din, Pakistan.

MATERIAL AND METHODS

This study was conducted in rural areas of Punjab, District Mandibahaud din. The target population was those elders who have the age more than sixty years prior to the interview date. For the proposed study simple random sampling technique was used. The total population of selected one union council was consisted of 132 elderly. So it was impossible for the researcher to study the whole population. The researchers had drawn a sample size of 100 respondents out of 132 by using the formula of Yamane (1967) which is given below:

\[ n = \frac{N}{1+ N (e)^2} \]

here

\[ N = 132 \]
\[ e = 0.05 \]
\[ n = \frac{132}{1+132(0.05)^2} \]
In this study researchers used the interview schedule as a tool for data collection. An interview schedule was used for gathering the information from the respondents which consisted of both open and close ended questions. Interview schedule was the most appropriate way to get information from the respondents. Statistical test (Kendall’s tau b) was used to test the hypothesis.

RESULTS AND DISCUSSION

Table no. 1.1 shows the age structure of the respondents. According to this table, 29(29%) respondents belonged to age group 60-69, 41(41%) respondents had age group of 70-79 and 20(20%) respondents belonged to age group 80-89. Half of the respondents belong to age group of 70-79. Table no. 1.2 depicts educational attainment of the respondents. According to this data, 33(33%) respondents got primary education, 34(34%) respondents had education up to middle and 33(33%) respondents had education up to metric.

Table no. 1.3 describes the current marital status of the respondents. According to this table, 62(62%) respondents were married and 35(35%) respondents were widow. More than half of the respondents were married. Table no. 1.4 explains the current living status of the respondents. According to this data, 86(86%) respondents were living with their children, while only 7(7%) respondents were living with spouse. Majority of the respondents were living with children.

Table no. 2.1 shows respondent’s satisfaction about living arrangements. According to this table, 61(61%) respondents were to some extent, 30(30%) respondents were to great extent and only 9(9%) respondents were not satisfied with their living arrangements. More than half of the respondents are to some extent satisfied with living arrangements. Table no. 2.2 describes respondent’s participation in solving family issues. According to this data, 35(35%) respondents to some extent, 29(29%) to great extent and only 36(36%) respondents participated to solve their children’s problems.

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Table no. 2.3 shows the respondent’s participation in household activities. According to this data, 39(39%) respondents did not participate in household activities, 28(28%) respondents to some extent and 39(39%) respondents to great extent participated in household activities. Table no. 2.4 explains respondent’s satisfaction about family behavior. According to this data, 39(39%) respondents to some extent, 35(35%) respondents to great extent and 26(26%) respondents were not satisfied with their family behavior. Majority of the respondents were satisfied with the family behavior.

Table no. 2.5 depicts respondent’s satisfaction about neighbor’s behavior. According to this data, 46(49%) respondents to some extent, 15(15%) respondents to great extent and 39(39%) respondents were not satisfied with the neighbor’s behavior. Majority of the respondents were satisfied with the neighbor’s behavior. Table no. 2.6 describes respondent’s involvement in family matter discussions. According to this data, 33(33%) respondents to some extent, 30(30%) respondents to great extent and 37(37%) respondents were not involved in family matter discussions. Majority of the respondents were involved in family matters discussions.

Table no. 2.7 depicts about importance of the respondent’s decisions in the family. According to this data, 42(42%) respondents decisions had no importance in the family, 32(32%) respondents decisions to some extent and only 36(36%) respondents decisions in family matters had to great extent importance. Table No. 2.8 explains that respondent’s access to household goods. According to this data, 45(45%) respondents to some extent, 30(30%) respondents to great extent and 25(25%) respondents had no access to household goods. Half of the respondents had to some extent access to household goods.

Table no. 2.9 shows about respondent’s social gathering. According to this data, 38(38%) respondents to great extent, 19 (19%) respondents to some extent and 43(43%) respondents did not attend social gatherings or
social events. Table no. 2.10 describes about socially support of the respondents by family. According to this table, 45(45%) respondents to some extent, 30(30%) respondents to great extent and 25(25%) respondents were not supported socially.

**Graph of Level of Discrimination:** The graph 1 shows the level of discrimination among elderly people of Union Council (Pindibahaud din) of Tehsil Mandibahaud din. The above placed graph shows that 37% of the respondent’s incident low level of discrimination, 33% of the respondents face medium level of discrimination and 30% of the respondents experience high level of discrimination.

The above placed contingency table shows the relationship of education with the elderly discrimination. The table describes that from the respondents who have low level of education, 9(27.3%) of them experience low level of discrimination, 9(27.3%) of them experience medium level of discrimination and 15(45.5%) of them experience high level of discrimination. It also shows that from the respondents who have medium level of education, 8(23.5%) of them face low level of discrimination, 14(41.2%) of them face medium level of discrimination and 12(35.3%) of them face high level of discrimination. The table be evidence for the respondents who have high level of income, 21(63.6%) of them incident low level of discrimination, 9(27.3%) of them incident medium level of discrimination and only 3(9.1%) of them incident high level of discrimination. The contingency table is the analyzing evidence of that there is a negative relationship between level of education and level of discrimination.

Since the p value is used to determine the significance of a hypothetical test here it is found to b 0.000 which shows that it is less than the level of significance value therefore the $H_0$ is rejected and $H_1$ is accepted and conclude that the level of Education and discrimination of elderly people living in Union Council (Pindibahaud din) of Tehsil Mandibahaud din are statistical associated. Since the Kendalls tau-b value is negative which shows that there is negative relationship between level of Education and discrimination of elderly people living in Union Council (Pindibahaud din) of Tehsil Mandibahaud din. So its concluded that if there is a shift of level of education from low to high of elderly people living in Union Council (Pindibahaud din) of Tehsil Mandibahaud din, it is possible to eradicate or decreased to low level the malevolence of discrimination of elderly people living in Union Council (Pindibahaud din) of Tehsil Mandibahaud din.

**CONCLUSION**

It is presumed that the real brunt of this situation may be felt by the elderly and particularly among them are the ones living in rural areas, residing in nuclear families. Education plays a vital role to create awareness among elderly about their rights and gives them a right to take decisions about their children, education, health and household matter. There is negative relationship between level of Education and discrimination of elderly people living in Union Council (Pindibahaud din) of Tehsil Mandibahaud din [12-14]. So its concluded that if there is a shift of level of education from low to high of elderly people living in Union Council (Pindibahaud din) of Tehsil Mandibahaud din, it is possible to eradicate or decreased to low level the malevolence of discrimination of elderly people living in Union Council (Pindibahaud din) of Tehsil Mandibahaud din.
REFERENCE


