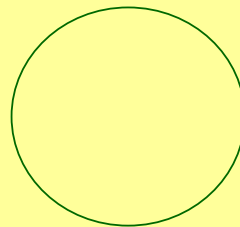


Ageing and Poverty in Pakistan

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1. AGEING AND POVERTY IN PAKISTAN

1.1 Introduction

The process of ageing which is an outcome of the demographic transition characterised by reduced mortality and fertility levels, has recently gained great relevance in the development context of countries across the world. The demographic transition which took more than a century to complete in the developed world, is being completed in a few decades in some of the countries in the developing world. A continuous fall in fertility in conjunction with improvement in mortality rate bring about changes in the age structure of population that lead to a decline in the proportion of children and a cumulating increase in the proportion of people in the higher ages, resulting in the ageing of a population.

Given the changing demographic scenario at regional and global levels, the population aged 60 years or older comprise 10 percent of the world's 6 billion inhabitants in the year 2000. This proportion is projected to increase to about 22 percent of the world population by 2050, and a large part of this increase would be due to the rapid increment of the elderly population in developing countries [U.N. (2002)].

In Pakistan, the demographic transition has begun since the 1990s. 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 [Sathar and Casterline 1998; Ali and Hussain (2001); Hakim, *et al.* (1998)]. As a result, the proportion of elderly population is expected to increase in the years to come. Based on U.N. (2002) projection estimates, the proportion of population 60 years and above in Pakistan will increase from 5.8 percent in the year 2000 to 7.3 percent in 2025 and 12.4 percent in 2050.

Another way of looking at the ageing process is through the ageing index which is defined as the ratio of population above 60 years of age to the population in the age group 0-14. It is observed that ageing process in Pakistan has been slow as indicated by the ageing index of 13.8 till the year 2000. However, due to a declining trend in fertility and a steady increase in the survival of the elderly, the value of ageing index is expected to rise to 57.8 in 2050.

The problems of elderly population become manifold when population ageing is not accompanied by socio-economic development. That means a large segment of the elderly population, because of their relatively disadvantaged socio-economic position, continue to live on low level of subsistence. The dependency ratio which is a ratio of population under 15 and of those 65 years and above to the working age population (15-64 years) shows an increasing trend in Pakistan that is, from a value of 6.7 for the year 2000 to 7.9 in the next quarter and 12.1 by 2050 [U.N. (2002)].

In view of the expected rising proportions of elderly in Pakistan who are expected to become unproductive and economically and socially dependent segment of population, it becomes important to study the nature and extent of the nexus between ageing and poverty. The recent rising trends in poverty in Pakistan pose a new set of challenges that are likely to affect the elderly population with no economic and social support. Poverty levels in Pakistan have shown variations over the past decades.¹ The poverty level based on caloric intake declined from about 47 percent in 1969-70 to 17 percent in 1987-88. However, the decade of 90s, during which the structural adjustment programme of IMF was being implemented, showed a substantial increase in the levels of poverty in Pakistan. The recent estimates show that 33 percent population is living below or on poverty line [Qureshi and Arif (2001)]. The increase in the levels of poverty undoubtedly affects the lives of the elderly population the most. This is because, the elderly who are generally poorest of the population, are deprived of socio-economic opportunities due to their less ability to participate in socio-economic activities effectively. In a study based on African data, Ramashala (2001) found that the poverty is 3 times more among elderly population than the younger population. In the intra-household distribution of resources, the elderly who are not as productive as the younger ones also do not get their due share.

In Pakistan, where a majority of the workforce is involved in the informal economy, most of the older population are without a cover of pension or any type of social security scheme [Afzal (1997, 1999); Nasir and Ali (2000)]. In the wake of increased poverty, the elderly are more exposed to adversities of life. This is because centuries old values and traditions of providing care and respect to the elderly are fast eroding due to rapid modernisation, urbanisation and the consequent economic and financial pressures.

1.2. Objectives of the Study

In the backdrop of increased poverty and expected increase in the elderly population in Pakistan, this study is undertaken in line with the broad objectives of the Micro Impact of Macro Adjustment Policies (MIMAP) project. The MIMAP project on the one hand focuses on the assessment of poverty levels and on the other hand aims at investigating the conditions of the vulnerable group of people in the society, so as to suggest ways and means for their well-being.

This study on “Ageing and Poverty in Pakistan” becomes all the more important not because it looks into the nexus between poverty and well-being of the elderly but also because of the fact that this is the first ever study based on the nationally representative data especially collected under MIMAP project. Specifically, in this study, we investigate and assess the well-being of the elderly which is measured here in terms of their Quality of Life with regard to living arrangements, gender, urban-rural residence and poverty status of the elderly. The ultimate objective of the study is to come up with the policy prescriptions, the implementation of which may help bring equity in the lives of the elderly living in any circumstances.

¹For details on the definition and trends of poverty, see Qureshi and Arif (2001) and Irfan

1.3. Data, and Survey Design

The analysis in this study is mainly based on the data of Pakistan Socio-Economic Survey (PSES) Round-2. The survey was carried out in the year 2001 from September to end of the year in all over Pakistan except Federally Administrative Tribal Areas (FATA), Federally Administrative Northern Areas (FANA), military restricted areas and districts of Kohistan, Chitral and Malakand. The population of the excluded areas is around 4 percent of the population of Pakistan.

The sampling frame in the rural areas constitutes of all the villages denoted as Primary Sampling Units (PSUs). The large villages are subdivided into more than one PSUs. The urban areas are divided into enumeration blocks. Each enumeration block consists of on the average 250 households.

The cities of Karachi, Lahore, Faisalabad, Rawalpindi, Multan, Hyderabad, Gujranwala, Peshawar, Quetta, Islamabad, Sargodha and Sialkot are considered as a separate stratum and have been further sub-stratified according to low, middle and high income groups.

After excluding the population of large cities from the population of respective administrative division, the remaining urban population of each administrative division of the four provinces has been grouped together to form a stratum. In the rural areas, each administrative district in the Punjab, Sindh and North-West Frontier Province, (NWFP) has been treated as an independent stratum, whereas, in Balochistan province, each administrative division constitutes a stratum.

It may be mentioned here that PSES Round-2 survey has been carried out in the same households visited two years earlier in the PSES Round-1. The total size of the households visited in PSES Round-1 was 3564 (2268 rural and 1296 urban). Since PSES Round-1 survey was based on the sampling frame of 1981, another 1170 households were added in the sample of PSES Round-2 to make it representative of 2001 population at national and urban-rural level. Altogether, in the PSES Round-2, 4021 households were successfully enumerated of which 2577 were rural and 1444 urban households. The attrition rate in the panel households was about 20 percent.

Out of 2155 elderly identified from the household roster, 1174 elderly were successfully interviewed. From the remaining 981 elderly, 275 were reported dead in the last two years and the rest were either not present in the house at the time of interview² or had declined to give the interview.

Each survey team consisted of 3 male and 3 female interviewers headed by a supervisor who is a staff member of PIDE. The two separate questionnaires, one for male members and the other for female members were administered in each household. Because of the importance of the section on ageing, this section was included in the female questionnaire. This was done because a female interviewer has a relatively easy access inside an interviewee's house. The interview has to be carried out in person with the elderly including sick and handicapped. Moreover, the interviewers were advised to ensure privacy during the interview so that the elderly

(2003).

²The roster of MIMAP-2 survey includes, all members of the household enumerated in MIMAP-1 survey, those whose family is here in this household but he/she is away from this household for any reason, and also those who are present in the household at the time of survey.

would be able to reply to questions of psycho-social and emotional nature in all confidence.

1.4. Methodology and Variables

The method of cross tabulation is applied in order to find out the unadjusted relationship between various components of “Quality of Life” and the independent variables. The technique of chi-square is applied to test the significance of association between various attributes of quality of life and the independent variables described below.

In order to establish the conditions of the elderly in terms of their quality of life, the technique of Multiple Regression Analysis is used. The general format of the regression model is:

$$Y_i = \alpha + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_k X_k + \varepsilon$$

Where ε is the random error, α is the intercept and $\beta_1, \beta_2, \dots, \beta_k$ are the regression coefficients for variables X_1, X_2, \dots, X_k respectively.

The dependent variable in the equations is the “Quality of Life” and the independent variables are “family type”, “urban-rural residence”, “gender” and “poverty status” of the respondents. The analysis is carried out on elderly population aged 60 and over. The first equation is based on the total sample of elderly population where as, the remaining four equations pertain to various age cohorts of elderly. This was done to test, whether or not the quality of life is dependent on the age of the elderly.

1.4.1. Dependent Variable and Its Method of Construction

Indeed the concept of the quality of life is a ragbag and carries a wide spectrum of issues. As a matter of fact, one wonders which aspect of socio-economic, demographic, psychological, emotional, and cultural life is excluded while considering the “Quality of Life”.³ Since in this study our focus is on the elderly people and their well-being, we have taken all those variables that are available in the data set and contributes towards their quality of life. In order to have a standardised score of each variable, we transformed variables into the values between “0” and “1”. The “0” value means no contribution of the variable and a value of “1” means maximum contribution of the variable towards “Quality of Life”. The “Quality of Life” is a composite variable which is formed of the following variables:

- (a) *Educational Status* (in terms of classes passed). Attainment of education brings a distinct difference in the socio-economic, psychological and emotional status. This difference is visible not only in younger population

³The 1992 UN World Assembly on Ageing in Vienna recommends a life, which provides total well-being of the elderly. Morris (1979) argued that Physical Quality of Life Index (PQLI) should be ethically neutral, should measure outcomes not inputs, should capture the distribution of outcomes, be arithmetically simple, and enable international comparisons. McGranahan, *et al.* (1972) contended that economic and human development can not be separated. They constructed a single composite index by incorporating 17 core variables pertaining to economic and non-economic indicators of human development.

but the quality of life of elderly people is also influenced by the attainment of education. For example, among the literate elderly there were only 20 percent who were unemployed. This proportion was 80 percent among illiterate elderly [Pakistan (2001)]. Moreover, being educated, they can spend their leisure time more judiciously; for example, they can translate their rich life long experience into a book or contribute their articles in the newspapers for the benefit of others. By reading magazines and newspapers, they are well aware and well versed with the present day happenings. Being educated, the elderly are financially and socially better off. In short, they are more satisfied with their present life than the uneducated ones, a majority of whom may be leading a purposeless life. The standardised Z score of this variable is used. Z-test is applied to get the standardised score.

- (b) *Health Status*. A proxy for health status has been derived from the response to the question “Was (name) sick during the last two weeks”? Normally, elderly people at the age 60 and over get sick quite often with one disease or the other and all those who were not sick during the last two weeks from the date of survey are considered healthy, reflecting a better quality of life. Hence, all those who were found sick have been assigned a “0” score and the score “1” to those not sick.
- (c) *Per Capita Income*. Per capita income is taken as an important indicator of quality of life and the standardised Z scores of this variable are used as inputs to the index.
- (d) *Availability of Suitable Place for Rest*. In old age, people are physically weak and require rest and relaxation more often as compared to a young person. Thus persons having a place for rest, are assumed to have better quality of life than those who do not have a place for rest. All those who responded “yes” were assigned score “1” and “0” to those responded “no”.
- (e) *Role in Decision-making*. The answers to this question determine the independence and autonomous status of a person. Autonomy, for elderly people, carries much importance as majority of these people in their productive age have enjoyed the fruits of grit and power. So all those elderly who have a role in the decision-making in a household enjoy a better and satisfied life than those who have no role. Appropriate scores proportionately divided between 0 and 1 are assigned to the responses of this question. For example, a score of 0 is assigned to those who responded: “No role at all in decision making” 0.33 is assigned to those who responded “children make most of the decisions”; 0.66 is assigned to those who responded “Take most decisions by joint consent”; and finally a score of 1 is assigned to those who responded “Take most decisions by myself”.
- (f) *“Overall Satisfaction with Present Living Conditions”* reflects a person’s state in relation to his status of life over the years. The responses to this question in terms of “very much satisfied”; “moderately satisfied”; and “not satisfied/ unhappy” indicate an aged person’s status of physical as well as mental satisfaction which in turn reflects ones quality of life status perceived through the above stated variable. Appropriate scores proportionately

divided between “0” and “1” are assigned to the responses of this question; more or less the same way as in (e).

- (g) *“Status of Disability”*. The importance of this variable in accounting for the quality of life of the elderly cannot be over stated. A gradual loss of faculties is a normal part of growing old and hence all those elderly who are physically fit lead a better life than those who need physical help for daily household chores. All those who responded “yes” to the question “Do you need physical help for daily household chores?” are assigned score “0” and score “1” to those who responded “No”.
- (h) *“Self Perceived Nutritional Level”*. Nutritional level is another indicator of overall well-being as quality of life is affected by consumption of food. Thus all of those consuming enough food to keep them healthy are certainly better off. The affirmative response to the question: “Do you feel that the kind of food you are taking is good to keep you healthy?” are assigned a score of “1” and “0” to those responded in negative.
- (i) *“Status of Present Life as Compared to the Life when in Middle Age”*. This question is asked in order to assess the current status of the self-perceived quality of life *viz-à-viz* the status of their life when they were in middle ages. The present status certainly contributes towards ones overall well-being represented here in terms of “Quality of Life”. Appropriate scores more or less the same way as in (e) above are assigned to the responses of this question. Essentially “0” score is assigned to the response. “Unhappy/miserable”.
- (j) *A Feeling of Satisfaction in Life*, of having gained and secured what you have worked for during your life is represented by a question “Do you think that you have achieved what you aimed for in life?” The response to this question will furnish a status regarding their achievements and satisfaction that may vary from person to person. Appropriate scores are assigned more or less the same way as in (e) above. Essentially “0” score is assigned to the response “unhappy/miserable”.
- (k) *Confidence of Well-being in the Future*. How does the respondent regards and views his life in future when asked through the question “The way things are going now, do you feel confident that you could cope with the future?” will depict his status of physical as well as mental well-being. Scores like in “J” above are assigned to the responses of this question.
- (l) *Does your House have: Electricity? Gas Connection? Telephone?* Modern amenities make life comfortable and easy. This in turn contributes towards a better quality of life. The availability of the electricity, gas, and telephone connection in the house where the elderly reside are assigned a score of “1” and “0” otherwise.
- (m) *Household Crowding in Terms of Number of Persons Per Room*, on one hand depict unhygienic conditions within the household where an elderly person lives. On the other hand, household crowding also reflects prevalence of poverty in the household. Qureshi and Arif (2001) found that a household is more likely to be poor if it has a large number of members. Thus

household crowding lowers the quality of life. The standardised score of this variable are used in the manner as explained in (a) above.

- (n) *Drinking Water Source within your House?* Availability of drinking water inside the house makes life especially of an elderly easy and comfortable and such a status do contribute towards better quality of life. Score “1” is assigned to “yes” response and “0” to “No” response.
- (o) *“Gainfully Employed”* makes an elderly not only financially independent but brings respect for them too. This in-turn contributes towards overall well-being and better quality of life. All those elderly who responded in affirmative are assigned score “1” and score “0” otherwise.
- (p) *“Ownership of House”* is included in the composite variable of quality of life. This is natural for an elderly to wish spending last years of his life in peace and tranquillity without the hassles of a rented house. So highest score is assigned to those who are living in owned houses and “0” to those who live in rented houses:

We have used Principal Component Method to generate weights for all the 18 variables and to yield a composite variable of “Quality of Life”. The Principal Component Method is a standard technique suitable for such type of analysis. In mathematical terms, the quality of life is represented as:

$$QL = f(V1*WT1 + V2*WT2 + \dots + Vn* WTn)$$

Where V is the quantity of goods and services availed by an aged person on account of a particular variable and WT represents relative importance or benefit from each variable.

1.4.2. Independent Variables

Gender

The expected increase in the elderly population will reverse the male and female proportions. This implies that the ageing of population will result into a greater increase in the number of elderly women as compared to elderly men. This will occur because of widening differentials between male and female life expectancy. In fact, this trend has already on its way in Pakistan, as the life expectancy of females has recently surpassed the male life expectancy [Pakistan (2003)].⁴ The socio-economic disadvantage faced by most women during earlier stages of their life continues into old age. The increased number of elderly females in the future may further aggravate the vulnerability of the elderly in the society.

The gender differences in terms of males and females are included in the regression model as dummy variable where “1” is assigned to males and “0” to female respondents.

⁴The life expectancy at birth estimated from 2001 Pakistan Demographic Survey data is 64 years for males and 66 years for females.

Urban-Rural Residence

It is commonly observed that urban residents as compared to those living in rural areas are better off in terms of socio-economic status. That is mainly due to the availability of better socio-economics opportunities in urban areas. However, on the other hand, rural society is more traditional where people in general and elderly in particular may be better off in terms of psychological and emotional status. Since “Quality of Life” is a composite variable of socio-economic, demographic, psychological and emotional status of the elderly, it is difficult to ascertain whether the quality of life of ruralites is better or urbanites. In order to establish this fact, urban-rural residence is included in the model as dummy variable where “1” is assigned to urban residents and “0” otherwise.

Family Type

On account of the changes in the fertility levels, proportion of population with large family size is decreasing. Moreover, Job opportunities and pursuit of better standards impel young people to set up nuclear families away from their parental homeland. This trend leaves the elderly more vulnerable as a growing number of elderly living alone are likely to feel isolated and without economic and emotional support. In accordance with the cultural norms of Pakistan, parents expect that their children, especially their eldest son, to house and care for them. At the same time, it is considered obligatory upon the children to look after their old parents. Thus, the familial support to older parents living in extended/joint families, is considered a cultural asset that provides a greater life satisfaction to the elderly in terms of health, socio-economic, demographic, psychological, and emotional status.

Among the independent variables “Family Type” is used as a binary variable where Family Type 1 consists of those who are living in joint family system and Family Type 2 is formed of those who are living in extended family system only. For both these categories, all those elderly living on their own (nuclear family) is the reference category.

Poverty Status

As described above, the Quality of Life encompasses a concept of total well-being where as, poverty measured here on the basis of per capita consumption expenditure⁵ (both on food and other basic needs) reflects partial economic welfare only. The economic welfare measures a person’s capacity to purchase commodities, which may not necessarily be a good indicator of one’s quality of life. In a study based on 1500 Americans, Easterlin (2003) confirms that a person’s well-being does not grow with increased wealth. In order to establish the relationship of poverty and the quality of life of the elderly; per capita consumption expenditure is included in the equation at interval scale.

⁵The most common approach to measure poverty is based on the household consumption expenditure on food and other basic need items.

2. SOCIO-ECONOMIC, DEMOGRAPHIC, PSYCHOLOGICAL, AND EMOTIONAL STATUS OF THE ELDERLY BY FAMILY TYPE

It is a fact that generally an elderly person occupies a position of respect in our culture. Islam, the religion of the majority in Pakistan, teaches its followers to be respectful and sympathetic towards elders. In the Holy Quran, Surah “Bani Israel”, Ayat 23, Allah enjoins people to be kind towards elderly parents: “*And that ye be kind to parents whether one or both of them attain old age in thy life, say not to them a word of contempt, nor repel them but address them in terms of honour*”. It is also presumed that it is incumbent upon children to care for their aged parents in return for the care provided to them in their childhood by their parents. Such expectations are likely to be fulfilled, in the extended or joint family set up.

However, because of modernisation, economic pressure due to exorbitant increase in the cost of living, urbanisation, changes in size and composition of families, a trend towards nuclearisation of the family have emerged which in turn have weakened the traditional family structure leading to increased vulnerability because of loss of support for the elderly.

2.1 Socio-economic, Demographic, Psychological, and Emotional Status Differentials by Family Type

In this chapter, we wish to examine socio-economic, demographic, psychological, and emotional status of the elderly by family type. Table 1 shows that on the whole most of the elderly are living in joint and extended family systems. According to age groups, there do not appear significant differentials by family type, except that in the age group 65-69 most elderly persons are found to have been living in extended families. The significance level (.869) of chi-square test shows no association between age groups and family type.

As compared to the existing literacy level of 44 percent at national level [Pakistan (2001)] only 23.1 percent of the elderly were found to be literate. This is an expected finding in view of the fact that about fifty to sixty years back when these elderly were in

Table 1

Percentage Distribution of Elderly Population by Socio-economic, Demographic, Psychological, and Emotional Status, by Family Type

Variables	Family Type				Significant Level of Chi-square Test
	Nuclear	Joint	Extended	All	
All Elderly	3.0	68.7	28.3	100.0	
	<i>Age Group</i>				.869
60-64	37.1	37.9	37.3	37.7	
65-69	20.0	21.9	25.6	22.9	
70-74	22.9	19.7	17.5	19.2	
75+	20.0	20.4	19.6	20.2	
	<i>Literacy status</i>				.620
Literate	22.9	23.9	21.2	23.1	

Illiterate	77.1	76.1	78.8	76.9	
	<i>Sickness status</i>				.002
Sick/ill	38.2	21.4	29.6	24.2	
Not sick/ill	61.8	78.6	70.4	75.8	
	<i>Availability status of place for rest</i>				.950
Available	91.2	89.8	90.3	90.0	
Not available	8.8	10.2	9.7	10.0	
	<i>Role in decision making</i>				.002
Take most decisions by myself	50.0	25.0	32.7	27.9	
Take most decisions with joint consent	41.2	61.5	52.1	58.3	
Children take most of the decisions	2.9	8.1	7.3	7.7	
No role at all in decision-making	5.9	5.4	7.3	5.9	
Others	–	–	.6	.2	
	<i>Status of present living conditions</i>				.007
Very much satisfied	26.5	28.4	22.7	26.7	
Moderately satisfied	47.1	59.9	59.5	59.4	
Not satisfied/unhappy	26.5	11.7	17.8	13.9	
	<i>Need physical help</i>				.528
Yes	29.4	28.1	31.4	29.1	
No	70.6	71.9	68.6	70.9	
	<i>Availability of food to keep one healthy</i>				.000
Yes	70.6	85.4	76.7	82.5	
No	29.4	14.6	23.3	17.5	
	<i>Status of present life compared to the life in middle ages</i>				.028
Very happy	8.8	11.5	10.9	11.2	
Somewhat happy	64.7	59.4	48.8	56.6	
Somewhat unhappy	14.7	19.7	25.8	21.3	
Unhappy/miserable	11.8	7.2	11.8	8.7	
Same as past	–	2.1	2.7	2.2	
Total	100.0	100.0	100.0	100.0	

Continued—

Table 1—(Continued)

Variables	Family Type				Significant Level of Chi- square Test
	Nuclear	Joint	Extended	All	
<i>Status of achievement in life</i>					.002
Very much	8.8	12.4	11.2	11.9	
To some extent	55.9	61.0	49.1	57.5	
Not so much	20.6	20.1	30.6	23.1	
Not at all	14.7	5.2	7.3	6.1	
Do not know		1.2	1.8	1.4	
<i>Status of confidence in coping with the future</i>					.013
Very much	21.9	14.9	13.1	14.6	
Some extent	46.9	62.4	55.0	59.9	
Not so much	18.8	11.0	18.5	13.4	
Not at all	9.4	3.8	5.2	4.3	
Do not know	3.1	7.9	8.2	7.9	
<i>Availability of drinking water inside the house</i>					.000
Available	74.3	84.7	74.2	81.5	
Not available	25.7	15.3	25.8	18.5	
<i>Availability of electric connection in the house</i>					.007
Available	74.3	85.0	76.5	82.3	
Not available	25.7	14.9	23.5	17.6	
<i>Availability of gas connection in the house</i>					.788
Available	22.9	23.0	21.1	22.4	
Not available	77.1	77.0	78.9	77.6	
<i>Availability of telephone connection in the house</i>					.004
Available	8.8	18.7	11.2	16.3	
Not available	91.2	81.3	88.8	83.7	
<i>Ownership status of house</i>					.001
Owned	80.0	93.4	90.4	92.1	
Rented	11.4	3.4	2.1	3.3	
Others	8.6	3.3	7.5	4.6	
<i>Employment status</i>					.275
Employed	20.6	17.5	21.5	18.7	
Not employed	79.4	82.5	78.5	81.3	
<i>Persons per room</i>					.000
≤2	85.7	21.8	39.9	28.8	
>2–4	14.3	47.3	41.7	44.8	
>4		30.9	18.4	26.4	
<i>Per capita income</i>					.027
On or below poverty line	28.6	36.8	40.6	37.6	
Middle income	31.4	44.0	39.7	42.4	
Highest 20% income	40.0	19.3	19.7	20.0	
Total	100.0	100.0	100.0	100.0	100.0

Source: Original data file of PSES-2001 Round-2.

their school going age, the overall literacy level in the country was more or less at the same level. The level of literacy does not change by family type. The chi-square test results also conform to this finding (see Table 1).

The sickness status of the elderly shows that about one-quarter reported to be sick in the last 15 days from the time of survey. Comparatively, 24 percent of the population is reported to be sick at national level⁶ [Pakistan (2000)]. By family type the highest proportion of sick elderly are found among those who are living on their own (nuclear family) followed by those living in extended families. Apparently there is no explanation of this phenomenon except that living alone made them more sensitive and hence even a minor sickness is considered an illness. The least sick elderly are in joint families. The chi-square test result shows that sickness status is significantly associated with family type.

A “place for rest” is highly suitable for the well-being of the elderly. Being physically weak, a reclining area offers a feeling of comfort and security. Lack of it causes distress. Surprisingly, a very large majority (90 percent) of the elderly persons have reported to have a place for rest. Although, almost one-third of the population is living in poverty, in the country, but having access to “rest place” by such a large proportion of the elderly is certainly a matter of satisfaction for the elderly. To our surprise, this fact is universally true and hence “rest place” does not show differentials by family type. The chi-square test value (0.95) also indicates that “family type” and “rest place” are independent of each other.

The power of decision-making is a source of strength and hence a matter of self respect and esteem. This in-turn helps one to derive a better life for oneself. In response to the question on “role in decision-making in the household”, as expected half of those living in nuclear family setup responded that they take most of the decisions by themselves. The second highest proportions of the elderly (33 percent) who take most of the decision by themselves live in extended family system. Among those who have responded that they take most decisions by joint consent, a majority live in joint family set up. Altogether, 86 percent of the elderly have reported that they have a say in decision making either fully or by joint consent. This reflects that traditional respect for the elderly persons prevails in Pakistan. Nevertheless, decision-making process varies by family type. A highly significant chi-square test value (.002) shows that decision making role of the elderly differ significantly by family type.

The responses to the question on “Satisfaction with present living conditions” when cross-tabulated with “family type” indicate that the aged living in joint family system have the highest satisfaction with present living conditions and the most dissatisfied/unhappy are those living in nuclear family set up. This result clearly shows that at older ages, people derive satisfaction while living with other members of family. The chi-squared test result shows significant association between “family type” and “satisfaction with present living conditions”.

Overall, there are 29 percent elderly who require physical help for daily household chores. Interestingly, there do not appear significant differentials of the variable by family type. A chi-square test value shows a significance level of .528. In other words, the variables “physical help requirement” and “family type” are independent of each other.

⁶The reference period of sickness in PIHS is one month from the date of the survey.

Interestingly, to the question on the “status of their present life as compared to when they were in middle age” a majority (68 percent) reported to be either “very happy” or “somewhat happy” and only about 9 percent have said that their present life as compared to their life when they were middle aged is “unhappy/miserable”. This finding suggests that today the elderly in general are better off compared to when they were in middle age. May be their hard work and devotion towards life in their middle ages is paying off in their old age. By family type, maximum proportion (about 74 percent) of the elderly who reported to be presently “very happy or somewhat happy” are the ones living in nuclear family set up. The very fact that they are living on their own indicates that they may be atleast financially well off. Being by themselves they can lead a life in accordance with their own choice without interference. The results of the analysis on the question “role in decision-making in the household” described earlier also confirms to this fact as most elderly living in nuclear family set up are the ones who take most of the decision by themselves. By and large there do exist differentials in the status of their “present life as compared to their life in middle age” by “family type”. The chi-square significance test value of (.028), shows significant association between the two attributes.

Another hopeful note is that about 70 percent of the elderly reported to have achieved “very much or to some extent” what was aimed for in life. Only 6 percent are the disappointed ones who reported to have achieved nothing in life. By family type the elderly living in “joint family set up” are the maximum in number who reported to have achieved “very much or to some extent” what was aimed for in the life. Overall, the two attributes do show significant association (see Table 1).

To the question “the way things are going now do you feel confident in coping with the future” the elderly responded in almost similar manner as to the previous question except that the proportion of those who responded “very much” or to some extent has increased to about 75 percent. Accordingly, the ones disappointed with their future life have decreased from 6 percent in the previous question to 4 percent for this question. The elderly living in joint family set up were the most to have responded “very much” or “to some extent” confident in coping with the future. The differentials observed in the responses to the above stated question by family type make the two attributes significantly associated with each other as is shown of the significance level (.013) of chi-square test.

The availability of water inside the house is certainly a blessing for the elderly and hence their quality of life is better than those elderly for whom water is not available inside their homes. In the latter case, water is sometimes fetched from far off distances. The availability of water inside the house improves the quality of life particularly of those elderly who are living by themselves in nuclear set up.

Fortunately, about 82 percent of the houses where the elderly were interviewed have water available inside the house. At national level the percentage of such houses where water is available inside the house is 79 percent [Ali (2001)]. Just by coincidence, the availability of water inside the house of the elderly living in nuclear or extended families is the same at 74 percent. Comparatively, in the houses where the elderly are living in joint family set up, the water availability in side the house is 10 percentage points higher. Overall, the significance test-values (.000) of chi-square shows high association between the two attributes.

The gas, electricity and telephone are the basic amenities, of life. However, in Pakistan not all people have the privilege to have these amenities. In such a situation, access to these amenities certainly improve the quality of life. Overall, the houses where these elderly are residing, 82 percent have reported to have electricity where as the gas availability is 22 percent and the access to telephone is 16 percent. By family type, the availability of the three amenities was most to the elderly living in joint family system. The variables of electricity and telephone with family type are found to be highly associated whereas, with gas connection the association was least with family type (Table 1).

The working status of a person enhances the quality of life. In particular, the quality of life of a working elderly is better than a non-working elderly. This is so because work happens to keep one physically fit and healthy. Also one earns money through gainful employment which in turn makes one economically independent as well as busy. At old age loneliness and idleness makes an elderly worse off in many respects. Overall, only 19 percent of the elderly are found to be gainfully employed and the maximum proportions of gainfully employed elderly are found in extended family set-ups. In general, no association is found between the two attributes.

Persons per room in terms of household crowding is an indicator of environmental pollution or congestion as household crowding leads to unhygienic conditions within the household which in turn makes the inhabitants life vulnerable to disease and loss of privacy. That means that quality of those living in crowded households is affected adversely. In the analysis, this variable is broken down into three categories. First category consists of those households where two or less persons per room live. In the second category are those where more than two to four persons per room live. The third category consists of households where more than four persons per room live.⁷

Table 1 shows that as expected 86 percent of the elderly living in nuclear set up have the privilege of living where two or less persons share a room. The elderly living in joint family set up are enduring the most crowded conditions i.e. 47 percent live in houses where more than two to four persons per room live and as many as 31 percent live in houses where more than four persons per room live. In other words, the quality of life of the elderly living in joint family set up is affected the most. The significance level (.000) of chi-square test shows very high association between the two attributes.

The intensity of satisfaction and well-being enhances manifold when the house where the elderly reside, is also owned by him/her. Unfortunately, the PSES data do not identify the member of the household in whose name ownership of the house is. As has been stated and observed earlier that the elderly still have a lot of respect in Pakistan. We assume that most of the houses where these elderly are living, may also be owned by them. Nevertheless, even sharing a house owned by another member of the family keep the elderly person quite satisfied than if he had to live in rented or other house arrangement.

⁷It is important to note that in PSES Round-2, number of rooms in a household refer to living and bed rooms. Therefore, room crowding may be even more intense when only bed rooms are taken into account.

Fortunately, overall, 92 percent of the elderly have reported to be living in houses owned by either himself or any member of his family. The ownership of houses at national level is 81 percent [Pakistan (2001)]. One of the reason of the increased ownership status of houses in which elderly are living in, could have been due to the fact that all government retiree who do not own a house, upon their superannuation prefer to build a house from the provident fund and commutation money; others not in the government job also wish to have at least a house of their own at the time of retirement from work. By family type, the ownership of house was highest (93 percent) among those elderly living in joint family set up. Among all those residing in rented houses, most were living in nuclear family set up. In Pakistan, where majority of the elderly reside in extended or joint family set up, the ones living on their own (in nuclear set up) probably have no kins to live with thus have relatively least ambition to own a house. The chi-square test results show a significant association between ownership status of house and family type (Table 1).

In sum, a cross tabulation of socio-economic, demographic, psychological, and emotional status of the elderly with family type indicates a mixed pattern. For example, more “sick” elderly; those who “take most decisions by themselves”; who responded “very happy” to the question about “their present life as compared to their life when they were middle aged”; and those living in “least crowded conditions” are residing in nuclear set up.

Whereas, the maximum number of elderly with highest “satisfaction with present living conditions”; those who have “achieved what was aimed for in the life” and those who responded that they feel “confident in coping with the future”; residing in houses with more “electricity” “gas” and “telephone facilities”; and those with highest “ownership of houses” are found in joint family set up. Availability of “water inside the house” and maximum proportions of elderly “gainfully employed” are found in extended family set up.

The remaining characteristics are found to be more or less evenly distributed among different categories of family type. This relationship is substantiated by the fact that these characteristics do not show significant association with family type.

3. SOCIO-ECONOMIC, DEMOGRAPHIC, PSYCHOLOGICAL, AND EMOTIONAL STATUS OF THE ELDERLY BY GENDER

Pakistan is a patriarchal society where females suffer discrimination in almost every walk of life. From the day a baby girl is born, she is considered a liability and burden on the family. Cultural norms require a large dowry at the time of her marriage. She is also not considered a potential contributor to the family income. In the intra-household distribution of resources, a female is discriminated against be it distribution of food, attainment of education, decision-making and other socio-economic and psychological matters. In short, she has a subordinate position in the family whether it is her parent’s family or her in-laws. Unfortunately, the disadvantages faced by most women during earlier stages of their life usually continue into old age.

On the other hand, male members of the family are valued more. It is so because they are not only contributors to the family income but sons are expected to provide

care and financial security to parents in their old age. In the intra-household distribution of resources they are given preference not only in the distribution of food as they are served first and with the best of food available, but they enjoy a superior treatment in all other regards as well. As a matter of fact, the survival of sons is ensured as they are also considered to carry forward the family name.

These reasons may cause elderly females more likely than males to feel weak and unhealthy. Hence, the sex ratio is also in favour of males i.e., 108 males to 100 females [Pakistan (2001)]. In the developed world, the sex ratio is in favour of females. Among aged people, the sex ratio in the developed world is 80 males to 100 females. In the developing region, however, this ratio is 90 men per 100 women [Nayar (n.d.)]. This gap in sex ratio widens with the increase in age, resulting into more women who will have to be cared for a long time. On the other hand, the sex ratio in Pakistan at 60+ years of age is 119 men for 100 women [Pakistan (2001)]. The other countries where there are more men than women in most of the older age groups, are India, Bangladesh, and Egypt [Nayar (n.d.)].

3.1 Socio-economic, Demographic, Psychological, and Emotional Status Differentials by Gender

Table 2 shows the distribution of elderly by gender and socio-economic, demographic, psychological, and emotional status. The distribution of the elderly shows that overall there are more males (51.9 percent) than females (48.1 percent). This ratio is somewhat less than the overall sex ratio of the elderly at the national level. The sample of the elderly in this study as mentioned earlier⁸ consists of the ones who were present in the house at the time of survey. Since the elderly males, are more likely to be away from home in search of livelihood or on other errands or social meetings than the female elderly; the sex ratio of this data set does not present a picture similar to the sex ratio of the elderly at the national level.

Following a national pattern where the male literacy level is much higher than the females, the literacy among elderly males was four and half times more than among elderly females. In fact, five or six decades back when these elderly were in their school going age, sending girls to school was considered a taboo by majority of the population. Now with modernisation and advancement in mass media, this trend has changed and that is why

Table 2

Percentage Distribution of Elderly Population by Socio-economic, Demographic, Psychological, and Emotional Status, by Gender

Variables	Sex			Significant Level of Chi-square Test
	Male	Female	All	
All Elderly	51.9	48.1	100.0	.491
Age Groups				
60-64	36.1	39.4	37.7	
65-69	22.6	23.2	22.9	

⁸ Please see the footnote 2 on page 3.

70-74	20.6	17.6	19.2	
75+	20.6	19.7	20.2	
	Literacy status			.000
Literate	37.2	8.0	23.1	
Illiterate	62.8	92.0	76.9	
	Sickness status			.002
Sick/ill	20.3	28.3	24.2	
Not sick/ill	79.7	71.7	75.8	
	Availability status of place for rest			.984
Available	90.0	90.0	90.0	
Not available	10.0	10.0	10.0	
	Role in decision-making			.000
Take most decisions by myself	38.9	16.4	27.9	
Take most decisions with joint consent	53.1	63.7	58.3	
Children take most of the decisions	4.7	10.9	7.7	
No role at all in decision-making	3.3	8.6	5.9	
Others		.4	.2	
	Status of present living conditions			.018
Very much satisfied	29.6	23.7	26.7	
Moderately satisfied	58.7	60.1	59.4	
Not satisfied/unhappy	11.7	16.2	13.9	
	Need physical help			.005
Yes	25.4	32.9	29.1	
No	74.6	67.1	70.9	
	Availability of Food to Keep one Healthy			.802
Yes	82.8	82.2	82.5	
No	17.2	17.8	17.5	
	Status of present life compared to the life in middle ages			.120
Very happy	11.2	11.2	11.2	
Somewhat happy	59.9	53.1	56.6	
Somewhat unhappy	18.8	23.9	21.3	
Unhappy/miserable	7.7	9.7	8.7	
Same as past	2.3	2.1	2.2	
Total	100.0	100.0	100.0	

Continued—

Table 2—(Continued)

Variables	Sex			Significant Level of Chi-square Test
	Male	Female	All	
	Status of achievement in life			.040
Very much	11.7	12.1	11.9	
To some extent	61.4	53.4	57.5	
Not so much	20.5	25.8	23.1	
Not at all	5.5	6.7	6.1	
Do not know	.8	1.9	1.4	
	Status of confidence in coping with the future			.017
Very much	15.2	14.0	14.6	
Some extent	63.6	56.0	59.9	
Not so much	11.1	15.7	13.4	

Not at all	3.4	5.3	4.3	
Do not know	6.7	9.0	7.9	
Availability of drinking water inside the house				.312
Available	82.6	80.3	81.5	
Not available	17.4	19.7	18.5	
Availability of electric connection in the house				.336
Available	81.9	83.0	82.3	
Not available	18.1	17.0	17.6	
Availability of gas connection in the house				.941
Available	22.3	22.5	22.4	
Not available	77.7	77.5	77.6	
Availability of telephone connection in the house				.870
Available	16.1	16.5	16.3	
Not available	83.9	83.5	83.7	
Ownership status of house				.646
Owned	91.6	92.6	92.1	
Rented	3.2	3.3	3.3	
Others	5.2	4.0	4.6	
Employment status				.000
Employed	32.0	4.7	18.7	
Not employed	68.0	95.3	81.3	
Persons per room				.424
≤2	28.7	29.0	28.8	
>2-4	43.3	46.2	44.8	
>4	28.0	24.8	26.4	
Per capita income				.910
On or below poverty line	37.7	37.5	37.6	
Middle income	42.7	42.1	42.4	
Highest 20 percent income	19.6	20.4	20.0	
Total	100.0	100.0	100.0	

Source: Original Data file of PSES, 2001, Round-2.

today overall male-female literacy gap in the country has shrunk to a level where, 54.8 percent males as against 32.0 percent females are literate [Pakistan (2001)]. A very high significance level of chi-square test also indicates a very high degree of association between literacy rate and gender status of the elderly (see Table 2).

The sickness status of a population is an indicator of the health status of the population. There were more females (28.3 percent) than males (20.3 percent) found to be sick during last 15 days from the date of survey. That implies that the health of elderly men is better than the elderly women. A very high sex ratio (119 males for 100 females) of 60 years and above population could have been the result of poor health status of elderly women as envisaged here. The significance level of chi-square test shows a very high association between sickness status and gender status of the elderly.

Interestingly, there does not exist gender biases as far as availability status of “place for rest” is concerned. The hundred percent similarity between elderly males and females with regard to the availability status of place for rest in a way is surprising yet in view of the fact that 65 percent of the elderly are still married

[Pakistan (2001)] and both the partner are likely to be sharing rest place together; explains to a large extent the similarity of this status. The significance level (.984) of chi-square test shows no association between the two attributes.

The male and female differences are evident in their role in decision-making. Whereas, 39 percent male elderly have reported to take most decisions by themselves only 16 percent females have reported to have been doing so. However, more females than male elderly have reported taking decisions with joint consent. Likewise more females than males have stated “no role in decision making”. Overall, there is high association between decision-making process and gender status of the elderly.

In line with the fact that males as compared to females are generally better off in this country, more male elderly (30 percent) than female elderly (24 percent) have reported to be “very much satisfied with the present living conditions”. Consequently, more elderly women than elderly men have reported to be “unhappy” with their present living conditions. The fact that a majority of elderly without distinct difference by gender (59 percent males as against 60 percent females) have reported to be moderately satisfied with their present living conditions is a matter of consolation for all. A significant association is found between the two attributes.

In response to the question on “need for physical help”, male elderly were found to be less likely (25 percent) in need for physical help as compared to female elderly (33 percent). This result again is in line with the general vulnerability of women observed earlier. The significance level of chi-square test indicates high association between “gender” and “need physical help” status.

Surely, availability of food is an important indicator of health which implicitly affects quality of life. A study using the variable of “food poverty” as proxy for nutritional status shows a significant inverse relationship with the mortality of children under age 10 [Ali (2001)]. Contrary to what we have conjectured, that females are discriminated against in almost every walk of life including the distribution of food; in this study, the elderly both males and females when asked the question “Do you feel that the kind of food you are taking is good to keep you healthy?” had responded similarly (83 percent males as against 82 percent females), in the affirmative. The significance level .802 of chi-square test shows that both variables i.e. “food intake” and “gender” status are independent of each other.

Interestingly, in response to the question on the status of “present life compared to life when you were middle aged”, exactly the same proportion of male and female elderly responded that they are “very happy” with the present life. A majority of elderly have reported to be somewhat happy with present life. A breakdown of this response by sex indicates more male elderly (60 percent) than female elderly (53 percent) reporting so. On the other hand, more elderly females than elderly males have reported to be “unhappy/miserable” in response to the above stated question. The significance level (.120) of the chi-square test suggests that there is not a significant level of inter-dependence between the two attributes.

It is commonly observed that people strive to excel in life. Many of them set aims in life and then make efforts to fulfil those aims. Ultimately, some succeed and some fail to achieve the goals they have set in their life. Fortunately enough, on the whole, a vast majority of the male elderly have responded to have achieved [“very much” (12 percent) and to “some extent” (61 percent)] what they have aimed for in

life. Interestingly, the same proportion of elderly females have reported to have achieved “very much” what they aimed for in life. However, the female elderly, who have reported “to some extent” in response to the question on “achievement of their aim in life” were less in number as compared to their male counterparts who have responded the same answer. Among those who responded “Not so much” or “Not at all” to the question on “achievement of their aim in life”, female elderly were more than the males implying lesser opportunity for females to achieve what they aimed for in life. The chi-square test result confirms the above stated findings.

The pattern envisaged above is also observed to an extent in the responses to the question “the way things are going now, do you feel confident that you could cope with the future?” For example, overall male elderly were more (79 percent) than female elderly (70 percent) who have shown either “very much” or “to some extent” confidence in coping with the future? In view of the overall culture in Pakistan where generally females are not given much importance in the society, a vast majority of women reporting so, is a matter of great satisfaction and encouragement not only for women themselves, but for the society as a whole. However, more female elderly than male elderly have responded “not so much” or “not at all” confident in coping with the future. The chi-square test also shows a significant association between the two attributes.

We have included availability of water inside the house as an indicator of quality of life of the elderly. Non-availability of adequate and safe drinking water not only causes disease and death but its non-availability inside the house makes the life especially of the elderly miserable. The data shows that availability of water inside the house does not show conspicuous differentials by gender. The significance level of chi-square test also conforms to this fact as the significance level (.312) shows independence between the two attributes.

The availability of electricity, gas and telephone connection do not show differentials by sex. The chi-square test values also confirm that there is no interdependence between gender status and availability of electricity or gas connection or telephone connection in the house. This is an expected finding in view of the fact that 65 percent of the elderly are still currently married. In other words, they are living together in the houses with or without these amenities of life.

Ownership status of house also does not show differentials by sex. A significance level of .646 of chi-square test also establishes that ownership status of house and gender status are independent of each other.

The employment level of the elderly 60+ years of age is acceptably lower (18.7 percent) than the employment level (29.8 percent for population between 15-59) in the country [Pakistan (2001)]. Moreover, at the national level, as such the employment level of females is much lower than for males. This fact is also reflective among the elderly where 32 percent males as against 5 percent females were found to be employed. The significance level (.000) of chi-square test shows a high degree of interdependence between employment and gender status.

Most of the elderly (45 percent) were found to be living in houses where more than two to four persons per room are living. Additionally, 26 percent elderly are living in houses where on average more than 4 persons per room are living. In other words, a vast majority of the elderly are living in quite congested and unhygienic environment which

could lead to a high incidence of disease. That means the contribution of this component towards quality of life of the elderly is minimum. And as such gender status does not show differentials in the status of persons per room. The chi-square test also shows no significant association between the two attributes. No association is found between gender and per capita income. In summary, we may conclude that the bias in favour of males is predominant in most socio-economic, psychological, and emotional characteristics of the elderly.

4. SOCIO-ECONOMIC, DEMOGRAPHIC, PSYCHOLOGICAL, AND EMOTIONAL STATUS OF THE ELDERLY BY URBAN-RURAL RESIDENCE

We have conjectured that the rural elderly as compared to their urban counterparts are worse off in terms of socio-economic, psychological, and emotional status. It is a general observation that ruralites experience a low level of welfare. This is because there are more poor people living in rural areas [Qureshi and Arif (2001)]. Also facilities like healthcare, education, roads, employment opportunities, good housing and many other facilities like electricity, gas, telephone are relatively less available to the rural inhabitants. In short, the quality of life of rural inhabitants is comparatively worse than those living in urban areas, where most of the above stated facilities are relatively in abundance. The rural elderly population being part of the total rural inhabitants faces the same difficulties and lack of welfare.

4.1 Socio-economic, Demographic, Psychological, and Emotional

Differentials by Urban-Rural Residence

Table 3 shows that the elderly in the two settings i.e., urban and rural do not vary much by age groups except that in the age group 60–64 years, where there are slightly less proportion of the elderly in the urban areas as compared to their counterparts in rural areas. As we know that there are more job opportunities in urban areas and most government offices are also located in urban areas. Many men hailing from rural areas at the age of superannuation⁹ prefer to go back to their place of origin creating a slight dearth in urban and a resultant increase in the rural areas. The significance level (.909) of chi-square test shows no association between type of residence and age groups of the elderly.

As expected, the literacy level of the elderly living in urban areas is almost two times than the elderly in rural areas. The chi-square test also shows a significant association between the type of residence and the literacy level of the elderly.

Interestingly, there are more sick elderly (29 percent) reported in the urban areas than in rural areas (22 percent). This finding is in contrast to the overall conditions and better facilities available to urbanites. For example, the availability of potable water to drink, sanitation facilities and awareness about hygienic practices is more in urban than rural areas. But the environmental pollution due to

⁹The official superannuation age in Pakistan is 60 years.

higher population density, harmful exhaust of the vehicular traffic and factories may have a dominating effect causing sickness. Also because the sickness status in this survey is the result of the self-perceived responses; urban elderly because of their higher literacy level may be more conscious of their health, respond in affirmative to even minor sickness. The findings of another survey based on total sample of Pakistan also show more people sick in urban than rural areas [Pakistan (2000)]. The significance level .016 of chi-square test shows significant association between type of residence and sickness status of elderly.

The availability of “place for rest” is more to urbanite’s elderly than to ruralites. This findings is consistent with the fact that the crowding in terms of persons per room in this survey is also less in urban than rural areas. These differentials by type of residence are also reflective in the chi-square test value which shows interdependences between the two attributes.

The “decision-making” power among the urbanite elderly is more as 37 percent of them as against 26 percent ruralites reported that they take most decisions by themselves. Moreover, the rural elderly seem to be more helpless as 16 percent of them as compared to 10 percent of the urban elderly reported to have almost “no role” in the decision-making. The significance level (.015) of chi-square test shows interdependence between decision-making and type of residence.

Table 3

Percentage Distribution of Elderly Population by Socio-economic, Demographic, Psychological, and Emotional Status, by Type of Urban-Rural Residence

Variables	Type of Residence			Significant Level of Chi-square Test
	Urban	Rural	All	
All Elderly	33.4	66.6	100.0	
Age Groups				.909
60-64	36.6	38.3	37.7	
65-69	23.0	22.9	22.9	
70-74	20.2	18.6	19.2	
75+	20.2	20.2	20.2	
Literacy status				.000
Literate	35.3	17.0	23.1	
Illiterate	64.7	83.0	76.9	
Sickness status				.016
Sick/ill	28.5	22.0	24.2	
Not sick/ill	71.5	78.0	75.8	
Availability status of place for rest				.037
Available	92.6	88.7	90.0	
Not available	7.4	11.3	10.0	
Role in decision making				.015
Take most decisions by myself	32.6	25.6	27.9	
Take most decisions with joint consent	57.6	58.6	58.3	
Children take most of the decisions	5.9	8.6	7.7	
No role at all in decision-making	3.9	6.9	5.9	
Others		.3	.2%	

Status of present living conditions				.000
Very much satisfied	35.0	22.6	26.7	
Moderately satisfied	53.7	62.2	59.4	
Not satisfied/unhappy	11.3	15.2	13.9	
Need physical help				.705
Yes	28.4	29.4	29.1	
No	71.6	70.6	70.9	
Availability of Food to Keep one healthy				.001
Yes	87.7	79.9	82.5	
No	12.3	20.1	17.5	
Status of present life compared to the life in middle ages				.000
Very happy	16.4	8.6	11.2	
Somewhat happy	57.9	55.9	56.6	
Somewhat unhappy	15.4	24.3	21.3	
Unhappy/miserable	7.7	9.2	8.7	
Same as past	2.6	2.1	2.2	
Total	100.0	100.0	100.0	

Continued—

Table 3—(Continued)

Variables	Type of Residence			Significant Level of Chi-square Test
	Urban	Rural	All	
Status of achievement in life				.000
Very much	20.5	7.6	11.9	
To some extent	53.3	59.6	57.5	
Not so much	20.3	24.5	23.1	
Not at all	5.6	6.3	6.1	
Do not know	.3	1.9	1.4	
Status of confidence in coping with the future				.000
Very much	22.4	10.6	14.6	
Some extent	55.7	62.0	59.9	
Not so much	11.3	14.4	13.4	
Not at all	4.6	4.2	4.3	
Do not know	5.9	8.8	7.9	
Availability of drinking water inside the house				.000
Available	89.8	77.3	81.5	
Not available	10.2	22.7	18.5	
Availability of electric connection in the house				.000
Available	95.4	75.8	82.4	
Not available	4.6	24.1	17.6	
Availability of gas connection in the house				.000
Available	57.5	4.9	22.4	
Not available	42.5	95.1	77.6	
Availability of telephone connection in the house				.000
Available	35.2	6.9	16.3	
Not available	64.8	93.1	83.7	
Ownership status of house				.000
Owned	88.5	94.0	92.1	
Rented	7.4	1.2	3.3	

Others	4.1	4.9	4.6	
	Employment status			.327
Employed	17.1	19.5	18.7	
Not employed	82.9	80.5	81.3	
	Persons per room			.046
≤2	32.6	26.9	28.8	
>2-4	44.9	44.7	44.8	
>4	22.6	28.4	26.4	
	Per capita income			.000
On or below poverty line	22.7	45.0	37.6	
Middle income	44.7	41.3	42.4	
Highest 20% income	32.6	13.8	20.0	
Total	100.0	100.0	100.0	

Source: Original Data file of PSES, 2001, Round-2.

In consonance with the above observation, 35 percent urban elderly have reported to be very much satisfied with the present living conditions as against only 23 percent of the rural elderly who have responded so. Likewise, among those who were not satisfied/unhappy with the present living conditions, a relatively more were ruralites. The chi-square test also shows a very high level of association between living conditions and type of residence.

To the question “Do you need physical help for daily household chores?” The elderly in both urban and rural areas responded not much differently, that is, 28 percent urbanites as against 29 percent ruralites responded in affirmative. Infact, physical help is needed when either a person is handicapped or physically weak to carry out daily chores. In case of the elderly, it is generally the weakness due to old age that make them dependent upon physical help. In view of the fact that by age groups, the distribution of the elderly in rural and urban areas does not vary much, the resultant outcome could not have been other than what has been observed above. The significance level (.705) of chi-square test also shows no association between “need physical help” and “type of residence”.

The responses to the question on the “availability of food to keep one healthy” do bring some differentials between the elderly living in urban and rural areas as 88 percent urban compared to 80 percent rural responded to this question in affirmative. Despite the fact that poverty in Pakistan is on an increase, a vast majority of the most vulnerable segment of society (elderly) is getting the kind of food that is good to keep them healthy. There were more elderly in rural areas as compared to the ones in urban areas who have responded that they were not getting the kind of food to keep them healthy. This finding is in consonance to a relatively increased poverty in rural than urban areas. The chi-square test values show significant association between the two attributes.

Almost three-fourth of the urban elderly were either “very happy” or “somewhat happy” with their present life as compared to the life in their middle ages. Comparatively, 10 percentage points fewer rural elderly responded so. On the other hand, there were more ruralites who have reported that they are “unhappy” with the present life compared to life when they were middle aged. This finding is in line with the general vulnerability of the rural elderly. A significance level (.000) of chi-square

test shows very high association between type of residence and status of present life as compared to the life during their middle ages.

In response to the question on the status of achievement in life, almost three times more urban than rural elderly reported to have achieved “very much” what they aimed for in life (see Table 3). However, among those who have reported that they have to some extent, achieved what they aimed for in life, the ruralites were relatively more to report so. The disappointed ones were also more in rural than urban areas. These differentials bring about very high association between the two attributes when measured through chi-square test.

The responses to the question on the status of “confidence in coping with the future” by type of residence shows more or less similar pattern as above. The significance level of chi-square test also shows the same degree of association as with the responses of previous questions. It is interesting to note that the present question and the question prior to this are different in nature that is, one is related to the achievement in life based on past and present efforts and the other is asking about the confidence in coping with the future, yet the similarity in the responses of the two questions is the outcome of the contemporaneous behaviour of the elderly.

As expected the availability of drinking water inside the house is greater (90 percent) in houses of urbanites elderly as compared to ruralite elderly (77 percent). By virtue of these differential, the chi-square test indicate a high level (.000) of inter dependence between the two attributes.

Likewise electricity connections are more (95 percent) in the houses of urban elderly than in the houses of the elderly in the rural areas (76 percent). The chi-square test results also show a significant association between the two attributes i.e., electricity connection and type of residence. Availability of gas and telephone connections by type of residence of the elderly shows a similar pattern envisaged for electricity connection above. That is, there are more connections of these facilities in urban than rural houses of the elderly. Although the magnitude in terms of proportion of houses with these facilities differed yet the significance level of chi-square test shows a very high association between each of the three attributes and type of residence.

More elderly (94 percent) in rural areas than in urban areas (89 percent) are living in the houses owned by either themselves or by any member of the household. On the other hand, 7 percent elderly in urban as against only 1 percent elderly in rural areas are living in rented houses. The chi-square test shows significant association between the two attributes.

More elderly (20 percent) were found to be employed in rural areas. Comparatively less (17 percent) were employed in urban areas. This pattern is in line with the fact that in rural areas, the major occupation is farming. People go on working on farms till they feel physically fit. On the other hand, in urban areas, a substantial proportion of people are engaged in formal occupations including government service where the retirement age is 60 years. Nevertheless, the chi-square test results do not show significant association between the two attributes. That means employment is independent of urban-rural residence.

The crowding in terms of persons per room is more in rural than urban areas (see Table 3) this is in spite of the fact that a substantial but same proportion (45 percent) of elderly in both urban and rural areas are living in houses where the crowding level is more than 2 to 4 persons per room. The significance level (.046) of chi-square test also show association between persons per room and type of residence.

There was two times more poverty among the rural elderly than among the urban elderly (see Table 3). Consequently, the proportion of the rural elderly as compared to the urban elderly was less in middle income group and much less in the highest 20 percent income group. The chi-square test shows significant association between per capita income and type of residence.

In conclusion, the urban-rural differentials of socio-economic demographic, psychological, and emotional characteristics of elderly are quite distinct. Obviously, the urban elderly are found to be better off in most of these characteristics.

5. SOCIO-ECONOMIC, DEMOGRAPHIC, PSYCHOLOGICAL, AND EMOTIONAL STATUS OF THE ELDERLY BY POVERTY LEVEL

Poverty affects almost all aspect of life adversely. People living in poverty are faced with low quality of life. It is expected that the elderly being the most vulnerable segment of society are affected the most by level of poverty. Table 4 shows the socio-economic, psychological, and emotional status of the elderly by the level of poverty.

5.1 Socio-economic, Demographic, Psychological, and Emotional

Differentials by Poverty Level

The proportion of population in various age groups is affected by the changes in the fertility, mortality and migration levels. It is argued that people postpone their marriage due to rise in level of poverty which in turn brings a decline in fertility [Soomro (2000)]. However, the effects of these changes are not reflective in the age distribution of the elderly population. A significance level (.962) of chi-square test shows no association between age groups and poverty level.

A clear positive relationship is found between literacy status of the elderly and the poverty level represented here by per capita consumption of food items and basic needs. A significance level (.000) of chi-square test indicates very high level of association between the two attributes.

The variable sickness status of the elderly appears to be insensitive to the changes in the consumption level. The significance level (.964) of chi-square test also shows no association between sickness status and consumption level. Undoubtedly, this finding is in contrast to the hypothesis that poverty brings disease. Nevertheless, we cannot reject or accept this hypothesis unless we have measured a net effect of poverty on sickness.

In the case of the availability of suitable “place for rest”, poverty does bring differentials especially between those elderly who are living below or on poverty line and those who are living above poverty line (see Table 4). In other words, the poor elderly are relatively worse off as compared to the non-poor elderly in respect of the availability status of “place for rest”. The chi-square test results also show interdependence between “place for rest” and “poverty status”.

In response to the question on “role in decision-making” a substantial proportion (34 percent) living in highest 20 percent share group reported that they

Table 4

Percentage Distribution of Elderly Population by Socio-economic, Demographic, Psychological, and Emotional Status, by Poverty Level

Variables	Poverty Levels				Significant Level of Chi-square Test
	Below or on Poverty Line	Middle Group	Highest 20% Share Group	All	
Age Groups					.962
60-64	39.1	37.2	36.3	37.7	
65-69	23.0	22.9	22.4	22.9	
70-74	19.0	18.6	20.8	19.2	
75+	19.0	21.3	20.4	20.2	
Literacy status					.000
Literate	13.4	23.7	40.1	23.2	
Illiterate	86.6	76.3	59.9	76.8	
Sickness status					.964
Sick/ill	23.7	24.3	24.6	24.2	
Not sick/ill	76.3	75.7	75.4	75.8	
Availability status of place for rest					.010
Available	86.6	92.1	91.8	90.0	
Not available	13.4	7.9	8.2	10.0	
Role in decision-making					.155
Take most decisions by myself	27.0	25.7	34.2	28.0	
Take most decisions with joint consent	59.3	58.5	55.6	58.2	
Children take most of the decisions	7.5	9.1	5.3	7.7	
No role at all in decision-making	5.7	6.6	4.9	5.9	
Others	.5			.2	
Status of present living conditions					.000
Very much satisfied	15.2	26.9	47.5	26.8	
Moderately satisfied	64.1	61.3	46.7	59.3	
Not satisfied/unhappy	20.7	11.8	5.8	13.9	
Need physical help					.094
Yes	32.7	27.7	25.4	29.2	
No	67.3	72.3	74.6	70.9	
The availability food to keep one healthy					.000
Yes	71.9	88.0	90.8	82.5	
No	28.1	12.0	9.2	17.5	
Status of present life compared to the life in middle ages					.000
Very happy	5.5	9.5	25.3	11.3	

Somewhat happy	52.5	59.1	58.5	56.5
Somewhat unhappy	25.8	22.9	10.0	21.3
Unhappy/miserable	13.9	5.8	5.0	8.7
Same as past	2.3	2.7	1.2	2.2
Total	100.0	100.0	100.0	100.0

Continued—

Table 4—(Continued)

Variables	Consumption Levels				Significant Level of Chi-square Test
	Below or on Poverty Line	Middle Group	Highest 20% Share Group	All	
<i>Status of achievement in life</i>					.000
Very much	4.6	10.6	28.1	12.0	
To some extent	53.2	61.7	57.0	57.5	
Not so much	31.5	21.3	11.2	23.0	
Not at all	9.1	5.2	2.5	6.1	
Do not know	1.6	1.2	1.2	1.4	
<i>Status of confidence in coping with the future</i>					.000
Very much	7.1	12.7	31.8	14.6	
Some extent	57.3	64.3	55.8	59.9	
Not so much	19.5	11.7	5.4	13.3	
Not at all	6.9	2.7	2.9	4.3	
Do not know	9.2	8.6	4.1	7.9	
<i>Availability of drinking water inside the house</i>					.000
Available	73.8	84.3	89.4	81.4	
Not available	26.1	15.7	10.6	18.6	
<i>Availability of electric connection in the house</i>					.000
Available	70.7	85.7	96.7	82.3	
Not available	29.3	14.3	3.3	17.7	
<i>Availability of gas connection in the house</i>					.000
Available	9.3	24.2	42.9	22.5	
Not available	90.7	75.8	57.1	77.5	
<i>Availability of telephone connection in the house</i>					.000
Available	3.2	12.5	47.5	16.3	
Not available	96.8	8.5	52.5	83.7	
<i>Ownership status of house</i>					.018
Owned	89.7	94.0	92.6	92.1	
Rented	3.0	3.1	4.1	3.3	
Others	7.3	2.9	3.3	4.6	
<i>Employment status</i>					.019
Employed	22.4	17.5	14.1	18.7	
Not employed	77.6	82.5	85.9	81.3	
<i>Persons per room</i>					.002
≤2	33.2	22.6	33.5	28.9	
>2-4	43.1	48.9	39.6	44.7	
>4	23.7	28.6	26.9	26.4	
<i>Per capita income</i>					.000
On or below poverty line	61.1	33.3	3.7	37.6	
Middle income	33.6	49.7	43.9	42.4	
Highest 20% income	5.2	17.0	52.5	20.0	

Total	100.0	100.0	100.0	100.0	100.0
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Source: Original Data of PSES, 2001, Round-2.

decisions themselves. On the other hand, almost similar but less proportions (25 and 26 percent) of the elderly living in below or on poverty line and in middle group respectively reported so. That shows financial well-being brings grit and authority in oneself. Nevertheless, a majority of the elderly irrespective of which level of poverty they belong to, responded that they take decisions with joint consent of other family members. But, in general, there does not exist conspicuous differential between different categories of “decision-making” and poverty levels. The same is evident from the chi-square test result as “decision-making”, appears to be independent of “poverty levels”.

In response to the question on the status of present living conditions, the least number of elderly belonging to the below or on poverty line group reported to be “very much satisfied”. Surely, this is an expected finding. Among those who had reported to be “very much satisfied” with present living conditions, the difference between the ones living on or below poverty line and highest 20 percent income group was more than 3 times.. This finding clearly suggests that financial well-being brings visible difference in the living conditions of the elderly. But a point of solace lies in the fact that the largest number (64 percent) of elderly who responded that they are “moderately satisfied” with the present life also belong to the living below or on poverty line group. A very high significance level (.000) of chi-square test indicates high degree of inter-dependence between the two attributes.

The response on the “need for physical help shows a consistent pattern. That is most elderly who responded in affirmative were those living on or below poverty line. The proportion of those who needed physical help for household chores decreases with the increase in the financial position of the elderly indicated here in terms of consumption levels. Nevertheless, the association between the two attributes was not significant.

On the contrary, the affirmative responses to the question on the “availability of food to keep one healthy” were least among the elderly living on or below poverty line and the most among the elderly living in houses where highest 20 percent consumption was reported. The association between these two attributes was found to be highly significant (.000).

The majority of the respondents irrespective of the poverty level they are living in, stated that they “are somewhat happy” with their “present life as compared to when they were in middle ages”. The financially better off group of elderly people were found to be largest who responded that they are “very happy”. Infact, the difference in the response between the two levels of poverty i.e., better off (highest 20 percent share group) and the worse off group (below or on poverty line) was almost one to five. However, it is noteworthy that a very small proportion of the elderly had stated that “their present life as compared to their life when they were middle aged” was same. Nevertheless, there exists significant association between the two attributes.

Achievement in life brings a sense of satisfaction and pride. Some how, this feeling is most among the elderly who belonged to highest 20 percent consumption share group and the least among those who were on or below poverty line. Infact, the relationship between the above stated two variables seems to be complimentary that is, sense of achievement increases with the increase in the financial well-being of the

people. A noteworthy aspect of life in Pakistan is that a majority of the elderly irrespective of the poverty level they belonged to, have reported achievement in life. A very high significance level (.000) of chi-square test proves that there is high degree of inter-dependence between the two attributes.

Another important aspect of elderly's life in Pakistan is that in general, the elderly are confident in coping with the future. The pattern of responses here are quite similar to the responses on the "achievements in life". The significance level (.000) of chi-square test also shows a very high degree of association between financial well-being of the elderly and the status of their confidence in coping with the life in future.

The availability of drinking water inside the house clearly shows a positive relationship with the well-being status of the elderly. That is availability of drinking water inside the house increases with the increase in the financial well-being of the elderly. The chi-square test also shows a very high level (.000) of association between the two attributes.

The access to the amenities of life like electricity, gas connection and telephone in the house is not evenly distributed in Pakistan yet the availability of these amenities show a positive association with the financial well-being of the inhabitants of the house including elderly. A very high level (.000) of chi-square test clearly show a very high degree of association between these amenities and the financial well-being represented here in terms of poverty levels based on consumption.

The ownership status of house with financial well-being indicated here in terms of poverty levels shows a curvilinear relationship. That is, as large as 90 percent of the people below or on poverty line owned houses. There was an increase of 4 percentage points in this proportion for those who belonged to middle group. There after for the highest 20 percent group, the proportion of house ownership decreased slightly. A slight decline in house ownership among the richest category is a matter that requires further investigation. The richest in Pakistan are mostly industrialist or businessmen. May be a few of them thinks that ownership of house is an unproductive investment. The chi-square test shows significant association between the two attributes.

The employment status of the elderly clearly shows an inverse relationship with the poverty levels. In other words, more elderly (22 percent) living on or below poverty line were working for their survival and livelihood as compared to those living in the middle level of poverty (18 percent) and 14 percent among the highest 20 percent group. The relationship was also found to be significant.

Contrary to the expectations that poor people live in more congested environment, the findings here suggest curvilinear relationship between persons per room and poverty status. Nevertheless, the significance level (.002) of chi-square test indicates a high level of inter dependence between the two attributes.

Summing up, various characteristics of the elderly like, literacy status, availability status by place for rest, status of present living conditions, the availability of food to keep one healthy, status of present life compared to the life when in middle ages, status of achievement in life, status of confidence in coping with the future, availability of drinking water inside the house, availability of

electricity in the house, availability of gas connection in the house, ownership status of house, employment status, persons per room and per capita income are found to be significantly associated with the poverty levels of the elderly. Another way to express this finding is to say that poverty status has emerged as an important variable in relation to the above stated characteristics of the elderly.

6. MULTIVARIATE ANALYSIS

In the foregoing chapters, we have tried to establish the association between various components of the Quality of Life Index and the explanatory variables such as family type, gender, type of residence and the poverty status of the elderly. In order to test the validity of the conditions laid down in Chapter-1, the technique of regression analysis was applied so that the net effect of each of the explanatory variables on the dependent variable is established.

6.1. Regression Results

The regression results are presented in Table 5. The Equation 1 pertains to all the elderly where as, Equations 2 to 5 are a breakdown of the elderly by age groups. It is conjectured that the longer an elderly lives, the more socio-economic, biological, psychological and emotional set backs he experiences. The Equations 2-5 are added in the analysis so as to assess the conditions of the elderly in various older age groups. In an exercise to avoid multi-collinearity among the independent variables, a correlation matrix was produced for each equation. The correlation coefficients of all the variables used in this exercise were not found to be high enough to produce a multi-collinearity problem. Overall, the results are in the expected direction except the “family type” variable.

Family Type

Pakistan is a traditional society where a majority of the elderly prefer to live with their kin. On the other hand, their children also feel obliged to take care of their elderly parents and grand parents in their hour of need. The ground realities as found out by the regression analysis conform to the expected norms (see Equation 1). That is, the elderly living in extended families have a significantly better quality of life than those living independently. Unfortunately, this relationship loses statistical significance for more aged elderly. As a matter of fact, in the later ages due to weakening physical faculties an elderly is likely to become demanding; the younger generation living with him because of their busy schedule of life, may not fully meet the elderly person’s demands.

Table 5

Estimated Regression Equations for the Determination of Quality of Life of Elderly People in Pakistan

Explanatory Variables	Equation - 1 (All Elderly)	Equation – 2	Equation – 3	Equation - 4	Equation - 5
		Elderly 60-64 Year of Age	Elderly 65-69 Years of Age	Elderly 70-74 Years of Age	Elderly 75+ Years of Age
Constant	-1.054	-1.382	-.605	-.972	-1.209

Family Type					
(Joint Family)	.059 (.826)	.102 (.874)	-.098 (.619)	.115 (.709)	.066 (.445)
(Extended Family)	.183** (2.554)	.238* (2.036)	-.009 (.059)	.225 (1.382)	.275 (1.855)
Gender	.139** (5.387)	.201** (4.818)	.176** (3.280)	.049 (.768)	.089 (1.643)
Urban-Rural Residence	.184** (6.835)	.192** (4.418)	.216** (3.864)	.204** (3.100)	.089 (1.532)
Poverty (Per Capita Consumption)	.474** (17.573)	.484** (11.000)	.513** (9.219)	.383** (5.864)	.582** (10.005)
Adjusted R ²	.337	.338	.371	.252	.427
F	102.846	40.142	27.179	13.953	31.162
Standard Error	.814	.835	.792	.845	.733
N	1003	384	223	193	203

Note: 1. Nuclear Family is the reference category.

2. *t*-statistics are given in parentheses.

** Significant at 1 percent level.

* Significant at 5 percent level.

This situation leads to a scenario where an old person may feel frustrated and dissatisfied by living in an extended family set up. In other words, his quality of life in an extended family set up becomes not significantly different than those living on their own.

The elderly living in a joint family set up also do not yield a significantly different quality of life than those living independently. In a study of slums in neighbouring India, Darshan, *et al.* (1987) found that elderly living in joint families were in precarious circumstances. There are various reasons for this condition. Living in joint families makes it difficult for them to live compatibly with large number of people around them. On the other hand, on account of financial constraints and also because of western influence, people are becoming more self-centred than caring towards the elderly. Although across the age cohorts the effect remains insignificant yet the magnitude of coefficient increased for the elderly 75 + years of age.

Gender

Undoubtedly, Pakistan is a man's world where preferential treatment towards male member of the family starts right from their birth. His birth is celebrated with fervour. On the other hand, the birth of a girl is normally unwelcome. Successive births of girls are sometimes even mourned. The male members enjoy privileged status throughout life. Unfortunately, this superior treatment towards male members is meted out not only by male members but female members of the family as well. The grandmother, mother and even sisters make extra efforts to keep them happy.

The results of the analysis show that this bias in favour of male members is true even among the elderly. The quality of the life of male elderly is significantly better than the female elderly (Table 5, Equation 1). In other words, the hypothesis that the elderly women as compared to the elderly men are worse off in health, socio-economic, psychological and emotional status holds true. This may be because some elderly women are living in a state of widowhood and are dependent on children while others suffer due to gender-biased cultural norms. Across the age cohorts, this relationship remains highly significant for the elderly 60-64 years and 65-69 years of

age. Thereafter, the effect becomes insignificant for the elderly in age cohort 70-74 and 75 years and above. Nevertheless, the relationship remains in the expected direction. Implying that at ages 70 years and over when male members become economically non-productive, preferential treatment towards male elderly minimises.

Type of Residence

The type of residence yielded a strong relationship with the quality life of the elderly. This relationship remains significant across the age cohorts of the elderly except for 75+. As a matter of fact, living in urban areas is distinctly better than rural areas. It is because most of the facilities like sanitation facilities, potable drinking water, health, educational, recreational facilities, various amenities of life and job opportunities etc. are generally available in urban areas where as such facilities are scanty in rural areas. These deprivations clearly are reflected in the quality of life of the rural elderly.

Poverty (Consumption Level)

As expected, the poverty level used here in terms of per capita consumption of food and non-food items, emerged not only a significant variable to explain quality of life of the elderly but in terms of magnitude of the coefficient it brings about the highest change (a unit change in the consumption level brings about one-half of a change in the dependent variable i.e., quality of life of the elderly). Across the age cohorts, the relationship remains not only highly significant and in the expected direction but the magnitude of the coefficients do not much change. This result clearly suggests that financial well-being brings a real difference in the quality of life of the elderly. In other words, socio-economic psychological and emotional well-being of the elderly in Pakistan is highly dependent on the financial well-being.

7. SUMMARY AND CONCLUSION

This study has been undertaken in view of the recent evidence that the incidence of poverty is on the rise in Pakistan. It is presumed that the real brunt of this situation may be felt by the elderly—the most vulnerable of the adult population—and particularly among them are the ones living in rural areas, residing in nuclear households, the female elderly and those who are declared poor.

Now that the fertility in Pakistan has shown a declining trend in the last decade and the life expectancy particularly at age 60 and over has shown an increase, another phenomenon, in the form of an increase in proportion of the elderly will emerge in the years to come. This means that the situation of poverty may worsen because of the increased dependent aged population which in turn may aggravate the poverty situation among the elderly.

Since our objective is to develop an understanding about the conditions of life of the older people with regard to their being male or female; living arrangements in terms of family type set up; urban-rural residence and poverty status, we have constructed a Quality of Life Index (QLI) based on the socio-economic, demographic, psychological, and emotional indicators of the elderly's life. The QLI was taken as dependent variable in the regression equation, and family type, urban-rural residence,

gender and per capita food and non-food consumption (an indicator of poverty) as independent variables.

The results of the regression analysis indicate that per capita food and non-food consumption appeared to be a major determinant of the elderly's Quality of Life. The two other variables—type of residence and gender—bring significant change in the Quality of Life Index. The relationship was also in the expected direction. The relationship of the fourth variable i.e., type of family with the Quality of Life Index of elderly was such that the quality of life of the elderly (particularly in the age bracket 60-64 years) living in extended families is found to be significantly better than those living independently. Whereas, the elderly living in joint family set up do not enjoy significantly better quality of life. In joint families where normally the family size is also large, the elderly do not get individual attention and thus are likely to feel neglected in terms of socio-economic, psychological and emotional status. Moreover, kinship bondage is also not as strong in joint family set up as in the extended family where immediate kin reside together.

In view of the above stated results the policy-makers should not only gear their efforts towards minimising the gender and urban-rural differentials in the elderly's Quality of Life, but more importantly policies should be adopted to improve the financial status of the elderly across all age groups. It is an established fact that poverty is the root cause of most problems. Once financial standards rise, most of the factors affecting the quality of life of the elderly may also improve.

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ABSTRACT

The paper addresses the issue of aging in the context of poverty, which is on the increase in Pakistan. In the present scenario, the elderly do not form a large segment of the population but they are expected to increase in the coming years. The absence of well-established social protection coverage has increased the vulnerability of the elderly. Being socially and economically dependent, they bear the brunt of rising poverty levels in the country. The main focus of the study is on the assessment of well-being of the elderly as measured in terms of their quality of life index with regard to living arrangements, gender, urban-rural residence, and poverty status. The study uses nationally representative MIMAP round 2 data, which is especially collected for the assessment of poverty and its impact on different segments of the society. The results of the study show that per capita food and non-food consumption is the major determinant of quality of life for the elderly. It is also noted that type of residence and gender contribute significant changes to the quality of life of the elderly. Contrary to the common belief that the elderly living in a joint family set-up have better quality of life, it is found not to be so. To improve the quality of life of the elderly, policies should be framed which minimise the gender and urban-rural differentials. The improvement in their financial status is expected to reduce the dependence of the elderly on others and to increase their self-esteem as well as their quality of life.