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Prevalence of Familial Support among Older Persons of Sohan, Islamabad

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Abstract: *Background: It is a matter of the fact that the ageing population is in serious need of public and private attention for their wellbeing in their everyday lives. Medical advancements able them to live longer, or medical science has enhanced the longevity of life, but it has led to certain socio-cultural implications which remain unaddressed. The present study focused on describing the prevalence of familial support for older persons of Sohan village, Islamabad. Methodology: A sample of 97 older persons having age 60 years and above were interviewed. Results: 73% OPs getting familial support: with 27.8% "strong support", 26.8% "moderate support" and 18.6% "low support". A significant relationship exists between age and familial support. The health profile of OPs compared with familial support shows most OPs with disease profiles attaining their family support. Conclusion: familial support will be increased for OPs with every passing year, or you may say with the high prevalence of familial support, chances to live longer can be increased.*

Key Words: Ageing, Ageing and Wellbeing, Older Persons, Familial Support, Familial Care, Health and Ageing

Introduction

The phenomenon of ageing cannot be turned around because it normally brings about decreased functioning of body organs regardless of any affliction and other hazards (whether encompassing or everyday environment and so on). A decrease in functions of the body probably will not influence different capacities yet brings about upset homeostasis of the body that could bring about nervousness. Among all organs, the heart, kidneys, and tangible neurons are more defenceless to be influenced in advanced age (Besdeine, 2019).

Tracing ageing as a phenomenon, in 1875 by the execution of the Cordial Society Act in England, individuals at whatever stage in life after the age of 50 were viewed as old, which was received as an essential norm. It was independent of an individual's age when he procures sequestration (Roebuck 1979). Williams (2018) stated that age constructs consisted of just integers that symbolizes an outgoing procedure of development. What could be the main factors that might support that now a person has stopped "getting" older but "became" older. Respond to such questions is extremely relative (relativism), which might interfere with or an image of their own cultural beliefs; it may also vary by their gender, experience etc., of the person being asked so. Relative beliefs at the micros level exist, for case in point: old age in accord with China begins from fifty [50] while in France it starts after the age of 70 (i.e. 71). And in addition, the UN used a neutral/intermediatory number as a suggestion, that is, 60 years of old age, different from the World Health Organization who described it as 50 years.

The more elaborative groundwork for old age was given by Glascock and Feinman (1980) in an anthropological exploration which helped with creating 3 classifications that mediate in the last section of life. These viewpoints included ordered occasions; modifications to job or personality of individual and diminished capacities out and out presents the unfriendly impact on maturing and add more to the sufferings. The assessments were made on advanced age individuals in Africa, which recommended that among every single interceding prospect, the job of the individual is influenced more joined by changes in status and business, impact maturing most. There are a few physical and socially created pointers of maturing, and some of the time, the social determinants of maturing may show up unmistakably before actual determinants of the very cycle, i.e., they may no longer go equal in outstanding cases (WHO, 2002).

At whatever point maturing of the populace is tended to, it fundamentally is an endeavour to introduce an adjustment old enough setup of occupants towards advanced age (Demeny and McNichol 2003). It connotes that there is more

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populace of maturing individuals than that of youthful ones. Commonly, an individual is viewed as senior with the age of 65 through older folks are additionally exemplified as right on time or late elderly folks. Individuals with ages from 65-74 or more the age of 75 are named as early elderly folks and late elderly folks separately (Orimo et al. 2006).

As indicated by one gauge of 2020, there are around a 727million individuals old enough 65 or in addition to overall, which is relied upon to be multiplied by 2050 while taking the number to 1.5 billion. This is an augmentation from the current 9.3 percent to be 16.0 percent by 2050. Thus, ladies represent 55% of the complete overall advanced age populace over 65 years and this portrayal of ladies increments with their age, and as of now, women include 62% of the age bunch 80 or more (UNDESA, 2020).

From the all-out populace of Pakistan in 2019, 7% or 15 million individuals were of the age of 60 or more. This figure will arrive at 40 million, alluding to an increment from 7-12% in future. Expansion in populace explicitly of more seasoned age bunch likewise alludes to the way that there would be less autonomy apportion that could even disturb the economy of Pakistan. Besides, different situations, including food deficiency, lack, diminished wellbeing conveniences and segregation or bias, add more fuel to the fire (HelpAge International 2012, 2015; ILO 2018; Pension Watch 2016; UN 2017, 2019).

Pakistani setting essentially characterizes an individual as old as he gets enter to the sequential age request of 60. Considering somebody as old could base on the understanding of the natural strength or shortcoming of matured and the social, environmental factors somebody should live in. Every gerontologist has his own depiction of maturing, yet 60 are considered as concurred from the most recent 200 years of maturing writing (Irshad et al.2015; Stuart-Hamilton 2011). Ageing is a change that occurs in body parts of living as a last happening phenomenon (Richard 1962). Quite possibly, the main spaces of segment research on maturing have been the investigation of families, living plans, and vicinity to relatives, particularly between more seasoned guardians and their grown-up youngsters. Who lives with whom and the distance between relatives is influenced by these bigger family changes as well as by financial cycles, real estate markets, and changes in the wellbeing and care needs of the more established populace (Agree, 2018).

Family support is of urgent significance for the older when confronting their formative stages to improve their wellbeing and prosperity (Friedman et al., 2003). An examination uncovered a few types of help given by families, specifically instrumental, enlightening, monetary and passionate (Rekawati, Sep-2009). The present study is focused on explaining the prevalence of familial support patterns among older persons of Sohan village. The results of the present study will also help us to understand the relationship between the prevalence of impairment, chronic disease status and familial support offered in old age.

Materials and Methods

Research Methodology

As present research is concerned, explanatory research methodology was opted by the researchers being a sociologist. This is to explain the actual situation of social support patterns available for older persons of Sohan village. This methodology leads to the interview method to fulfil the requirements of the study.

Research Tool

A structured, well-organized interview schedule was developed with the help of an existing body of knowledge which later improved after the pre-test. The research tool has consisted of five sections which include; A – Socio-Economic and Demographic Backgrounds, B – Food, C – Health Profile Mapping, D – Socio-Cultural and Psychological Profile and E – Membership Status. These sections were further divided into 71 questions, including single and multiple responses.

Locale and Time Period

The locale for the present study was Sohan village, located in Zone - 4 of Islamabad District. Physically it is situated near the Highway stop on Express Highway. Data collection was started in January-2021 and completed during the month of April-2021. A high rate of population variation was observed in Sohan village.

Sample

Sample for the present research was calculated statistically. The population of Sohan village, according to the 2017 census of Pakistan, was 47510, and the number of households was 7635. The sample was calculated twice both on population and household, and the calculated sample was 97 with a 95% level of significance, 5% error margin and 6.7% response distribution.

Data Management

After data collection, initially, date editing was done. After that code plan was developed for each question and convert all data set into numeric form before

start making a data entry file in CSPro. Data was entered in CSPro. After data entry, all data files are converted into SPSS, and a comprehensive effort was made to remove data entry errors and to enhance the quality of data. Both descriptive and inferential statistical tests were implemented to get results. MS Excel was utilized to format the calculated results.

Results and Discussion

Socio-economic protections offered by family or by society at an elevated stage can mitigate the problems of vulnerable ageing.

Table 1. Demographic Indicators of Study

Indicators	Categories	n	%
Age Categories	60-64	36	37.1
	65-69	25	25.8
	70-74	18	18.6
	75-79	8	8.2
	80 and above	10	10.3
Sex	Male	64	66.0
	Female	33	34.0
Marital Status	Unmarried	1	1.0
	Married	68	70.1
	Widow/widower	24	24.7
	Divorced	3	3.1
	Separated	1	1.0

Table 1 consists of three different demographic indicators, which includes age groups, sex and marital status of study respondents. Age was initially collected as an open variable and later converted into groups. The categorization of ageing starts from 60 and above. The intervals distributed are with the difference of five years so that the percentage obtained for the results are uniform and aligned. As the age is increasing, the frequency of the respondents is declining while giving a glimpse of the ratio of people leading healthy ageing. Maximum participation was observed within the first age category that is 37.1 percent. In the age group 65-69, 25.8 percent of OPs responses were recorded, while 18.6 percent of respondents were from the age group 70-74 years of age.

Data tell us that a larger number of respondents are male, taking it to 66%. Whereas, for females, it is up to 34%. The older female percentage among the total older population of Pakistan is 3.32%, so from calculated sample 97, the female sample [33] was calculated again at the given ratio. A higher level of frequency can be observed of married respondents in comparison with widow/widower. Divorce and separation are there just to show their incidence; while looking at the percentage, they are near to none in presence.

Table 2. Patterns of Familial Support

Questions	Responses	n	%
Payment of Health Expenses	Myself	46	47.4
	Siblings/Children/Son	45	46.4
	Private Welfare scheme	1	1.0
	Husband	5	5.2
Who Take Care of Your Medicine [Timing/Intake]	Myself	55	56.7
	Spouse	11	11.3
	Sons/Daughters	26	26.8
	SIL/DIL	3	3.1
	Grand Sons/ Grand Daughters	2	2.1
Who Accompany You for Doctor	Myself	39	40.2
	Spouse	7	7.2
	Children/Son	47	48.5
	Relatives	4	4.1

Extended and vigorous literature has recognized that partners and adult offspring are the most known family members to stipulate care [Silverstein and Giarrusso, 2010; Spillman and Pezzin, 2000; Wolff and Kasper, 2006]. Table 2 illustrates the familial support towards older persons. The table is categorized into three subsections referring to family support. The greater number in the percentage of the respondents him/ for the payment of health expenses can be observed. From overall 34% (noted from Table 1) of the female respondents, 5.2% responded that their husbands paid for their medical expenses. The second higher percentage observed of the responsibility for payment of health expenses was from siblings/children/son.

The next subcategory indicates that the medication taken by the respondent themselves is considered the sole duty of their own, as per the data. In the next position, the responsibility is observed by children, including both sons/daughters, as the percentile of 26.8% shows the second highest. The least responsibility can be noted for SIL/DIL and grandsons/granddaughters. Yet the spouses taking care trend is lower than the children marking up to 11.3%.

In the last subcategory, children have shown responsibility of 48.5% towards the respondents to be taken to the doctor; otherwise, respondents opt to go by themselves.

Table 3. Prevalence of Familial Support

Familial Support	n	%
Strong familial support	27	27.8
Moderate familial support	26	26.8
Low familial support	18	18.6
No familial support	26	26.8
Total	97	100.0

There are many other areas that consider under the title of "familial support or care", but in the present study, three questions are used as an indicator of "familial support or care". 1 – "who pay the health expenses", 2 – "who take the responsibility of medicine intake and timing", and 3 – "who accompany the doctor visit". Patterns of familial support were calculated by using the above three questions, based on "myself", further responses were constructed.

- If my-self is reported zero time = Strong Familial Support
- If my-self is reported one time = Moderate Familial Support
- If my-self is reported two times = Low Familial Support
- If my-self is reported three times = No Familial Support

Table 3 entails the pattern of familial support. With moderate and no familial support, the frequency observed is the same, i.e., 26.8%, while there is a slight increment of 1% when strong familial support is noticed. Thus, giving us the low familial support at 18.6% as the least in its variation.

Table 4. Age Groups and Familial Support

Age Categories	Familial Support				Total
	Strong	Moderate	Low	No	
60-64	16.7%	25.0%	19.4%	38.9%	100.0%
65-69	16.0%	32.0%	12.0%	40.0%	100.0%
70-74	33.3%	22.2%	33.3%	11.1%	100.0%
75-79	50.0%	25.0%	25.0%		100.0%
80 and above	70.0%	30.0%			100.0%
Total	27.8%	26.8%	18.6%	26.8%	100.0%

The calculated *p*-value is .010 from the chi-square test, which is less than .05. This means there is a significant correlation exists between age and familial support for older persons.

In Table 4, variations can be observed in agreement with age and familial support. Strong and moderate familial support has presented a higher percentage when the age of the respondent has started from 70 and above. A greater trend of familial support can be seen above this range. In the earlier years, i.e., from 60 till 69 years of age, the percentage is low for the strong and moderate familial support and vice versa for low and no familiar support. While looking at the age of 80 and above, one cannot find any percentage for low and no

familial support, and the same trend was observed for no familial support in the age bracket of 75-79. Data represents the higher trends of strong and moderate familial support is available for older persons having age 70 years and above as compared to elder having age less than 70 years.

Table 5. Health Profile and Familial Support

Health Profile		Familial Support				Total
		Strong	Moderate	Low	No	
Self Reported: Physical Health Ranking	Very Good	14.3%	35.7%	14.3%	35.7%	100.0%
	Good	20.0%	20.0%	27.5%	32.5%	100.0%
	Fair	38.5%	34.6%	11.5%	15.4%	100.0%
	Poor	30.8%	30.8%	7.7%	30.8%	100.0%
	Very Poor	75.0%		25.0%		100.0%
	Total	27.8%	26.8%	18.6%	26.8%	100.0%
Any Impairment	No	19.6%	26.1%	23.9%	30.4%	100.0%
	Visual	36.4%	21.2%	15.2%	27.3%	100.0%
	Hearing	40.0%	40.0%		20.0%	100.0%
	Mental	50.0%	50.0%			100.0%
	Physical	27.3%	36.4%	18.2%	18.2%	100.0%
	Total	27.8%	26.8%	18.6%	26.8%	100.0%
Have Any Chronic Disease	No	21.6%	18.9%	24.3%	35.1%	100.0%
	Hypertension	25.0%	33.3%	16.7%	25.0%	100.0%
	Heart problems	37.5%	37.5%	18.8%	6.3%	100.0%
	Epilepsy		100.0%			100.0%
	Diabetes	14.3%	42.9%	14.3%	28.6%	100.0%
	Arthritis	57.1%			42.9%	100.0%
	Asthma	100.0%				100.0%
	Hepatitis B/C				100.0%	100.0%
	T.B			100.0%		100.0%
	Total	27.8%	26.8%	18.6%	26.8%	100.0%

Table 5 consisted of crosstab between the prevalence of familial support and health profile of older persons of Sohan village. Health profile further divided into three questions, i – self-reported physical health ranking of Ops, ii- prevalence of any impairment, and iii- prevalence of chronic diseases. The first area of the table explains that OPs reported "fair", "poor", and "very poor" health status having a major percentile in "Strong and moderate" familial support. Further, in the impairment section, OPs suffering from "visual", "hearing", and "mental impairment" received strong familial support followed by moderate familial support. Lastly, if we look at the chronic disease section, the majority of the respondents reported the first two categories of familial support.

Literature of the past decade has been discovered from numerous of the research centring on familial support. Women part of gender deliver additional family care than males, according to one of the most reliable outcomes in the elder-care literature. (Silverstein, Gans, & Yang, 2006). National health and ageing trends study (NHATS) and its companion, the National Study of Caregiving (NSOC), two linked the United States federally sponsored studies planned to document "how working changes with age, the position of the intimate caregivers recognized by the study participants who live self-sufficiently, supported living services, or other housing settings" (Kasper et al., 2014).

Earlier studies represent similar explanations that tell us about the positive consequences of familial support and care for the elderly. A high prevalence of familial support will not only lead to good health but also active ageing. Amonkar, with colleagues, explains that OPs who are living with their families reported a better quality of living than those who are living in care homes (Amonkar et al., 2018). In addition, a study conducted in China's countrysides finding reports that familial support produces positive effects on the health profile of OPs and that further indicated a reduced ratio of mortality and low occurrences of vascular disease (Liu et al., 2015).

As life expectancy has virtually doubled over the last century, family support for disabled older persons has grown increasingly widespread, according to the aforementioned research (Wolff & Kasper, 2006). A wide range of actions ponder

under familial supports, which includes delivering individual care, cooking meals, doing domestic chores, shopping, managing finances, checking up regularly, offering company, organizing and managing activities and outdoor facilities, and coordinating medical care (Roberto & Jarrott, 2008).

Financial support from the family further leads to reduced symptoms of anxiety in the OPs (Wu et al., 2018). Furthermore, expressive support also produces an encouraging effect on the OPs with severe dependency, particularly in terms of confidence (González, & Palma, 2016). Emotional assistance from family members can also assist the elderly to avoid social isolation and loneliness (Roh et al., 2015). It had been noticed earlier that familial assistance influenced the wellbeing of the OPs and their capability to participate in activities (Amonkar et al., 2018).

Availability of beneficial social environments at home or out of home, roomy place to meet or prove persons around them and stipulation of essentials can provide them with a better condition of living as an older person. While considering other sides of social life, social exclusion, isolation, loneliness and weak-willed association with family or social settings may diminish the length of their lives (Desai et al. 2001).

Familial support may have different aspects like support with home tasks, availability of passionate and family support, encouragement, self-care tasks, and social mobility, wellbeing and medicinal care, and substitution, and care management. Each realm requires manifold chores and activities. Cutting across these areas are continuing intellectual and personal developments in which familial supporters participate, comprising frequent problem resolving, decision making, collaborating with others, and continuous observation over the care recipient's wellbeing (Gitlin and Wolff, 2012). Based on Islamic education and cultural values of the selected locale of this paper and having a firm belief in these religious, cultural, and social values, communities living in the selected locale is religiously following them.

Data from previous studies also represent that familial support to impaired older persons has come to be gradually common (Wolff & Kasper, 2006). Care patterns characterize a wide range of actions that includes offering personal care, cooking meals, doing domestic chores, taking care of financial issues, shopping, offering company, organizing and managing activities and outside services, medical checkups, and coordinating medical care (Roberto & Jarrott, 2008). Positive outcomes of familial care have received consideration in previous literature. Though, rigorous care is often challenging and demanding (Pinquart & Sörensen, 2003). Carrying a life-span attitude to the topic of family elder care, Roberto and Jarrott (2008) expressed that the evolving information on caregiver growth shows a positive, obvious impression of caregiving, containing developments in problem-solving abilities, increased self-understanding, and a growing sense of competence.

Conclusion

Having a thorough analysis of the previous literature and current study, familial support plays a pivotal role in supporting old age persons, and the present study reveals the prevalence of familial support available for OPs. Regardless Of the distinctive nature of any given caregiver's role over time, broad domains of activity characterize family supporting. Familial support from helping with everyday actions and giving immediate care to the OPs to steering complex health care and social services systems. Familial support not only help to live a healthy life, but it also increased the chances to live more vis-à-vis OPs with age 70 years and above reported major percentiles of getting familial support.

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