

Assessing needs of the women aged 55 to 65 years living in the rural communities of (Sindh) Pakistan.

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Abstract: *Quality of life in older adults depends on various factors, including ageism; ageist attitudes and stereotypes are common in the family, community, workplace, and society. This study has mainly assessed the needs and attitudes of ageing females living in the village. Objective: Assessing the needs of the women aged 55 to 65 years living in the rural communities of (Sindh) Pakistan. Methods: Two focus groups of women who lived in the village between the ages of 55 and 65 were conducted. There were ten women in each group who participated in the focus group. The community women were selected using purposive sampling; the women were selected by the organisations working with the communities in the villages. Results: The research findings have identified clearly that woman living in Pakistani culture have not been given rights and opportunities to live their later lives with dignity. The findings also show the women's status in the village where males are more dominant in every life sphere; women are not autonomous, and the males control their lives. Conclusion: Assessing women's needs in a village offers many challenges and opportunities. Therefore, it is essential to recognise their challenges and empower women to age better and live the rest of their lives with dignity.*

Key words: *Gender inequality, woman, ageing, village, Pakistan*

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I. Introduction

An increase in health and social care costs is closely correlated with population ageing. By 2021, Pakistan's population is predicted to number at 225 million. In 2021, the total population data for the age group 65 and above was reported to be 4.050 per cent. Additionally, a study in Pakistan showed that Lower- and middle-income nations, on the other hand, are more likely to age quickly or never accumulate wealth. These findings underscore the need for policy interventions that address the specific needs and challenges of the aging population, such as improving access to healthcare and social services, promoting active aging, and ensuring financial security in old age.

Ageism is one of the many variables that affect older individuals' quality of life; ageist attitudes and stereotypes are pervasive in the family, community, workplace, and society (3). Gender also influences the role that parents and grandparents play in the family. This indicated that men in multigenerational households were more likely to act as the family's decision-maker regarding older individuals' perceptions of old age. According to the study, people's perceptions of old age included sickness, disease, stress, social isolation, ignorance, greater dependency, socialisation, enjoyment, freedom, and a lack of social interaction (4). Comparable results have been found in negative stereotypes that "depict later life as a time of ill health, loneliness, dependency, and poor physical and mental functioning" (5)

According to Surani's 2023 study, elder respect is ingrained in Pakistani society. Survey respondents also noted that declining customs, the effects of resource scarcity, and the sense of vulnerability that comes with ageing are all caused by a society that values dependency over respect (6). The female participants in the study also reported feeling mistreated in the family and neglected by society (7). This demonstrates that the stereotype is gendered in Pakistan as well. As such, older adults' opinions regarding old age and self-perceptions are 'complex, multilayered, and changeable' (8).

Furthermore, Pakistan faces numerous difficulties, including its inadequate pension system. The retirement age in Pakistan is sixty, yet just 2.3% of those over sixty receive a pension; these are the only people who work for the government. As a result, most elderly individuals depend on the next generation for financial help after they retire (9).

Furthermore, during the past few decades, developing countries have seen major changes in older persons' family patterns and living arrangements. (10). Pakistan's difficulty adapting its family household systems has been reported in several studies. Many elderly people suffer from lack of care, isolation, ill health, and physical violence since their relatives are unable to provide for their basic requirements. Because of the size of the family, even elderly people require enough care in a joint family (11). Such a scenario indicates that the

standard of living for senior citizens in Pakistan will probably decline, increasing the need for social protection for senior citizens in the upcoming years. Even though many older persons lived with their children, another survey indicated that many relied on them to fulfil their fundamental needs, particularly those without pensions or savings for retirement (12).

Additionally, the "declining share of the economically active population will not only affect the quality of life of older people but also underscore the need for adequate provision of safety nets for older people" (13).

Rather than being defined by one's chronological age, growing older can be described by a more intimate phenomenological experience of ageing. Individuals' perceptions of ageing differ greatly, indicating that ageing is more of a process than a state. (14) It is important to assess the views of older adults towards ageing.

Moreover, studies on ageing in Pakistan have focused on metropolitan or semi-urban areas. Therefore, research on Pakistan's rural populations has not yet been conducted. As such, evaluating the requirements of Pakistan's elderly population residing in rural areas is crucial.

II. Method

Community-based, qualitative research was conducted to assess the needs of 55- to 65-year-old women living in a village. The focus group method was used to assess the needs. The study was conducted in the village of Chambar (Sindh). This village is part of Rotary Pakistan's innovative program for a brighter future, addressing social, economic, and environmental needs.

Two focus groups of women were conducted between the ages of n 55 and 65 years living in the village. There were ten women in each group who participated in the focus group. The community women were selected using purposive sampling; the women were selected by the organisations working with the communities in the villages. The topic guide was prepared to conduct the focus group assessing women's knowledge, attitudes—needs, and practices related to active and healthy ageing. The focus group was conducted in Urdu and Sindhi. The translator for the Sindhi language was also available in the focus group.

Before the focus group, the participants were informed about the research and its purpose. Written consent was obtained from the participants, and they were informed that their discussion would be recorded for transcription and research purposes. Each focus group lasted 2 to 3 hours. The qualitative data were analysed using the Barun and Clark thematic model, a rigorous six-step process involving familiarisation, generating initial codes, searching for themes, reviewing, defining, and writing up the findings.

It was made clear to the participants that their participation in the proposed study was entirely voluntary. They were informed that they could end their participation at any time without penalty, and that they would not be harmed if they chose to leave the study. Their identities were kept anonymous, and the information collected was kept confidential. The interviews were conducted in a provided room arranged by the local CSO team based in the village, ensuring the participants' comfort and the maintenance of privacy and confidentiality.

III. Findings

The following findings were identified after the thematic analysis of the two focus groups conducted to determine the attitude, knowledge, and needs of the women aged between 55 and 64 who lived in a village.

Demographic data

The basic demographic data was collected from the participants provided in table (1.1)

Demographic	Percentage(%)
Education status	
Illiterate	98
Up to matric	2
Marital status	
Married	88
Widowed	9
missing	2
Religion	
Hindu	100
Muslim	0
Family Type	
Nuclear family	0
Extended family	100
Work to Earn	
Yes	65
No	35

Table 1.1 Demographic data

The data shows that most of the women were not educated and belonged to the Hindu community. All participants lived in extended families with their spouses, children and grandchildren. Most of them were married. The data also shows that 65% of women were working to earn. In the focus group discussion, the women discussed that primarily everyone works at a farm or cares for the kettles.

Old age perception

In the first instant, the women were asked what they understood by old age. Most of the women had a similar kind of perception about old age. Women A said, 'Old age is staying lonely or in isolation.'

Women B added 'I am a widow. Moreover, I feel weak. I have headaches, and I cannot walk anymore, so old age is about the dependency.'

Women C continued, adding, 'I don't feel good growing old because I depend on my daughter-in-law. She gives me food to eat, and that makes me feel bad because I am dependent on her to live.'

Women D said, 'As we age, we realise that we are not fit for work and useless.'

Another woman, E, said, 'Old age is about living with sons and daughters so they can get food to eat and look after their grandchildren.'

Moreover, Woman F said, 'Old age is all about joint pains due to declining health. As we are no longer younger, our body grows weaker.'

Another woman added 'we want our whole life to be up to our children when they get married and have their children, which they do not value. Moreover, it results in affecting our mental health and does not allow us to work.'

Woman G said, 'Old age is about having a dependency on our children.' However, I do not want to be dependent on my children. I still want to work and earn my livelihood, but as we are told, no one gives us work; therefore, we have to stay home, take care of our grandchildren, and do house chores.

Women H further said, 'In old age, I cannot do my work alone as I am farming and caring for the animals. Nevertheless, I am not too energetic; therefore, I need support and help.'

Another woman said, 'Our children neglect us. We feel we are a burden to our children. We feel weak. We want to work and earn but do not get the work or have no opportunity to work.'

Perception on healthy and active ageing

When asked the question regarding what the participants understand by healthy and active ageing, the participants replied.

Woman A shared, 'To live a healthy life, we should work consistently and keep ourselves busy in it'. Another woman added, 'We should be given some loan or work to do to earn money and fulfil our basic need and we don't want to depend on our sons and husbands'.

Woman B said, 'Healthy ageing is about eating good food and having the right nutrients.' Woman C said, 'Food is not only important; we need to have basic living facilities as well. A better environment and all the requirements needed to live a healthy life, such as good, clean, and sweet drinking water.'

Moreover, woman D shared a poignant perspective: 'We were illiterate. In our youth, we did labour work in villages. Now, we are weak and not able to do hard work.'

Psychosocial needs

The focus group discussion revealed the profound emotional impact of the psychosocial needs of the women living in the village. One woman's poignant statement encapsulated this: 'In families, our children have started saying not to intervene in their matters or in their lives. Our children say to do whatever we want and to do it ourselves. Otherwise, they will separate us'.

Another woman said, 'They used to tell us to do whatever we said; otherwise, they would not feed us. Therefore, we felt bad. Moreover, obey them what they say, or they will kick us out. That makes us upset and depressed'.

When asked about their social interactions, one woman expressed, 'We socialize with our family and neighbours. We sit together, gossip, and talk'. Another woman added, 'When people come from outside, like you today, and talk to us, we feel a sense of relief. It is a temporary escape from our problems. We are feeling happy today by talking to you, knowing that someone is here for us to listen to our problems. It lowers our stress; at least someone is here for us'.

Another woman said, 'We want people to keep coming to us, talk to us, share our own problems with them, vent out, and feel good and relaxed.' In contrast, another woman said, 'We have lots of stressors in our lives, and if someone listens and relieves our stress, it could give us a sense of relief from our problems.'

Another woman said, 'Our own children have started neglecting us, so there is nobody to take care of us. I feel like life is ending now; it is sad and depressing. When we meet new people, we recall our young age, start feeling better, and go back to those old times. When a woman gets old, her whole family wishes that she could die soon. We feel like a burden upon our families. Every old woman is helpless in this situation.'

Coping with life challenges

When the participants were asked how they cope with life challenges, one of the women said, 'I go out and seek help from others, primarily from other family members or neighbours.'

Another participant said, 'I only seek help from God for my problem. I always pray that God does not give long life to me so I cannot be sick and be dependent on my children.'

One of the women said, "Do you have any source of earning? We are dependent on our children to look after us. We cannot buy medicine or food because we do not have any income. How can we buy food without any money or resources? Thinking about all of this makes us tense, and we get sick due to the stress. If I get sick, I do home remedies or pray to God."

Furthermore, another woman said, "I keep busy myself with work. I go to work, though I am getting old. I have been earning money working on farms since I got old. I am not able to do hard work. I want someone to give me easy work to do. We want someone to help us develop skills. Also, we want to have get-togethers so we can enjoy our lives."

Activities of the day

When participants were asked about their daily routine, one woman said, 'I wake up early in the morning and cook food for the family. Then I wash dishes and spend the entire day doing hour-long chores.'

Another woman shared, 'Our routines may be similar, but it's not because we lack things to do. We yearn for opportunities to learn and grow. While we do socialize with our families and friends, these interactions often revolve around gossip or venting our problems. We long for a platform that can help us solve our issues and enable us to lead more fulfilling lives.'

One woman revealed, 'My days are filled with taking care of my grandchildren and assisting my daughter-in-law in cooking. The rest of the day, I find myself sitting on the bed, feeling unproductive. This lack of activity often takes a toll on my mental health. Yet, I remain hopeful and believe that I am capable of so much more, if only given the opportunity.'

Another woman said, 'I do farm and earn 200 rupees daily, but sometimes I feel that I am not very socially connected with the people, and after some time at my age, I will need people around me'.

Autonomy and control

During the focus group discussion, the women also talked about their autonomy and control. One woman said, 'We do not have any right to speak for ourselves. We have to listen to our husband.' Another woman added, 'We have to listen to our husband as I am a widow, but I do not have any right to say anything about house matters. My son runs our home.'

One more woman said, 'We women are not decision-makers. This is our culture, but women's voices should be heard. We should be given respect as men in our society have been given. Another woman, tinged with frustration, said, 'In my view, people like you can teach and empower us to use our skills. We should be independent, so our husbands do not dictate that we are only meant for household chores. We earn, and you eat. This situation fills me with sadness.' Her words underscore the urgent need for advocacy and skills development.

IV. Discussion

The research findings have identified that woman living in Pakistani culture have not been given rights and opportunities to live their later lives with dignity. Gender equality is a fundamental element for the development of any country. 'Yet Pakistan currently ranks the second lowest country in the world for gender equality, according to the Global Gender Gap Index' (15)

Our research identified that women are more into taking care of the family and spending their hours on chores. They also face unique challenges in their later years, such as a lack of social support, limited access to healthcare, and financial dependence. Similar kind of findings have been identified that gender inequality in low-income societies has been stressful and a burden for women expected to play an obedient wife or daughter

in the family. Women are expected to take care of older adults, often at the expense of their physical, emotional, and psychological well-being. This practice is also widespread in most developing countries, including Pakistan, where family norms put more burden on women, decreasing women's quality of life (16)

Many participants in this study also shared feelings of isolation and loneliness. Previous studies have also identified that older adults who live in social isolation and loneliness result in a loss of self-esteem, and that could be a result of an ageing process. (17)

The findings also show women's status in the village, where males are more dominant in every life sphere, women are not autonomous, and males control their lives. This is often due to deeply ingrained cultural and societal norms that prioritize male authority and control. The previous study highlighted that 'Women's position within the home reflects power and authority relationships which are closely linked to gender inequality'. Having control over resources, decision-making power in the household, and autonomy that enables women to react freely to problems in daily life may raise a woman's self-esteem (18).

The study has also identified that women are socially connected with their families and neighbours. The participants shared that they ventilated their problems while sharing with their family and friends. However, participants also highlighted that they need support from people who can assist them in solving their problems and empower them. This could be achieved through community-based support programs, increased access to healthcare and social services, and initiatives to promote women's economic empowerment. Previous studies suggested that staying connected with people and getting timely, practical information to manage life and meet personal needs is vital for active ageing. The women in the study also highlighted that they want to be independent and do not want to be dependent in their later lives. Also, the participants indicate they need an opportunity to be independent. The study suggests that older people who continue to contribute to their communities have a better quality of life. (19) Another study also suggests that social support in old age prevents depression (20).

One of the key findings from the study was how women perceive their old age, and it was identified that most women perceive old age as physically and mentally dependent on their families. Also, the participants highlighted that the family had neglected them due to their old age. The study suggests that older people's family neglect could affect their mental well-being (21)

Even though ageing is inevitable, older women seek various ways to respond to the outside environment. A previous study has identified that people who age successfully can maintain continuity, or connection with the past, in their internal and external structures. This includes maintaining a sense of self-worth and personal history, as well as maintaining social roles and relationships. For older women in Pakistani culture, successful ageing may involve maintaining their independence, staying connected with their families and communities, and advocating for their rights and well-being. Internal structures include knowledge, self-esteem and a sense of personal history. External structures include roles, relationships, activities and sources of social support (22).

V. Conclusion

Assessing women's needs in a village offers many challenges and opportunities. The study has identified that women want to work and be independent but need help and support. They also needed someone to listen to them and guide them in solving their problems. Women were also curious about learning new skills. Therefore, we must recognize their challenges, organize community programs and empower women to age better and live the rest of their lives with dignity.

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