PROBLEMS OF THE SENIOR CITIZENS OF MULTAN SLUMS

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A study of the problems of senior citizens of Multan (355 cases) was conducted in Qasimpur and Mahmoodabad colonies (Katchi Abadi) Multan in 1990. Objective of this study were:

To find out the magnitude of problems of senior citizens of Multan and to provide health care and promotion of health facilities to the aged population. In this study we found that mostly senior citizens meet their own expenses during illness. 1.4% suffered from diabetes mellitus and 25% had essential hypertension. 4.7% had some form of physical disability, mostly visual and hearing loss. Our study revealed that 56.18% were smokers. 71 % of the respondents were in the age group of 55 to 60 years. 58% were illiterate: 73% of the people had income less than Rs 2000 p.m. Further, the study revealed poor health condition of the senior citizens and that there is a need for planning primary health care delivery service for them.

INTRODUCTION

The population of aged people i.e. persons who have attained the age of 55 years and above [1] has been growing rapidly since the last fifty years as a result of decline of general mortality due to better health measures, better availability of diagnostic facilities and effective treatment of infections and improvement of socio-economic conditions. The improved socio-economic conditions result in better nutrition, housing, education, personal and public hygiene, decrease in birth rate and increase in median age of the population [2].

6% of the population of Pakistan is 60 years and above. Out of this more than 70% live in rural areas who lead an active life as long as they are alive. They are primarily involved in agricultural production and farming.

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Most of these people continue productive life even beyond age of 60 years. Poverty, poor health standards, superstition and the general lack of basic amenities for decent life continues to be the major problem of senior citizens of our rural population[3].

The aging population in our country is mostly part of the family and their needs are being met in the same way as the needs of other members. Old age still holds the supreme position and respect in both the family and the society. Major decisions regarding family affairs are taken in consultation with elderly members as they are considered wise and experienced. Although old people in our country are well integrated and looked after, yet due to technological changes and urbanization, family cohesion and stability are facing threats[2].

With the increase in the population of senior citizens, there has been a greater demand on health and social services. They need to be free from worries to meet their own special needs. The elderly group of the people in our country is a wealth of the country and they must be provided facilities to live a meaningful life. An example of population growth is given by the official statistics in United Kingdom where in 1901, the population of the people over the age of 65 was 1.7 million (about 3% of the total population). About a century later the figures have risen to 11 % of the population.

AIMS AND OBJECTIVES

1. To find out the magnitude of the problems of senior citizens of Multan slums.

2. Delivery of health care and promotion of health facilities to aged population of the city.

3. To measure the needs of the aging population and plan and administer services to meet these needs.

4. Health education of the senior citizens of the city for the promotion of health.

5. Elimination of malnutrition, ignorance, contaminated water supply and unhygienic housing in order to provide a better environment to the senior citizens of the city.

MATERIALS AND METHODS

In order to evaluate the problems of senior citizens of Multan, a study was conducted by the Community Medicine Department of Nishtar Medical College, Multan in the Katchi Abadies of Qasimpur and Mahmoodabad colonies of the city. The study was planned and executed by the above said department under the supervision of Pakistan Medical Research Council on the prescribed proforma in the form of questionnaire which was prepared and designed for the same purpose.

RESULTS & CONCLUSIONS

A total of 355 cases of (327 males and 28 female) were interviewed. The following observations were made. Majority of the persons interviewed were male as the females were reluctant to record their interviews.

All relevant data is provided in the tables under each heading.

TABLE-I: MEDICAL FACILITIES

S. No.	CONDITION	NOS	%AGE
1.	SATISFIED	82	23.09
2.	DISSATISFIED	273	76.90

Table I clearly reveals that the medical facilities were not up to the mark for our aged.

TABLE-II: CARE OF THE SENIOR CITIZENS DURING SICKNESS.

S.No.	Person Looking After	No	%ages
1.	Wife	88	24.78
2.	Wife & Sons	63	17.73
3.	Sons	62	17.46
4.	Sons & Daughters	55	15.49
5.	Wife. Sons & Daughters	34	9.57
6.	Sons, Daughters & Relatives	22	6.19
7.	Relatives	12	3.38
8.	Daughters	10	2.81
9.	Daughters & Relatives	9	2.53

The above data show that there is a need for the promotion of inter-personal relationships and health education.

TABLE-III: DURING ILLNESS WHO BEARS THE EXPENSES

S.No.	Persons Bearing The Cost	Nos	%ages
1.	Self	284	80
2.	Sons	52	14.65
3.	Self & Sons	11	3.09
4.	Sons & Daughters	8	2.25

80% were self-supporters during illness.

TABLE-IV: LITERACY RATE

S.No.	Item	Nos	%ages
i.	Literate	71	20.00
2.	Illiterate	284	80.00

Majority of the people in the series were illiterate.

TABLE-V: RECREATIONAL ACTIVITIES OF THE SENIOR CITIZENS

S.No.	Activity	Nos	%ages
1.	Reading	71	20.00
2.	Television	148	41.69
3.	Radio	282	79.13

Radio and television are the major recreational facilities i.e. 79.4% respectively of senior citizens.

Peak prevalence in this series is 55-60 years' age group, i.e. 71 %.

TABU-VII: INCOME OF HEAD OF THE FAMILY

S. No.	INCOME GROUP	NOS	%AGES
1.	Rs. 500.00	40	11.26
2.	Rs. 1000.00	151	42.53
3.	Rs. 2000.00	73	20.56
4.	Rs. 3000.00	38	10.70
5.	Rs. 4000.00	33	9.29
6.	Rs. 6000.00	6	1.69

Majority of population has an average income of Rs 1000, implying the need to improve the socio-economic conditions of the families.

TABLE-VIII: SOURCE OF INCOME

S. No.	SOURCE OF NCOME	No.	%AGES
1.	Self	264	74.35
2.	Dependent	73	20.56
3.	Self and Independent	18	5.07

Majority of them (74.36%) were wage earner.

TABLE-IX: WHETHER JOINT FAMILY SYSTEM OR OTHERWISE.

S. No.	CONDITION	NOS	% ACES
1.	Wife & Son	146	41.12
2.	Wife, Sons & Daughter	82	23.09
3.	Wile	41	11.35
4.	Son	36	10.14
5.	Alone	22	6.19
6.	Son & Daughter	16	4.50
7.	Daughter	8	2.25
8.	Relatives	4	1.12

41.12% of senior citizens are living under nuclear family system.

TABLE-X SMOKING

S. No.	CONDITION	NOS	%AGES
1.	SMOKERS	199	56.18
2.	NON SMOKERS	156	43.82

Majority of citizens (56.16%) are smokers.

TABLE-XI: HEALTH PROBLEMS DUE TO OLD AGE.

S. No.	PROBLEMS	NOS	%AGES
1.	Hypertension	89	25.07
2.	Psychological Problems (Depression, etc.)	71	20.00
3.	Diabetes Mellitus	26	7.3
4.	Hearing Problems	8	2.11
5.	Visual Problems	9	2.90
6.	Pains/Aches in Joints Arthritis)	70	19.9

Majority of elderly people suffer from diseases like hypertension, depression & arthritis's.

DISCUSSION

Geriatric Medicine is a well-organized specialty in western countries where 12-15% of the population belong to geriatric group. However, in Pakistan this proportion is lower. The average life expectancy is increasing in our country due to better health services available to our people and hence geriatric population is on an increase (about 7 % of the total population over the age of 60 years) [4].

A senior citizen has different requirements from other age groups as far as physical and mental health is concerned. Moreover, the nutrition, psychologic set up and social behaviour are different in this age group, while at the same time there is a general decline in physical capacities, monetary resources and facilities[5]available to them.

The present era in Pakistan is undergoing an evolution from the combined family system where the senior citizens were entirely cared after by the newer generation, to the nuclear family system. Many factors are responsible for this evolution. Some of the factors are:

a. Industrialization and urbanization resulting in housing problems.
b. Inflation and increase in the cost of living which compel all the members of family to do the work and so dearth of personnel to look after the needs of the elderly.
c. After retirement most of the senior citizens are jobless.

At the same time, the population of the senior citizens is in the increase due to the following factors:

a) Control of infectious diseases.
b) Improvement in nutritional status.
c) Better health facilities.
d) Awareness of hygiene.

The main problems faced by the elderly people are loneliness, lack of monetary resources, physical handicaps, confessional states of various grades, depression, lack of facilities in the field of health etc. [6]

At present there is no definite programme for senior citizens in the private or public sector. Very limited facilities in the form of pension and old age benefit schemes are available to a fraction of the elderly population. As Pakistan is a poor country and as we have limited resources, thus total GNP for health is less than 1 % of the total budget which is a very meagre amount. However, out of this, some proportion

may be fixed specially for the health care of the senior citizens. The people alter retirement cannot meet the growing high rates of medicines from their own pockets. Hence many senior citizens are medically and economically unattended. The senior citizens of our country who are a big asset and wealth of the country, should be protected by increasing their pension, providing free health services, honorary jobs etc. There recreational activities may be encouraged and talents to be utilized.

Pakistan is an Islamic country and religious bindings are very strictly followed in most of the regions of the country. Here, the older people whether they work or not, are usually well accommodated in the family. These old people look after their own children as well as the children of their own sons and daughters when they are not at home. Elderly people are taken as symbol of respect and God given honor. As our Holy Quran says that old parents are God given wealth for their children and children should pay maximum respect to them and should not utter a single word against their wishes. It is the moral and religious duty of the children to look after them, fulfil their daily requirements regarding food, health, clothing, accommodation, recreation, etc. In return God will compensate the children.

In Pakistan, in most areas there is joint family system and the elderly people have a supreme position in the family. Whole of the family consults its elders before taking final decisions regarding marriages, land problems or any other conflicts of the family. Sometimes our senior citizens are so rigid in taking the decisions though they are unwanted by their children and moreover unsuitable for them. Even then, children have to accept it, while some do not. In this situation the elderly should also consider the needs of their children according to customs, culture and advancements of the day and produce some flexibility to their thoughts and decisions, etc.

In developed countries retirement and pension policies are flexible. There is a gradual mode of retirement. The care provided to elderly is of different types such as:

1. Family care system.
2. Community care meaning care for the elderly living in their own houses.
3. Institutional services.

The aim is that the elderly should lead as normal a life as possible. Opposed to this in Pakistan, the elderly group is cared for by their family in their homes. There is no custom like sending the elderly to old age homes or institutions of old people. There is no flexibility in the mode of retirement and no choice after retirement[7].

In our study of slum community of Multan, 633 elderly people were detected which comprised 15.34% of the total population of the community and 355 women interviewed. The problems detected were socio-economic problems, dependency, illiteracy, lack of provisions of medical facilities, and certain diseases like hypertension, mental disorders, diabetes mellitus, and various disabilities of vision, hearing and movement.

A total of 355 senior citizens were interviewed, 53.80% fall in an income group of Rs 500-1000 per month. This shows that socio-economic improvement of the families is a must. 20.56% of senior citizens are dependent, 11.55% are in nuclear family system, while 82.26% are in extended family system.

In this study, medical facilities are available only to a small fraction (23.09%) of senior citizens. This shows that there is inadequacy of medical facilities in the slum areas of the country.

In this study 25.09% of the senior citizens were suffering from hypertension. There is a need for health education about low' fatty diet and low cholesterol intake is advised. Smoking should be abandoned and weight should be reduced. 20% of senior citizens are suffering from mental disorders like depression, dementia and insomnia which is a big problem as compared to the population over 65 years of age in Stockholm where only 4% of the men and 7% of the women claimed to have symptoms suggesting a depressive syndrome.

According to a survey conducted by Beijing Medical University, out of 417 people, 6 were victims of stroke, one had senile dementia, one had Parkinson's disease and two were deaf. In a study by Lau Ting (1987)[9], 50% of females aged 60-74 years and 70% of females aged 75 years and above were suffering from depression and insomnia. In our study 7.33% are known diabetic cases that need education about diet control and regular checkups.

Pakistan (1981) census reveals that 3.9% of population is of age 60 years. A study by Khan Najib (1986)[10] of 3500 diabetics reveals that 11 % of them had onset of the disease after the age of 60 years and 5% alter the age of 70 years, though 74% had onset during the 3rd, 4th and 5th decades of life.

In a study by Lipson [11] prevalence of diabetes increases with age. It occurs in 10% of Americans 60 years of age and in 16-20% of those 80 years old.

Only 4.79% of senior citizens are suffering from physical disabilities which were visual, postural and auditory, hence appropriate rehabilitative measures may be arranged.

The private sector and social welfare organizations should particularly be encouraged to open.

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