

Active Ageing and Elders' Health: An Anthropological Perspective of Older Persons

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"It is better to be active than inactive"

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ABSTRACT Ageing is a global phenomenon with different social and cultural issues attached to it. South Asian culture celebrates a noteworthy value and respect towards the elders of the family and old members in the local community. However, the changing trends in psychological, economic and social patterns have led to individualistic lifestyles, nuclear family systems and strict working hours. The present research tests the hypothesis to find any significant relationship between economic activeness and disease prevalence among a sample of 384 respondents. Data was analyzed with the help of SPSS and a chi-square test. The study showed a significant relationship between economic activeness and disease prevalence, hence discusses that social and economic activeness leads to a better say in both public and domestic spheres. It is also found that the respondents, who have an active economic status, exercise and enjoy a comparatively healthy life with those who are financially dependent in seeking health attention.

INTRODUCTION

The World Fact Book (2007) projects the world's population to be 6,602, 223,175 and that 7.5 percent [of this population] will be at least 65 years old [or older] at the end of July 2007. Worldwide, the population of older living people will triple from 7.5 percent to 21.8 percent as projected by UN (2007). The most developed countries of the world will become home to the most aging populations (WHO 2007). However, other regions of the world will be impacted as well. Older populations of Asia, Latin America and the Caribbean will double in size, and the countries of sub-Saharan Africa are going to experience a 2.3 percent increase in older populations (Kaneda 2006). Whereas, Pakistan's ageing graph is mov-

ing upward at a rapid speed. Pakistan in 2050, is expected to have 42.8 million elderly people, which makes the ratio 12.4 percent of its population, and the elderly population is going to be growing much faster than the rest (United Nations 2002).

A life course perspective on aging recognizes and discusses that old people are not one homogeneous group and individual diversity increases with age as old people do not belong to the same gender, marital status, economic class, family background, health status, religious status, mode of living, educational attainment, and professional background, and they respond to the old age differently and accordingly, therefore they face different needs, fears, hopes and problems according to a given specific situation (Chaudhry 2004). Men and women experience old age differently. Older women tend to have stronger social networks than men and there is evidence that mothers are more likely than fathers to receive material and emotional support from their adult children (EC 2001; UNFPA and HelpAge International 2012).

Development that a society achieves, culturally and morally, is reflected in the way it treats

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its respective elders and older people (Schoeni 1992). Before industrialization or modernization, the traditional and cultural society gave respect to the old age members by giving them responsible leadership roles and an authoritative decision-making status, keeping in view their vast experience and knowledge both in secular and sacred dimensions (Phua 2000).

There are now trends to differentiate between age brackets such that middle age has become recognized as a distinctive phase and, increasingly there is a trend to differentiate between the 'young' elderly (those aged between 65 and 74 years) and the 'old' elderly (those aged above 75 years). There is also a distinction between the 'third age' (those aged between 50 and 74 years) and the 'fourth age' (Laslett 1989; Christina 2005).

The psychological attributes and systems are affected by the course of time and have been studied through biological approach of ageing (Kirkwood 1999). The psychological approach focuses on examining and studying personality, mental function and notions of self and identity. The psychologist(s) are interested in studying and examining both differences-behavior between individuals, and changes within individuals with the passage of time (Christina 2005). On the other hand, sociology of ageing is concerned with using sociological perspectives to understand and demystify the dimensions and patterns of ageing. Social gerontology is a discipline with a wide scope concerned with approaching ageing from a variety of social science perspectives in order to achieve a better understanding and knowledge of ageing and old age (Estes et al. 2004).

Keeping in view the above-mentioned literature, it is inevitable to plan ageing and also to strategize the different dimensions of it. The impact of ageing thus requires to be studied as to how it is becoming an economic burden on the state and also adding to the public health cost. It is also very important to understand the trends and relationship(s) of ageing especially with the economic status of older people and their respective health conditions by measuring the disease prevalence. For the said purpose, the study narrows down its focus to two basic variables in the older people as given below in the hypothesis.

Hypothesis of Study

H_0 : There is no significant relationship between the older people's active economic status and disease prevalence.

H_1 : There is a significant relationship between the older people's active economic status and disease prevalence.

METHODOLOGY

The present study was conducted in the urban areas of two administrative units of Rawalpindi city, namely, Rawal Town and Potohar Town. A sample of 384 was interviewed from the respective targeted areas and locales by using the purposive sampling method. Interviewed respondents were fully informed about the research objectives and their consent was taken before their participation in the study. The data collected from the semi-structured interviews was converted to the code plan for data entry and further analysis. Data entry and analysis was completed with the help of SPSS. To check the association between set variables as mentioned in the hypothesis, a chi-square test was applied and the test results were interpreted accordingly. The qualitative debate also added to the quantitative data, hence an in-depth qualitative analysis was also done.

RESULTS

The study revealed that the age of the respondents reflected different opinions and also understanding and interpretation towards the scope and different dimensions of life and especially the concept of ageing. Most of the respondents (54%) were from the age bracket of 60 to 65 years and were arguing regarding the problems they are facing due to ageing. Most of them shared how hard it is to get engaged in labor friendly tasks or jobs. The respondents also expressed that it is very difficult to cope with the existing pace required in each task, on the other hand, respondents also feared about the mismatch of their skill set to pursue a respected job to secure a better living. Nearly all of the respondents, though they belong from urban areas, were agitated by the upcoming competition in the market especially when the new skill set muscles with their old methods and leaves an option to discard the older people, hence creating a suffocating economic trap for them.

The study showed that around 238 older respondents were predominantly engaged in other types of laborious professions rather than any regular or secured job, which adds to the frustra-

tion and anger not just towards their domestic chores but also towards the society. One of the respondents emotionally mentioned that, “is that all we get at the end of our lives? To live under economic and psychological depression? Serving has not equaled the score”.

It is evident from the data that the formal economy is somehow less flexible towards giving or providing opportunities for older people of the society leaving them with fewer options to explore economic activity in the informal sectors with a lesser bargain. On the other hand, the mounting standards of competition and skills usually pressurize the older people of the society resulting in having no or less negotiation towards any economic increments or other benefits. The race of having better soft skills and technical knowledge also adds to the pressure on older people seeking better economic opportunities, especially after retirement.

Table 1 depicts the current economic status of the respondents. It sadly shows that 57.6 percent of the older people are economically inactive in the current phase of their lives, on the other hand 42.4 percent were those who argued that they are economically active in various professions discussed in the above paragraph. The economic activeness celebrates better, say, in both public and domestic spheres, it also adds in exercising the domestic authority towards different decisions and budget allocation for certain requirements and needs both social and medical in their respective nature.

Table 1: Economic activeness

<i>Response</i>	<i>Frequency</i>	<i>Percent</i>
Yes	163	42.4
No	221	57.6
Total	384	100.0

The study also discovered an interesting relationship between economic activeness and disease prevalence. It was found that respondents who are able to earn or are active in dealing with their finances have a less or low risk of disease prevalence. The capacity to harness a long, healthy life is indeed based on the level of affordability towards better nutrition, education and access to health services.

On the other hand, respondents especially those from older age brackets, have certain problems in getting proper medical treatment and

achieving required nutritional values to fight or resist disease. The economic dependence leads to an altogether different picture of dependence on children or other charities creating a hostile environment within the household by bisecting the domestic budget for the elders' medical treatment. The economic dependence as compared to activeness leaves a narrow space for decision-making within the domestic issues and budget allocation towards required issues, but cultural values and older age is treated with respect and care. Even if there are issues, the cultural importance of elders within domestic sphere still holds the authority of influencing different decisions. Therefore, economic activeness is not the only case in achieving a long healthy life, dependence on the other hand, has different cultural interpretations and usually taken as responsibility of the children and off springs for elders. The individual freedom coupled with inflation and tight work rhythms leads to stress and tension among the young who are financially active and inactive elder members of the household. It is worth mentioning that inactive respondents tend to have greater exposure towards different diseases especially hypertension, heart problems and diabetes as compared to the respondents who have a greater control and liberty towards their economic activity.

From Table 2, it can be seen that the p value is less than our confidence level (that is in generally 5%), so H_0 is rejected by the researchers and it is concluded that there is a significant relationship between an active economic status and elder's health as discussed below.

Table 2: Chi-square test

	<i>Value</i>	<i>df</i>	<i>Asymp. Sig. (2-sided)</i>
Pearson Chi-Square	20.005 ^a	6	.003
Likelihood ratio	20.128	6	.003
Linear-by-Linear Association	9.953	1	.002
N of valid cases	384		

a. 0 cells (0.0%) have expected count less than 5.

DISCUSSION

It was found that older people have a better tendency to resist the disease prevalence if they achieve economic activeness as compared to those who are financially dependent and exer-

cise less authority in different domestic decisions and having proper medical and social attention. The disease burden in the elderly is high and some data is available regarding common diseases in the elderly but by and large most numbers are observational. The population census of Pakistan from 1998 cites a twenty eight percent disability rate of people aged 60 and older. Disability was defined as crippled status, deafness, blindness and mental retardation. One study identified hypertension, diabetes and arthritis as the most common illnesses in the elderly population of Pakistan (Zafar et al. 2006).

As clear from the results of chi-square, H_0 was rejected, which means that there is a significant relationship between economic status and disease prevalence. The economic activity itself leads to better networking and having different social circles. Consequentially, an older person would exercise better authority and range of options in a quest for a more healthy life. Having a better say in both domestic and public spheres stands firmly with the activeness in cultivating finance and social networking. Hence, an aged person will have a better say in most of the social dimensions if that person has an active economic background. The elderly in Pakistan are increasingly being afflicted by 'diseases of affluence', which are precipitated by the sedentary urban lifestyles associated with 'modernization'. However, alongside, the growing epidemic of non-communicable chronic illnesses is a persistent force of ill health from communicable disease. Tuberculosis and viral hepatitis are still major causes of death amongst the elderly (Government of Pakistan 2002).

In the activity theory perspective by Havighurst (1953), there is an assumption that activity is vital to wellbeing. Stress is placed on the importance of older people being dynamic and active participants in the world around them. According to this concept, the successful achievement of each task leads to happiness and better chances of success with later tasks. It is assumed that all older people have the same psychological and social needs, and preferences which emphasizes that well-being and life satisfaction, defined as 'successful ageing', are reflected in old age by the extent to which the individual is able to remain involved in the social context, for example, to maintain social roles and relationships. This theory assumes that the degree of subjective satisfaction achieved depends on the activeness of the individual.

CONCLUSION

Ageing is considered as one of the important and well-identified phenomenon highlighted simultaneously by medical and social sciences contemporary research around the world. Ageing is not only considered a significant variable to study social patterns but also an important factor to be addressed while designing and constructing progressive society.

Every culture has its own traditions, values, norms and belief systems to support, diffuse and construct institutions at the societal and individual levels. In Asian continents, especially in Indo-Pak, elders are respected not only within domestic spheres but also at the communal level. It is still a common practice to show respect towards elders, and families are considered willing to share a social life with them vis-à-vis situation from western societies, which reflects and exercises individual freedom at large. Pakistan's cultural norms and values are indeed under the influence of a dominating modern relationship with global markets and tools implementing and expanding globalization. Hence trends are changing in different societal pockets of South Asia especially with reference to Pakistan, regarding the elder's life and their respective status of participation in different walks of life.

The results of the current study with reference to the activity theory of ageing explain the situation of active ageing, which is persistent among those who are actively participating in their economic roles and their daily routine. The soul theme of the activity theory is based on three assumptions: "it is better to be active than inactive", "it is better to be happy than unhappy" and "the older persons are the best judge of their success". In reference to the activity theory we might conclude that in the present research those people who are still active or had and have a healthy economic background enjoy better and active ageing as compared to the old people who are economically dependent.

RECOMMENDATIONS

The study clearly confirms a critical relationship between the social and economic activeness with long and healthy life to fight and resist the diseases. It is recommended to provide old age benefits regardless of their class, gender or creed to help support elders of the society towards a socially and medically healthy ageing.

The current wave of individual freedom, technical and soft skills, higher education to seek better economic opportunities leaves less space for the older people of the society to compete in the modern economic spheres, on the other hand, proper legislation should be documented or implemented with the existing framework to award relaxed working hours or opportunities for the older employees in both public and private avenues. It is also important to map and include the number of old people working in the informal economy with loose contracts and low social and economic mobility.

It is extremely important to launch properly supervised and monitored micro-credit schemes both channelized through public and private platforms. It is also important to launch micro credit schemes for the old people of the society with the help of public private partnership for better access and further identification of elders living in poor conditions merging below the poverty line.

A national health insurance should be devised based on the networks of basic health units to rural health centers up till urban health facilities equipped to offer range of modern health services. A powerful referral mechanism can be generated to support poor elders of the society to be registered and followed up for better access in getting medically treated without any discrimination.

The traditional and cultural values of having a responsible mindset towards the elders of the family and society should be taught in different existing education systems and also be included in the manuals of different public and private departments and offices.

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