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A SOCIOLOGICAL STUDY OF THE SOCIO-ECONOMIC PROBLEMS OF ELDERLY PEOPLE IN KARACHI

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ABSTRACT

This study examines the socioeconomic problems faced by elderly people in the area of Ayesha Manzil, Karachi. The factors included in the study were; socio economic problems, income, family size, education, age, nuclear family, children business, source of income, consultation in family, health, isolation, loneliness, unhappy relationship in family, negligence of parents, barriers in parenting, behavior in family, feelings of insecurity, social status, social contacts/networking and over all social and economic problems which are faced by elderly men in Ayesha Manzil, Karachi. The universe was Ayesha Manzil, Karachi. The sample size was 150. Purposive sampling technique was used for data collection. Interview schedule questionnaire was used as a tool for data collection. Hypotheses were tested through SPSS software. The results and findings of the whole research show that the elderly people are facing various socioeconomic problems. The relationship between the socioeconomic problems of elderly men is significantly related to the changing structure of families. The nuclear families replaced the joint or extended families had changed the overall norms and values of families by which elderly people are facing the problems of less consultation in families, loss of social status, less participation in family decisions and are broadly suffering from health and security issues due to insufficient money.

Contribution/ Originality: This study contributes in the existing literature that the socioeconomic problems which are faced by the elderly in Karachi Pakistan are deeply related with the social and economic structure of the society.

1. INTRODUCTION

Human life is a complete process which starts up from the childhood to the adulthood and ends in the old age and this all process plays an important role in the distribution and composition of human life changes whether they are economic, social or cultural. However, ageism which is considered to be a biological transition in human body through different stages as; infancy, childhood, adolescence, adulthood, middle age, and old age are also inevitable stages of human life determined by biological and socioeconomic conditions. Old age is categorized into four dimensions; physiological, biological, functional and emotional. Physiological aging which is completely linked with

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the behavioral and individual changes; biological aging which concentrates on the changes occurring in the structure and capacity of the human body, functional aging is when those inside the gathering being inadequate to maintain their capacities in the public arena; and finally, emotional aging depicts changes in one's way of life and state of mind dependent on one's self-impression of being old (Ayranci and Ozdag, 2005).

However, Birren and Warner (1977) define "aging refers to the regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age". According to Hurlock (1986) old age is the closing period in the life span. It is a period when people move away from previous, more desirable periods or times of usefulness. Old age is considered the final stage of human life and in this stage everyone is dependent on each and every aspect of life on others. If they fail to get desired care and attention in this stage then they face various problems like, isolation, loneliness, dependencies, socially and economically cut off from the society etc. and these problems related to old age are studied and discussed under the subject matter of gerontology. Gerontology is derived from the Greek word geron, meaning "old person" and logy means the study of aging and the elderly (Macionis, 2012).

The world is constantly changing and everything is processing a change in the world. Because the change is constant in the world. However, the world's demographic scenario is witnessing a drastic change in population characteristics. The revolutionary discoveries and inventions in the field of medicine engineering has accelerated and deepened the process of demographic transformation. Biologically humans are inclined to aging and the process of aging is characterized as the final stage of human life. There is more accommodation of aged people in today's world than ever before. This was made possible only by the reducing mortality rates and improving the life expectancy rate through the medical advancement. However, this development has given upsurge to the various socio economic problems related to the aged people. Social values according to the societies vary. And the industrial revolution and urbanization came out with new jobs and works as well as brought a rapid migration of the youth who left the aged people behind in their native homes alone. Such situation of no work and no companion kept the aged people in helplessness and alienation (Cowgill, 1972).

Indeed, the elderly population of the world (60 years and older) was 251 million in 1950, and increased to 488 million in 1990. In 2015, there were 901 million, projected to grow to 1.4 billion in 2030, the target date for the SDGs, and to 2.1 billion by 2050. The old age population in Pakistan has tripled since 1947, with nearly 10% of all persons being 60 years and above. However, in 2015, there were 6.6% old people which are projected to grow to 8.4% in 2030. And the Life expectancy has risen by almost three decades in the last 50 years and reached in 2010-2015 to males 67.6 and to females 70.5 (UN World Population Ageing, 2015).

However, in Pakistan, the changes in family structures have necessarily brought about a considerable transition in the status and role of the elderly within the domain of domestic affairs. These factors jointly act to marginalize them to the edge of society in terms of limited access to their relatives or neighbours, diminished decision making role, limited facilities, excursion and use of an abusive language by family members against them. Consequently, they feel discomfort and sense of frustration prevails upon them. Needs of the elderly are hardly met when the total economic dependency of the elderly upon the family is accompanied by the lack of a holistic socio-economic developmental strategy in the country that targets the welfare of its ageing population (Ali and Kiani, 2003).

Old age people in Karachi are facing various issues e.g. social, economic, psychological, behavioral and emotional in their daily lives. As far as some of issues are concerned and pointed out at various researches by the scholars are that they have poor nutritional statuses, they do not have easy access to health centers as most of the health centers are far away from them. Because they have transportation problems in order to reach the health centers or visit any other place. Besides, the old people due to their retired age they normally have limited income or financial issues because they are not able enough to do jobs at this stage. Moreover, the old age people are mostly taken as burden in the families as the urbanization trend of the city shifted the family structure from some decade to nuclear or single families from the joint or extended families which developed an unhappy relationship with elderly

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people in families and social contacts from the relatives and neighborhoods had decreased largely. This made the elderly people less participative in family related matters and decision making in families have been taken away from elders untying the strength of traditions and culture in the city like Karachi. Furthermore, the elderly people suffer from loneliness and marginalization due to the fast-moving trends of the city which once ridden with strong traditional norms and values of the culture. The elderly people whom are illiterate and unaware of the latest technology feel far away from the modern cutting edge world and face bundles of issues.

2. LITERATURE REVIEW

According to the functional perspective, the elderly persons having knowledge, wisdom and experience help in the continuation of social norms, values and traditions. Hence, negligence of aged individuals needs to be rectified, according to the social situations. This perspective argues that the knowledge and the experience of aged are very essential for the function of society (Jeyaseelan, 2011). Cumming (1961) introduced this theory in order to explain the impacts of aging which explains that the physical decline and death that accompany aging can disrupt society. In response, society disengages the elderly, the statuses and roles are slowly transferred from the old people to the youth in order that tasks are performed with slight interruption. (Macionis, 2012) According to this perspective, all individuals with their features and characteristics, which are the reflections of their age, become the symbol of their respective age groups for others. Generally, the youths are considered to be smart, courageous and sportive. In his word, Henslin (1990) mentioned that old persons are seen as weak, indolent, calm etc. Thus, we tend to perceive both others and ourselves according to the symbols our culture provides. This perception leads to stereotyped views about old age and results in ageism (Jeyaseelan, 2011). This theory was developed from Havighurst (1963; 1968) analysis of the Kensas City study of 300 people who were interviewed at regular intervals over a period of six-years. The theory assumes that older people who are active will be more satisfied and better adjusted than less active elderly. Since activity theory presumes that a person's self-concept is validated through participation in roles characteristic of middle age, it is seen desirable for older people to maintain as many middle-aged activities as possible, and to substitute new roles for those that are lost through widowhood or retirement (Lemon *et al.*, 1972). The conflict perspective assumes that the ageing is problematic for the society. According to this perspective, as the individuals become aged, it leads to the diminishing of power, prestige and privileges, unless these have been maintained by themselves. It argues that the wealthy and powerful individuals have blocked efforts to help the aged because they think spending for aged does not serve their personal interest. Moreover, it points out that the aged individuals, in course of time, lose their memory power and physical strength; thus, their role should be minimized (Jeyaseelan, 2011). The emancipation perspective is defined as creation of a sense of social identity of aged in one extreme, and, as an instigator for social, economic, political welfare of the aged individuals on the other extreme. In essence, the liberation perspective provides relative privilege in socioeconomic, political and psychological aspects of aged through the construction of a sense of age consciousness, which leads to the provision of social security (Jeyaseelan, 2011).

Sarfaraz and Riaz (2015) have found that most of the respondents' source of income among male were property and female were own laboring and others source of income were, pension, dependent on children, and business. Majority of the respondents among the male had consulted private doctors while female government doctors and others consultation sources were; dispenser, hakim, faith healer, medical stores, self-treatment at home. Most of the respondents' social position in the families whether male and female were liability on family and very few respondents' family members daily sit & talk & spend time with them. Some had the feeling of inferiority and good relations with relatives/ neighbors. The major problems which they had were financial, health, housing & living conditions, transport/mobility, limited recreational opportunities/visit outsides, loneliness, conflict with son/daughter in Law, availability of food on times. Ahmed *et al.* (2015) explored that the interventions of the western culture through electronic media and the invasion of the blind following of the western system of

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education. 88% of the respondents accepted that the society is not ready to assign the elderly any leadership role due to their age factor. It has been noticed that in Pakistani context most of the people, having crossed the age 60 become financially dependent on their children, socially, family members consider aged people a burden. The society, to which once they were productive, has become careless and indifferent to their different needs. Bangari and Tamaragundi (2014) have found that health insecurities are common among age old people because of lack of knowledge about good nutritious food and health facilities. They were facing some ill health problems insecurities like hypertension, diabetes, asthma, anemia etc. as well as blindness, hearing deficiency, and blood pressure problems. The working old people also felt economic insecurities due to their limited income in which they were unable to afford all medical expenses and other necessities; again, they depended on other family members. They felt that they were being neglected by their family members. Majority of the respondents reported that their family members do not have good and favorable attitude towards their old age. They feel as if they are burden and unhappy about their age. The illiterate old people were unable to understand the government policies and programs which were provided for welfare of old age. Hussaain (2014) found that the old Bangladeshi community in England was at risk through old age, through cultural and racial discrimination and thought their lack of approach to health, housing and social services. This study confirms their findings and shows that those participated are part of a divest ethics minority community. The participants displayed a wide range of potential, social, financial, medical, psychological and communication problems have been raised. Old age poverties and important problems in Bangladeshi older people living in England, employment history, gender entitlement to benefits are factors which contribute to the poverty of the participants. Alam *et al.* (2013) The gathered information discloses the face that aged people above 60 years face the problem of discrimination along with alienation in the target area, which on the other hand make them isolated from the rest of population similarly such people are considered as burden on family members and they treat them with a complex of being diverted from rest of the population. In the economic context, such people are non – productive in term of economic productivity not only for the family members but also for rest of the community, in this regard their position at the home and also in communal relations is not well regulated and they fall in the feeling of anomie. The data further explains that age is to only an economic and social factor but also leads to physical, medical and psychological disability to a larger extent the information exhibits that majority of the respondents in the area feel weakness non comfort and physical weakness in their later age. Further, such factors not only affect the social economic and physiology conditions of the person but also weakened the social values of the community that leads to social stigma on the social fabric. Thus, in a nut-shell the problems of the senior citizens are increasing with the passage of time and soon the society will witness a major shift in the formation and establishment of old age group house schemes.

Jerliu *et al.* (2012) explored that the socio-economic situation of old people seemed challenging where the process of urbanization and internal and external migration increased the opportunities for the old people to pass their lives alone. Thus, the tough context of a transitional society where the formal education lacks especially in women is considered to be the main marginalizing factors which worsen the poverty levels among elderly people in the emerging state of Kosovo. Thus, the demographic trends coupled with a society in economic and political transition increased serious concerns about increasing needs for socioeconomic support and social inclusion of elderly people in Kosovo. There was a low level of societal preparation in order to be capable to deal with socioeconomic needs of elderly people. Mudege and Ezeh (2009) found that the distribution of domestic and public areas could affect the health of aging people with the passage of time in the earlier life the preoccupation of man in the public aspect largely put them in difficulty in order to cure themselves. The domestic chores are pretty essential for their health living in old age as considered to be main factor of their health and well-being. Due to the neglect of these mundane domestic sphere chores, older men devote their nutrition need and the need to live in a clean environment exposing themselves to illness and early death compared to older women. For women this changes because in the early elder age of women can perform domestic chores but with their growth they develop physical

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and disabilities especially with osteos and arthritis. However, the strong social network develops in early life make them to suffer less isolation. Muhammad *et al.* (2009) explored various socio-economic problems including no participation in all kinds of family related affairs, no opportunity of entertainment or outing/excursion, no relations with relatives and neighbors to interact with them in culturally and geographically strange urban environment, and inability to play a strong economic role in family's affairs and accomplishment of their economic desires. And their source of economic was only depended on pensions which was not enough to facilitate themselves whether in medical treatments or other basic needs of lives. Gulzar *et al.* (2008) explored that women experiences more of the negative impacts of old age because of widowhood, frailty and poverty as they face discrimination in access to education, meaningful work, income, healthcare, social security measures and political power. Beside these all they also suffer from disabilities and multiple health problems in old age. And the increasing number of risk diseases, disabilities and death are closely linked with low productivity and unemployment which are the results of low level of education and literacy in old age. Beside this marital status is an important factor of the wellbeing of the elderly woman, as broken husband and wife families constitute a multiple support system in terms of emotional, financial and social exchanges in the provision of care in coping with ill health from chronic diseases and functional limitations. Married older persons also tend to have higher levels of survival and mental health as compared to older persons who never married or widowed. The most vulnerable old people in families are those who have no assets, little or no savings or families which are themselves are low income and considers the old people as burden due to dependencies, as a result old persons are facing problems like high disease prevalence, inappropriate shelter, loss of dignity, mental peace, lack of access to social services and intergenerational violence and abuse. Indeed, family which is the most basic unit to safeguard the old people in such traditionalistic society are badly affected by the urbanization or modernization getting weaker and weaker.

2.1. The Focus of the Study

The focus of the study is one of the most crucial parts that enables the researcher to draw a sketch for the social phenomenon which is under study. However, the present study will focus on socio economic problems of aged men who are living in Ayesha Manzil, Karachi. As like, what the aged men faces social problems or faced like family relationships, social contacts, and health problems they are facing. As well as their financial issues like income they are receiving is enough in their daily life expenditures and treatments of diseases, and the feelings of loneliness and marginalization in the society.

2.2. Objectives of the Study

Whenever the researcher selects a phenomenon to be studied the phenomenon needs to be precise, and researcher sets objectives for it.

1. To find out various social problems of old age people
2. To explore different economic problems of old age people.
3. To understand the conditions of the aged people in Ayesha Manzil, Karachi.
4. To provide effective measurement in order to eradicate the problems of aged people.

3. RESEARCH METHODOLOGY

The present study was quantitative and explanatory in nature. The universe of the study was Ayesha Manzil and the target population was the elderly population of the Ayesha Manzil. Hence, the researcher used purposive sampling technique. A purposive sample consists of individuals who have special qualifications of some sort or are deemed representative on the basis of prior evidence. The researcher used purposive sampling technique and collected data from a sample of 150 respondents. The tool of the data collection was an interview schedule questionnaire which was consisted on 30 questions of open-ended, close-ended and matrix questions. And data were

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analyzed through univariate tables of frequency and percentage distribution and bivariate tables to analyze the hypotheses of the study through chi-square and contingency of coefficient which were calculated in order to know the extent of relationships.

3.1. Major Findings

Table1 shows that 47.3% of the respondents were male and 52.67% of the respondents were female. Majority of the respondents i.e. 45.3% belong to 60-64 years old, while 33.3% of the respondents belonged to 65-69 years old and 21.3% of the respondents belonged to 70 or above years old. Majority of the respondents i.e. 96.7% were Muslims and only 3.3% of the respondents were non-Muslims. And 24.7% of the respondents were illiterate. 6.0% of the respondents were unmarried. Majority of the respondents i.e. 82.0% of the respondents were married, while 6.0% of the respondents were widowed and 6.0% of the respondents were divorced. 10.7% of the respondents were having no children. Majority of the respondents i.e.70.7% were having 1-3 children, while 16.0% of the respondents were having 4-6 children and 2.7% of the respondents were having 7 or more children. But majority of the respondents i.e. 47.3% number of 1-2 children were working. 34.7% of the respondents socioeconomic level was high, while 36.7% of the respondents socioeconomic level was moderate and 28.7% of the respondents socioeconomic level was low. Majority of the respondents i.e. 60.0% were having nuclear family and 40.0% of the respondents were having joint family. 38.7% of the respondents' monthly family income was 30001 or more and others had less family income. Majority of the respondents i.e.46.7% told that their family members consult with them on family related issues. 16.0% of the respondents' source of income was pension. 16.0% of the respondents' source of income was business, while 3.3% of the respondents' source of income was from property. 33.3% of the respondents' were for source of income dependent on children, 28.0% of the respondents' source of income was labor and 3.3% of the respondents' source of income was other. Majority of the respondents' i.e.47.3% social position in family was respected, while 36.7% of the respondents' social position in family was having sense of security and 16.0% of the respondents' social position in family was inferior.

Table-1. Characteristics of Subjects (N = 150)

INDICATORS	FREQUENCY	PERCENT	CUMULATIVE PERCENT
GENDER			
Male	71	47.3	47.3
Female	79	52.7	100.0
AGE GROUP			
60-64	68	45.3	45.3
65-69	50	33.3	78.7
70+	32	21.3	100.0
	RELIGION		
Muslim	145	96.7	96.7
Non-Muslim	5	3.3	100.0
QUALIFICATION			
Illiterate	37	24.7	24.7
Primary	39	26.0	50.7
Matric	39	26.0	76.7
Intermediate	7	4.7	81.3
Graduation	23	15.3	96.7
Any Other	5	3.3	100.0
MARITAL STATUS			
Single	9	6.0	6.0
Married	123	82.0	88.0
Widowed	9	6.0	94.0
Divorced	9	6.0	100.0
NUMBER OF CHILDREN			
0	16	10.7	10.7

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1-3	106	70.7	81.3
4-6	24	16.0	97.3
7+	4	2.7	100.0
NUMBER OF WORKING CHILDREN			
0	25	16.7	16.7
1-2	71	47.3	64.0
3-4	44	29.3	93.3
5+	10	6.7	100.0
LEVEL OF SOCIO-ECONOMIC			
High	52	34.7	34.7
Moderate	55	36.7	71.3
Low	43	28.7	100.0
TYPE OF FAMILY			
Nuclear	90	60.0	60.0
Joint	60	40.0	100.0
FAMILY MONTHLY INCOME			
10000-15000	24	16.0	16.0
15001-20000	24	16.0	32.0
20001-25000	17	11.3	43.3
25001-30000	27	18.0	61.3
30001+	58	38.7	100.0
FAMILY CONSULTATION			
Yes	70	46.7	46.7
No	16	10.7	57.3
Sometimes	64	42.7	100.0
SOURCE OF INCOME			
Pension	24	16.0	16.0
Business	24	16.0	32.0
Property	5	3.3	35.3
Dependents	50	33.3	68.7
Labour	42	28.0	96.7
Any other	5	3.3	100.0
SOCIAL POSITION IN FAMILY			
Respected	71	47.3	47.3
Sense of Security	55	36.7	84.0
Inferior	24	16.0	100.0
FAMILY MEMBERS SPEND TIME WITH			
yes	61	40.7	40.7
no	20	13.3	54.0
sometimes	69	46.0	100.0
BEING HEALTHY			
Yes	47	31.3	31.3
no	103	68.7	100.0
TYPE OF DISEASE			
Hypertension	70	46.7	46.7
Diabetes	19	12.7	59.3
Asthma	8	5.3	64.7
Anemia	17	11.3	76.0
Skin Problem	9	6.0	82.0
Any other	27	18.0	100.0
MEDICAL CONSULTATION			
Govt Doctors	31	20.7	20.7
Private Doctors	47	31.3	52.0
Dispencers	37	24.7	76.7
Hakim	18	12.0	88.7

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Faith Healers	4	2.7	91.3
Medical Stores	13	8.7	100.0
FAMILY ATTITUDE			
Good	85	56.7	56.7
Neglected	24	16.0	72.7
Unhappy	10	6.7	79.3
Feels burden	7	4.7	84.0
Natural feelings	24	16.0	100.0
SOCIAL CONTACTS			
Relatives	71	47.3	47.3
Friends	46	30.7	78.0
Neighbors	33	22.0	100.0
FEELINGS OF INSECURE			
Yes	49	32.7	32.7
No	30	22.0	52.7
To some extent	71	47.3	100.0
REASONS OF FEELING INSECURE			
Regular Illness	20	13.3	13.3
Irresponsible Sons	37	24.7	38.0
Unmarried Daughters	35	23.3	61.3
Unmarried Sons	7	4.7	66.0
Illness of Spouse	22	14.7	80.7
Poverty	29	19.3	100.0
HOUSING/LIVING CONDITION			
Yes	113	75.3	75.3
No	31	20.7	96.0
To some extent	6	4.0	100.0
TRANSPORTATION FACILITY			
Yes	52	34.7	34.7
No	44	29.3	64.0
Sometimes	54	36.0	100.0
FEELING OF LONELINESS			
Yes	42	28.0	28.0
No	38	25.3	53.3
Sometimes	70	46.7	100.0
RECREATIONAL ACTIVITIES			
Yes	13	8.7	8.7
No	82	54.7	63.3
To some extent	55	36.7	100.0
CONFLICT WITH CHILDREN			
Yes	32	21.3	21.3
No	50	33.3	54.7
Sometimes	68	45.4	100.0
AVAILABILITY OF FOOD ON TIMES			
Yes	100	66.7	66.7
No	16	10.7	77.3
Sometimes	34	22.7	100.0

Source: Primary Data Collected from Field

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Thus, table1 indicates in further that 40.7% of the respondents' family members spend time, talk and sit with them. 31.3% of the respondents feel healthy and 68.7% of the respondents do not feel healthy. 46.7% of the respondents were suffering from hypertension. 12.7% of the respondents were suffering from diabetes, while 5.3% of the respondents were suffering from asthma. 11.3% of the respondents were suffering from anemia, 6.0% of the respondents were suffering from skin problems and 18.0% of the respondents were suffering from other types of diseases. 20.7% of the respondents consult with government doctors. 31.3% of the respondents consult with private doctors, while 24.7% of the respondents consult with dispensers. 12.0% of the respondents consult with sages, 2.7% of the respondents consult with faith healers and 8.7% of the respondents consult with medical stores. Majority of the respondents i.e. 56.7% told that family attitude with them was good. 16.0% of the respondents told that family attitude was neglected with them, 6.7% of the respondents told that family attitude was unhappy with them, while 4.7% of the respondents told that family attitude was as if they feel him/her as burden and 16.0% of the respondents told that their family attitude was natural with them.

Majority of the respondents i.e. 47.3% had social contacts with relatives, while 30.7% of the respondents had social contacts with friends and 22.0% of the respondents had social contacts with neighbors. 47.3% of the respondents told that they sometimes feel insecure due to old age. 13.3% of the respondents told that they feel insecure due to the regular illness. 24.7% of the respondents told that they feel insecure due to the irresponsible sons, 23.3% of the respondents told that they feel insecure due to the unmarried daughters, while 4.7% of the respondents told that they feel insecure due to the unmarried sons. 14.7% of the respondents told that they feel insecure due to the illness of spouse and 19.3% of the respondents told that they feel insecure due to the poverty. Majority of the respondents i.e. 75.3% told that they have a housing or living condition. 36.0% of the respondents told that sometime they have transport or mobility facilities. 28.0% of the respondents told that they feel loneliness. 54.7% of the respondents told that they do not have enough recreational activities. 21.3% of the respondents told that they face conflict with children. Majority of the respondents i.e. 66.7% told that they get food on time.

4. CONCLUSION AND DISCUSSION

Tables2 indicates that there is likely to be a relationship between income & health of elderly people. As the calculated value of chi-square which is 10.8 is higher than its table value of 7.815 with degree of freedom 3 and level of significance is 0.05. So, the null hypothesis is rejected and alternate hypothesis is accepted, therefore relationship exists between the income and health. Whereas 0.26 coefficient of contingency shows weak relationship between the family income and health of elderly.

Table-2. Contingency Table Showing Relationship between Income And Health

Income	Health		TOTAL
	YES	NO	
10000-15000/15001-20000	9(15.0)	39(33.0)	48
20001-25000	5(5.33)	12(11.7)	17
25001-30000	6(8.46)	21(18.5)	27
30001+	27(18.2)	31(39.8)	58
TOTAL	47	103	150

Pearson's Chi-Square=10.8, Coefficient of contingency=0.26

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Table 3 indicates that there is likely to be a relationship between socioeconomic problems and family type. As the calculated value of chi-square which is 12.8 is higher than its table value which is 5.991 with degree of freedom 2 and level of significance is 0.05 so null hypothesis is rejected and alternate hypothesis is accepted, therefore relationship exists between the socioeconomic problems and type of family. And 0.27 coefficient of contingency shows that there is weak relationship between the socioeconomic problems of elderly people and type of family in which they live.

Table-3. Contingency Table Showing Relationship between the Socioeconomic Problems and Family Type

Levels of Socio Economic	Family Type		TOTAL
	Nuclear	Joint	
High	22 (31.2)	30(20.8)	52
Moderate	35 (33.0)	20(22.0)	55
Low	33(25.8)	10(17.2)	43
TOTAL	90	60	150

Pearson's Chi-Square=12.108, coefficient of contingency=0.27

Table 4 shows that there is no relationship between age & isolation / loneliness. As the calculated value of chi-square which is 3.720 is less than its table value which is 9.488 with degree of freedom 4 and level of significance is 0.05 so null hypothesis is accepted and alternate hypothesis is rejected, therefore relationship does not exist between the age and loneliness.

Table-4. Contingency Table Showing Relationship between the Age and Loneliness

Age Group	Loneliness			TOTAL
	Yes	No	Sometimes	
60-64	19 (19.0)	21(17.2)	28(31.7)	68
65-69	12(14.0)	10(12.7)	28(23.3)	50
70+	11(9.0)	7(8.1)	14(14.9)	32
TOTAL	42	38	70	150

Pearson's Chi-Square=3.720,

Table5 indicates that there is likely to be a relationship between source of income & behavior of family. As the calculated value of chi-square which is 22.1 is higher than its table value which is 9.488 with degree of freedom 4 and level of significance is 0.05 so null hypothesis is rejected and alternate hypothesis is accepted, therefore relationship exists between the family behaviour and source of income. Whereas 0.36 coefficient of contingency shows that there is weak relationship between the family behaviour and the source of income of elderly people.

Table-5. Contingency Table Showing Relationship between the Source of Income and Behavior of Family

Family Behaviour	Source of Income			TOTAL
	Pension	Dependency	Labour	
Respected	35 (22.7)	15(26.0)	21(22.2)	71
Sense of security	9(17.6)	29(20.2)	17(17.2)	55
Inferiority	4(7.68)	11(8.80)	9(7.52)	24
TOTAL	48	55	47	150

Pearson's Chi-Square=22.1, coefficient of contingency= 0.36

Table6 indicates that there is a relationship between feelings of insecurity & social contacts of elderly people. As the calculated value of chi-square which is 10.14 is higher than its table value which is 9.488 with degree of freedom 4 and level of significance is 0.05 so null hypothesis is rejected and alternate hypothesis is accepted, therefore relationship exists between the social contacts and feelings of insecurity. Whereas 0.25 coefficient of

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correlation shows that there is a weak relationship between the social contacts and feelings of insecurity in elderly people.

Table-6. Contingency Table Showing Relationship Between Feelings Of Insecurity And Social Contacts

Social Contacts	Feelings of Insecurity			TOTAL
	Yes	No	Sometimes	
Relatives	18 (23.2)	18(14.2)	25(33.6)	71
Friends	23(15.0)	5(9.2)	18(21.8)	46
Neighbors	8(10.8)	7(6.6)	18(15.6)	33
TOTAL	49	30	71	150

Pearson's Chi-Square=10.14, coefficient of contingency=0.25

The Pakistani society beside being culturally and religiously fastened with the norms, beliefs, values, traditions and customs yet moved towards a great deal of change in family structure and as well as social structure. The ultimate result of such family structure change and social structure change broadly created problems for the old age people. As researcher, has found that elderly people are not being adjusted in nuclear families. The social statuses of elderly people remain no more in nuclear families. The elderly citizens are facing bundles of problems like, social status, social contacts, meetings, have been missed in their lives and loneliness and isolation is ruling in their lives due to which they think society does not recognize their existence. The economic status and health status is also beyond their reach till they are dependents on their children. In short, the elderly people are finding it difficult to cope up with the stressful and changing society. There are no such initiatives taken by the authorities to help them financially. Most of the elderly citizens are not educated hence they do not get pension and unfortunately have to rely on their children. It has been noticed that the widowers are living a really isolated life, with less social contacts and eventually they become the victim of depression.

5. RECOMMENDATIONS

The researcher has given recommendations for the Government, NGOs, Civil Society, Media and Children.

- The non-government employees, the system of employees old age. Benefits scheme introduced in Pakistan adopted with the guidance of the ILO, for the private sector should be fairly effective.
- Elderly patients should be given priority during hospital visits, examination and treatment along with 50% reduction in charges. Government should establish geriatric ward in hospitals.
- Old age benefit schemes and stipends should be introduced and fixed for the aged people on behalf of the government.
- The Government of Pakistan should introduce a special law for the treatment and safety of elderly men in all public places and governmental places.
- NGOs must run campaigns regarding the importance of family values.
- Non-government-organization must conduct workshops and seminars regarding the strengthening of familial structure in the modern world.
- Electronic and Print Media of Pakistan should focus the family values and family structure in the different serials of contents.
- Civil Society should respect the assets and valued of their society in every sphere of life especially in transports, markets, public places.
- The children should give extra time and care to their parents taking them as the umbrella of the family.
- The children must involve the parents in the decision-making process of all family related issue.
- The children ought to take care of their parents in all walks of life.

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- Sponsored excursions for pleasure or on religious pilgrimage from the governments should be introduced for elderly citizens.
- Process for the provision of pensions should be made easier and at the earliest.

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