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GENDER AND WELLBEING IN LATER LIFE. A CASE STUDY OF OLDER PERSONS OF SOHAN VILLAGE, ISLAMABAD

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ABSTRACT
Ageing is a natural process that has a vital role in increasing the susceptibility of individuals either male or female whilst they are growing older to reach an age that eventually led them to end on a phenomenon called death. Like other natural processes, it is a kind of complex and simultaneous process where multi-factors get attracted and operate on many levels in a functional organism. However, the current study aims to address aging and its impact on humans whilst categorizing them on a gender basis. Descriptive research methodology has been employed to assess social support patterns among the aged population of Sohan village. A statistically calculated sample of 97 has been traced and studied through pursuance with the interview method. The study aimed to generate a report based on an understanding of people with different spectacles of beliefs and values regarding the influence of aging on gender along with an assessment of each multifactorial element that affects the individual such as through health mapping, health profile evaluation, and so on. The retrieved data throughout the research has been managed and analyzed whilst using CSPro and SPSS for data entry and analysis software respectively. Significant conclusions have been presented that revealed a proportional relationship between the gender distribution of older persons and their respective health profiles. Moreover, chronic diseases are most prevalently found in males such as heart attacks leading to death than in females which raises the life expectancy and well-being standards of females than males.

Keywords: ageing, health profile, health mapping, gender and health, gender and old age, ageing and well being

INTRODUCTION
The enormous extension of life is one of civilization's greatest accomplishments of the previous century. However, societal developments frequently result in new demands and difficulties. Although the number of years that a healthy person can expect to live has grown, the sheer number of persons in their 60s and older, particularly those in their 80s, has increased (Carmel, 2019; WHO, 2015).

People beyond the age of 50 were regarded as elderly in 1875 according to the Friendly Society Act, which became the default standard in Britain. No of a person's age, sequestration could be acquired (Roebuck 1979). Glascock and Feinman's (1980), anthropological research helped to define three categories that interfere in the final stages of life, providing a more detailed foundation for old age. These factors, which also include historical events, changes in a person's role or identity, and diminished functions, all have a negative impact on ageing and increase pain.

When population ageing is discussed, it is essentially an effort to show a shift in the age distribution of people toward old age (Demeny, & McNicoll, 2003). It means that there are more elderly people than young people in the population. A human is typically categorized as an elder when they reach the age of 65, though elders can also be early or late in life. People between the ages of 65 and 74 are referred to as early elders, while those over 75 are referred to as late elders (Orimo et al., 2006).

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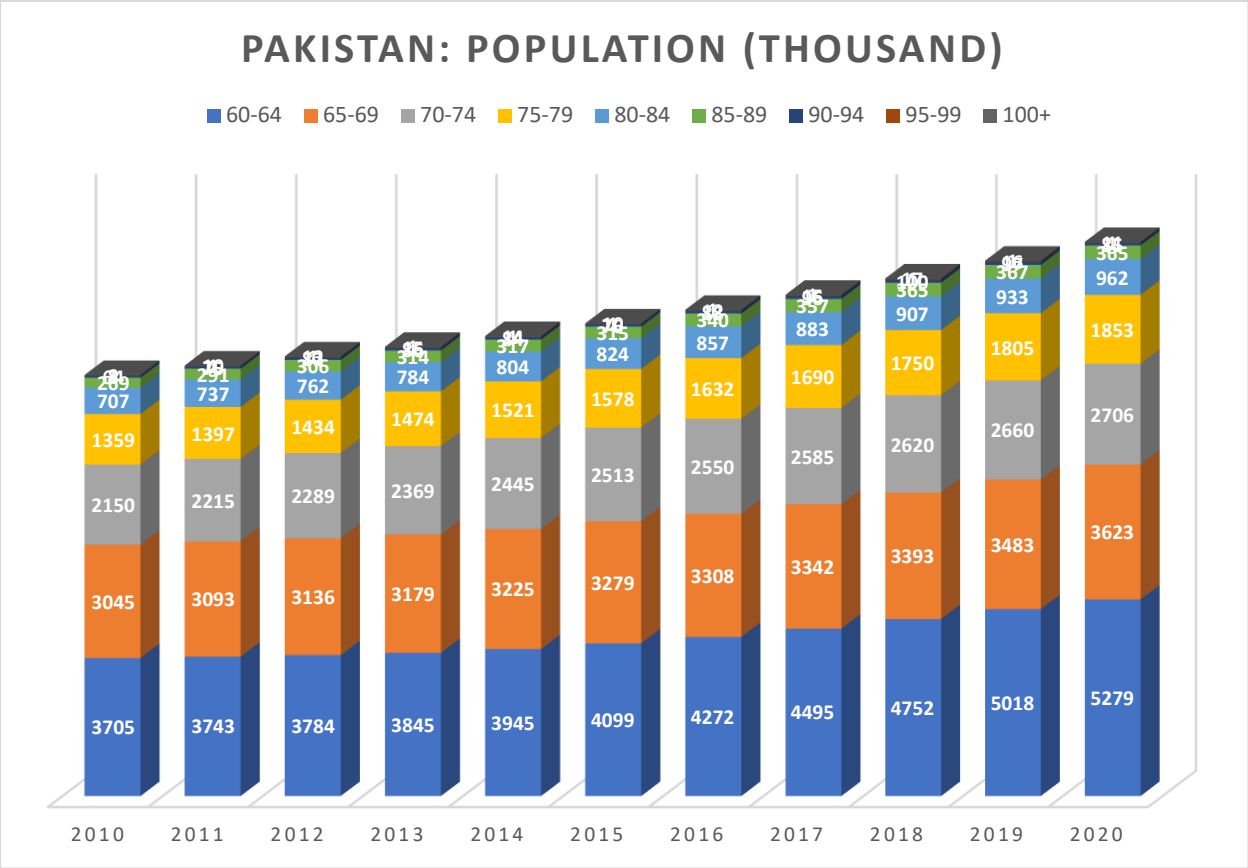
Around 727 million individuals worldwide are estimated to be 65 or older as of 2020, and that number is anticipated to treble to 1.5 billion by 2050. By 2050, this will have increased from the current 9.3 percent to 16.0 percent. Additionally, every sixth individual will be 65 years of age or older by the year 2050. Globally, gender disparity demonstrates that women live longer than males. As a result, women make up 62 percent of all people over the age of 80 worldwide and account for 55 percent of all people over the age of 65. This proportion of women also climbs with age (UNDESA, 2020).

According to a UN estimate, 6% of the world's elderly population—those who are over 65 years old—lives in the Asian region (Ahmed, Chaudhry, & Farooq, 2014). In Pakistan, there were 15 million persons over the age of 60, or 7% of the total population. This number will rise by 7–12% to 40 million in the coming years. Increase in population, especially among senior age groups, also alludes to a decrease in independence ratio, which might possibly cause Pakistan's economy to suffer. In addition, other issues such a lack of food, resources, access to healthcare, and discrimination or prejudice add to the problem (HelpAge International, 2012, 2015; ILO, 2018; Pension Watch, 2016; UN, 2017,2019). In Pakistani culture, a person is simply considered to be old when he reaches the age of 60. Consideration of a person as old may be based on cultural norms, biological strength or weakness associated with ageing, and other factors (Irshad, et al., 2015).



Source: *United Nations, Department of Economic and Social Affairs, Population Division (2019). World Population Prospects 2019, Online Edition. Rev. 1.*

Both genders experience substantial adjustments in old age, including shifts in societal responsibilities, gender-specific expectations, and status within the family. Gender variations can be seen in both biological structure and functions in humans. The social structure of culture, with its division of gender-related duties, society functions, and social status, appears to have had a greater influence on gender disparities in quality of life than biological differences, though (Carmel, 2019).

The degree of physical and mental functioning, life expectancy and mortality, life expectancy with disabilities, the incidence of diseases and risk factors, and life expectancy can all be used to assess the health of communities (Carmel, 2019). According to numerous studies (including those by Jacobzone (1999), Pleis & Lethbridge-ejku (2005), WHO (2008), and Zunzunegui et al. (2015), women

spend more years of their lives with functional limitations even though they make up more than half of the world's population and typically live longer than men. Additionally, elderly women do much worse on most measures of subjective wellbeing and mental health when compared to males (Arber & Ginn, 1993; Boerma et al., 2016; Carmel, 2001; Carmel & Bernstein, 2003; Carmel, 2018; Stevenson B, Wolfers, 2009). The present study was focused on exploring the health problems faced by older persons of Sohan village, and to figure out if there is any relationship between the gender distribution of older persons and their health profile.

MATERIALS AND METHODS

Research Methodology: As present research is concerned descriptive research methodology was opted by the researchers. This is to explain the actual situation of social support patterns available for older persons of Sohan village. This methodology leads to interview method to fulfill the requirements of study.

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

Locale and Time Period: Locale for the present study was Sohan village located in Zone - 4 of Islamabad District. Physically it is situated near Highway stop on Express Highway. Data collection was started in January-2021 and completed during the month of April-2021.

Sample: Sample for present research was calculated statistically. Population of Sohan village according to the 2017 census of Pakistan was 47510 and number of households were 7635. Sample was calculated twice both on population and household, and calculated sample was 97 with 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 before to start making a data entry file in CSPro. Data was entered in CSPro and converted into SPSS for cleaning and analysis.

RESULTS AND DISCUSSION

Table No. 1 Gender and Age Groups (N=97)

Indicators	Categories	n	%
Gender	Male	64	66.0
	Female	33	34.0
Age Categories	60-65	47	48.5
	66-70	18	18.6
	71-75	15	15.5
	76-80	10	10.3
	81 and above	7	7.2

As indicated by table 1, the population size of 97 was considered. The gender distribution was composed of 64 males and 33 females. The study was focused on older persons who are older than 60 years, so the age groups of older persons taken for the study varied from 60 to 81 and above years old.

Table No. 2 Health Mapping (N=97)

Health Mapping	Responses	Frequency	%
Impairment/97	Visual	33	34.02
	Hearing	15	15.46
	Mental	4	4.12
	Physical	25	25.77
Routine Health Issues/97	Temperature	12	12.37
	Cough	29	29.9
	Body Aches	28	28.87

	Joint pains	35	36.08
	Stomach Issue	40	41.24
	B.P	40	41.24
Chronic Diseases/97	Hypertension	24	24.74
	Heart problems	16	16.49
	Epilepsy	8	8.25
	Diabetes	9	9.28
	Arthritis	20	20.62
	Asthma	11	11.34
	Hepatitis B/C	2	2.06
	T.B	4	4.12

Table 2 shows that, for the sake of health mapping, three indicators are considered: impairment, routine health issues, and chronic diseases. Impairment refers to the 'problem with body structure' (Reddy, 2011), and in this consequent case, it referred to visual, hearing, mental, and physical impairment. It can be observed that most OPs were facing visual impairment that is 33, while 15 were having hearing issues, 25 had physical problems, and only 4 had a mental impairment. It relates to the fact that the mind is the last one to stop working that too at very old age.

Health routine issues are the common problems of health people face in their daily routines, which include temperature, cough, body aches, joint pains, stomach issues, and BP. These problems are so common specifically in old age that every second person is disposed to it. The data showed that the mostly older persons had stomach and B.P. issues that is 40 while 35 had joint issues, 28 persons had body aches, 29 people had a cough and only 12 had a temperature. With old age, the bone becomes weak, so it is very common to face body aches but due to change in diet and social pressures, the problems of B.P. and stomach issue has left others behind.

In case of chronic diseases by which old persons were suffering included, hypertension, Heart problems, Epilepsy, Diabetes, Arthritis, Asthma, Hepatitis B/C, and T.B, as given in table. The mental health issues which were the most prominently present was hypertension with frequency of 24, 20 had arthritis, while 16 were having hearts issues, 11 suffering with asthma, 9 had diabetes, 4 had T.B. and only 2 cases of hepatitis B/C.

In reference to Pakistan the aging population has been increasing, 'with ratio of 4.60% in 1990, 5.80% in 2000, and with this ratio of increase it was expected to increase by 6.00% in 2006, 7.30% by 2025 and so 12.40% by 2050' (United Nations, 2002). The measures taken have ensured 'prolonged life, which was one of the main achievements of civilization. It further increased healthy life expectancy even of the older person with their share aged 60 or above, as well as 80 and above' (Carmel, 2019). With a such massive ratio of older persons, the diseases associated with them will also be numbered, so more generations can be expected as unhealthy, ultimately leading to result in an unproductive population. Therefore, there is an urgent need to address this issue, given the threat it poses to the economies of those nations, where there is rapid population growth in a huge, primarily unproductive sector. As it also ultimately gives rise to costs for the need for social and medical services (Bloom, Canning, & Fink, 2010). Due to these changes, aging societies around the world have challenges in preserving good health and a high standard of living as well as reducing the number of years with disabilities in old age (WHO, 2015).

The necessity to solve these issues should stem from the humanitarian values that are ingrained in democratic nations' cultures and are eloquently stated in the US Declaration of Independence: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness” (Congress, 1776).

Table No. 3 Gender and Health Profile

Health	Responses	Gender		Total
		Male	**Female**	
Impairment	No	50.0%	42.4%	47.4%

	Visual	31.3%	39.4%	34.0%
	Hearing	7.8%		5.2%
p=.174	Mental	3.1%		2.1%
	Physical	7.8%	18.2%	11.3%
Routine Health Issues	Temperature	18.8%		12.4%
	Cough	25.0%	21.2%	23.7%
p=.048	Body Aches	18.8%	27.3%	21.6%
	Joint pains	15.6%	33.3%	21.6%
	Stomach Issue	7.8%	3.0%	6.2%
	B.P	6.3%	12.1%	8.2%
Chronic Disease	Hypertension	14.1%	45.5%	24.7%
	Heart problems	21.9%	6.1%	16.5%
	Epilepsy	1.6%	3.0%	2.1%
p=.010	Diabetes	9.4%	3.0%	7.2%
	Arthritis	6.3%	9.1%	7.2%
	Asthma	3.1%		2.1%
	Hepatitis B/C		3.0%	1.0%
	T.B		3.0%	1.0%

Considering the health of older persons, the following table compared the health map with gender. There is clearly observable variation in the frequency of health with respect to gender. In case of impairment, there was 42.4% female who had no impairment while 39.4% had visual impairment and 18.2% had physical impairment. On the other hand, 50% had no impairment which is higher ratio than female, 31.3% affected by visual impairment, 7.8% affected by mental as well as physical while 3.1% by mental impairment.

Data shows that, more females are affected as compared to males in case of impairment. The data on routine health issues indicate 18.8% males were having temperature but nonfemale, 25% males had cough, and 21.2% females, and 7.8% males had stomach issue while 3% female. So far, in this data males were observed as more affected but only 18.8% males faced body aches while 27.3% females, 6.3% males had B.P. issues while 12.1% females, and joint pain was faced by 15.6% of males and 33.3% females.

The last health measure including chronic diseases shows that hypertension is more common in females with a ratio of 45.5% while 14.1% in males. But heart problem is the opposite with 21.9% in males and 6.1% in females. There are 1.6% males affected by epilepsy and 3% females, 9.4% males affected by diabetes and 3% females, 6.3% males by arthritis and 9.1% females, 3.1% males affected by asthma while no females and only females affected by T.B and hepatitis with a ratio of 3% for each.

Gender variations can be seen in both biological structures and functions in humans. The social structure of culture, with its division of gender-related duties, society functions, and social status, appears to have had a greater influence on gender disparities in quality of life than biological differences (Carmel, 2019). It is widely known that though women comprise more than half of the population of the globe and often live longer than males, they also spend more years of their life with functional constraints (Jacobzone, 1999; WHO, 2008; Zunzunegui, et al., 2015).

Additionally, elderly women do much worse on most measures of subjective well-being and mental health when compared to males (Arber & Ginn, 1993; Stevenson B, Wolfers, 2009; Boerma et al., 2016; Carmel, 200; Carmel & Bernstein, 2003). From table 3, the comparative data of health-affecting diseases indicates that females are more affected, but it is also evident that more males suffer from chronic diseases which are the cause of their death.

As other studies also showed, the differences in chronic diseases and other health issues experienced by each gender are a second, more credible argument. While cancer and heart disease, two major causes of death, affect males more frequently than women, women also experience greater rates of chronic illnesses such as arthritis, depression, osteoporosis, and related fractures. Unlike cancer and

heart disease, these illnesses inflict agony but pose less of a threat to life (Boerma, et al., 2016; Indicators, 2011; Verbrugge, 1986).

It ultimately answers the paradox of higher female life expectancy than males. This intriguing paradox has a few justifications in literature as well. Legato's studies show that women are physiologically more resilient than men (Legato, 2008). Then there is a gender difference in survival at birth with a ratio of 105 males and 95 females (Kochanek, et al., 2011). Additionally, men are more likely than women to experience hearing loss, neck and back pain, and fall-related injuries as they get older, while women are more likely to experience vision loss, mental disorders, osteoarthritis, urine incontinence, and frailty. As well as women are more likely to have dementia than men due to greater longevity.

In the context of morbidity vs. lifespan, another explanation is based on differences in lifestyle between the two sexes. In particular, smoking and alcohol drinking are habits that are highly associated with and have historically been more common in males. Although the data differ between European nations, an excess of male mortality from all causes exists. According to a comparison of smoking and alcohol-related deaths in 30 European countries, men die at higher rates. For instance, the gender gap in Eastern Europe often accounted for 20–30% of alcohol-related mortality, whereas elsewhere in Europe it is just 10–20% (McCartney, et al., 2011).

In several types of research, Verbrugge (1985;1986) found that the gender gap in the use of medical services, drug usage, and sickness frequency decreases as people get older. Israeli studies have shown evidence in favor of a decline in gender disparities with aging in protective health behavior and the use of health services in old age.

CONCLUSION

The paper aimed to provide insight into the diseases prevalent in older age, including persons more than 60 years of age. It explored the health problems faced by older persons in Sohan village. It can be concluded based on data that there is a relationship between the gender distribution of older persons and their health profile. In the data, issues of health were presented by focusing mainly on gender differences. Thus, the discussion led to the question of higher life expectancy of females than males. The data indicated that chronic diseases leading to death mainly are prevalent in males such as heart attacks while facing issues due to their higher number of daily routine activities and emotional nature.

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