P-ISSN: 2709-6254	Journal of Development and Social Sciences	Oct-Dec 2022, Vol. 3, No. 4
O-ISSN:2709-6262	http://dx.doi.org/10.47205/jdss.2022(3-IV)12	[117-124]

Journal of Development and Social Sciences
www.jdss.org.pk

RESEARCH PAPER

Ageing and Social Participation: Empirical Evidence From Sohan, Islamabad

[1]Aftab Ahmed* [2] Sarfraz Khan

1. Ph. D Scholar, Department of Sociology, Quaid-i-Azam University, Islamabad, Pakistan
2. Assistant Professor, Department of Sociology, Quaid-i-Azam University, Islamabad, Pakistan

***Corresponding Author** Chaftab.qau@gmail.com

ABSTRACT

Ageing is global phenomenon. The conception of social participation is highly valued in old age. Pakistan is the world's sixth most populous country, with 6.7 percent of its people over the age of 65. The purpose of this study was to determine the prevalence of familial assistance among the elderly in Sohan village, Islamabad. A total of 97 older people, aged 60 and up, were interviewed using a structured research technique. A structured tool was developed for data collection. Data was entered in CSPro and analyzed in SPSS. Data reveals that intensity of social participation in old age was significantly connected, and there is significant relationship found among age and social participation. Which shows that with every increasing year the level of social participation is reduced. It is undeniable that the ageing population requires significant governmental and private attention in order to maintain their well-being in daily life. Medical advances allowed them to stay on the planet for extended periods of time, but the side effects were severe.

KEYWORDS Ageing and Wellbeing, Ageing, Familial Support, Older Persons, Social Participation

Introduction

The trend of ageing cannot be turned around because it usually brings about declined performance of body organs irrespective of any disease and other hazards (Besdeine, 2019). It is a reality that the worldwide populace is ageing, nations in East and South-East Asian zone are some of the most precipitously growing ones in the world. In spite of being a young population, Pakistan is one of those countries which are confronting issues connected with ageing. By observing evidences, we came to know that (UNDESA, 2022), i - in 2022, 771 million people aged 65 years or over worldwide, more than three times the numbers in 1980, ii - the portion of the universal populace aged 65 years or over is predictable to increase from 10 percent in 2022 to 16percent in 2050, and iii - precisely talking in 2050, every 6th individual will be of age 65 years or older. The elderly population is expected to reach 994 million by 2030 and 1.6 billion by 2050

Social participation is a systematic development in which persons are described by specific, shared, deliberate and intentional actions, which eventually leads to self-actualization and attainment of goals. Furthermore, social participation and aging describe, Social involvement, defined as the socially oriented sharing of individual resources, is frequently viewed as a key indicator of old age quality of life (Aroogh & Shahboulaghi, 2020; Ahmad et. al. 2015). In terms of content, context, and resources necessary to participate, we identified three forms of participation: collective, productive, and political involvement. Researchers have been increasingly interested in the topic of social participation for over 20 years. As several studies have shown, acquiring and maintaining social participation is important for people of all ages, even the elderly. Social participation is a significant concept in old age since it is regarded as one of the most essential aspects of senior people's health and a fundamental element of many operational conceptual models in the aged (Hashidate, Shimada, Fujisawa, & Yatsunami, 2021).

Glascock and Feinman (1980) provided a more detailed definition of old age in an anthropological study that resulted in the creation of three classifications that mediate in the final stages of life. These perspectives included scheduled events; changes in an individual's career or personality; and diminishing abilities, all of which have a negative impact on maturing and add to the sufferings. The research was conducted on people of senior age in Africa, and they found that among all the interfering prospects, the individual's employment is influenced the most, followed by changes in status and business, with maturing having the greatest impact. There are some physical and socially created indicators to maturation, and social determinants of maturation may appear obviously before actual determinants of the cycle, i.e., they may no longer be equal in exceptional circumstances (WHO, 2002 & Muzaffar, et. al. 2019).

Despite its importance, the idea of social involvement has received less attention, and few studies in the field of ageing have been done. The lack of evidence can be linked to the idea's lack of clarity, as social involvement in the elderly is a notion that has not been well researched and is not well understood or quantified. There is no agreement on the importance of social involvement, which has been defined in a variety of ways in a number of studies; as a result, several assessment methodologies have been offered. Another factor that exacerbates the situation is the lack of consistency in the definition of the term "social involvement." Despite the reality that each expertise has addressed a various aspects of the notion, no clear definition has been supplied, and definitions differ. Because of the vagueness in the idea of social participation, numerous authors use phrases like social integration and social activity as alternatives, implying that the concept is not well defined. As a result, defining social participation in a way that distinguishes it from other equivalent concepts like participation, social capital, social support, and social network has proven to be difficult, and more research is necessary. Concept analysis is one of the ways for clarifying it in response (Mackenzie & Abdulrazaq, 2019; Fiorillo et al., 2017).

A concept analysis is the dissection of a concept into simpler pieces in order to increase clarity. Concept analysis' main goal is to clarify unclear concepts and propose a specific operational interpretation. Moreover, concept analysis can explain enigmatic notions in a theory and provide a thorough knowledge of the concept's basic features. Concept analysis is a useful methodology for motivation can be defined concepts derived from functions, research, or nursing theory. In contrast to other conceptual analysis approaches previously proposed, Walker and Avant's (2005) approach includes objective and systematic procedures that have been praised by many experts and mentioned in several papers. This method can be used to clarify a vague term like social engagement by simplifying it. As a result, the goal of this research is to use the Walker and Avant concept analysis method to examine the social participation of older persons. Clearly defining this idea can help to improve the elderly's quality of life while also making it measurable for evaluating health promotion interventions and producing scientific evidence.

In 2019, from the all-out population of Pakistan, 7% (15 million) were of the age of 60 years and above. This figure will come to at 40 million, referring to an growth from 7% to12% in future. Development in general population clearly of more seasoned age bunch likewise refers to the way that there would be less independence apportion that could even disturb the economy of Pakistan. Besides, different conditions, containing food deficiency, lack/weakened wellbeing conveniences and segregation, add more fuel to the fire (HelpAge International 2012, 2015; ILO 2018; Pension Watch 2016; UN 2017, 2019).

The Objective of the study is to unveil the relationship between social participation and increasing aging years, and this is based on the assumption that the older you are the less you are socially included.

Materials and Methods

As present research is concerned, explanatory 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: 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.

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 for each question and convert all data set into numeric form before to start making a data entry file in CSPro. Data was entered in CSPro. After data entry, all data file is converted into SPSS, and a comprehensive effort was done to remove data entry errors and to enhance the quality of data. Both descriptive and inferential statistical tests were implemented to get results. MS Excel was utilized to format the calculated results.

Results and Discussion

Table 1
Age and Gender Distribution of Older Persons

	n	**%**
	Age	
60-64	36	37.1
65-69	25	25.8
70-74	18	18.6
75-79	8	8.2
80 and above	10	10.3
Total	97	100.0
	Gender	
Male	64	66.0
Female	33	34.0
Total	97	100.0

Above that the table contains three separate demographic indicators, including survey respondents' age groups, sex, and marital status. Age was first collected as an open variable before being divided into categories. The classification of ageing begins at the age of 60 and goes up from there. The intervals are spaced five years apart to ensure that the percentages obtained for the outcomes are consistent and aligned. As people get older, the number of people who reply decreases, revealing the proportion of people who age in a healthy way.

According to the data, men make up the majority of responses, accounting for 66%. Females account for up to 34% of the total. Because the percentage of older females in Pakistan's overall older population is 3.32, female sample [33%] was calculated again from sample 97. In comparison to widow/widower respondents, married respondents have a higher level of frequency. Divorce and separation are only included to demonstrate their prevalence; yet, when looking at the percentages, they are almost non-existent.

Table 2
Academic Qualification of Older Persons

	n	%
Academic Qualification		
Illiterate	37	38.1
Primary	17	17.5
Secondary	14	14.4
Matriculation	19	19.6
Intermediate	6	6.2
Bachelors	1	1.0
Masters	3	3.1
Total	97	100.0
Marital Status		
Unmarried	1	1.0
Married	68	70.1
Widow/widower	24	24.7
Divorced	3	3.1
Separated	1	1.0
Total	97	100.0
Family Type		
Nuclear	8	8.2
Joint	64	66.0
Joint extended	18	18.6
Alone	7	7.2
Total	97	100.0

Table 2 represents the qualification, marital status and family type of the study respondents. Majority of the respondents are illiterate while respondents were reported other qualification with varying percentages. Married respondents were 70.1% in this study ad 66.0% living in joint family system.

Table 3
Prevalence of Familial Support

Questions	Responses	N	%
Payment of Health Expenses	Myself	46	47.4
	Siblings/Children/Son	45	46.4
	Private Welfare scheme	1	1.0
	Husband	5	5.2
Who Take Care of Your Medicine	Myself	55	56.7
	Spouse	11	11.3
	Sons/Daughters	26	26.8
	SIL/DIL	3	3.1
	Grand Sons/ Grand Daughters	2	2.1
Who Accompany You for Doctor	Myself	39	40.2
	Spouse	7	7.2
	Children/Son	47	48.5
	Relatives	4	4.1

Familial support was divided into three questions for present study which includes, i – payment of health expenses, ii – who take care of medication of study participants, and iii – who accompany you for health practitioner visit. Data reveals that 47.4% of the elderly pay their health expenses by themselves while 46.4% cases payments were made by their siblings/children/son. Take care of medicine was mainly managed by older persons (56.7%) followed by the 26.8% responsibility taken by their son/daughters. Children were mainly accompanied the elderly for doctor.

A substantial body of empirical shows that partners and adult children are the most mutual family associates to offer care as reported in present study, and that the number of children serving as informal care has been increasing since the 1990s (Silverstein, & Giarrusso, 2010; Spillman, & Pezzin, 2000; Wolff, & Kasper, 2006). Table 3 depicts the support that older people receive from their families. The table is divided into three categories, each of which refers to family support. It can be seen that the number of responders who pay for their own health care bills is higher in percentage. In total, 34 percent of female respondents (as shown in Table 1) said their spouse paid for their medical expenses, with 5.2 percent saying their husband paid for their medical expenses. Siblings/children/son made up the second highest percentage of those who said they would pay for medical bills. According to the data, the next subcategory suggests that the respondent's medication is regarded their sole responsibility. Children, comprising both sons and daughters, are seen to be responsible in the second position, as the percentile of 26.8% shows. The SIL/DIL and grandsons/granddaughters have the least amount of responsibility. However, the development of spouses providing care is smaller than that of children, with a difference of up to 11.3 percent. In the final subcategory, children owe 48.5 percent of the obligation to the respondents to be taken to the doctor; otherwise, respondents choose to go on their own.

Table 4
Age and Social Participation

Age Categories [p=.007]	Social Opportunities and Participation		Total
	Yes	No	
60-64	94.4%	5.6%	100.0%
65-69	88.0%	12.0%	100.0%
70-74	72.2%	27.8%	100.0%
75-79	62.5%	37.5%	100.0%
80 and above	50.0%	50.0%	100.0%
Total	81.4%	18.6%	100.0%

Chi-square value is p=.007. This shows significance association exists between age and social opportunities/participation

Data represents that there t= is a significant relationship between the age groups of older persons and the level of social participation. Data unveils that as age increased the level of social participation is decreased, and these results authenticates our assumption that with the increase in age the participation is decreased.

Differences can be seen in this table in relation to age and familial support. When the respondent's age ranged from 70 to 100, there was a higher percentage of strong and moderate familial support. Above this range, there is a stronger trend of familial support. When you reach the age category of 81 and up, it starts to get a little lower. Differences can be seen in table 4 in relation to age and familial support. When the respondent's age ranged from 70 to 100, there was a higher percentage of strong and moderate familial support. When you reach the age category of 81 and up, it starts to get a little lower. Results show that elderly people over the age of 71 had higher levels of strong and moderate familial support than those under the age of 71. The chi-square test yielded a p value of .007, which is less than.05. This suggests that there is a strong link between age and social participation of senior citizens.

The stress on community-based actions and social interactions, based on resource sharing, active involvement, and individual satisfaction, were one of the defining characteristics of the idea of elderly people's social participation, according to the study. Individual, social antecedents, and environmental, as well as individual and environmental consequences, were found in elderly people who participate in social events. Similar explanations have been presented in previous investigations. Older people who live with their families have a higher quality of life than those who live in nursing homes, according to research (Amonkar et al., 2018). A study conducted in rural China demonstrated that family assistance had a good impact on the health of older people, as seen by lower rates of mortality and cardiovascular illness, as well as self-help and the ability to fulfil older people's ADLs independently (Liu et al., 2015). Financial support from family is associated with reductions in the signs and symptoms of depression in the elderly (Wu et al., 2018). Furthermore, emotional support has a favourable effect on the elderly person who is heavily reliant, significantly in relation of trust (González, & Palma, 2016). Family emotional support can also assist the elderly in reducing the danger of loneliness (Roh et al., 2015). Furthermore, it was previously established that family support has an impact on an older person's health and ability to participate in activities (Amonkar et al., 2018).Provision of a good social environment, whether inside or outside the home, a spacious space to sit or prove others around them and basic necessities may provide them with a great quality of life.

On the other hand, social marginalization, loneliness, and a strained relationship with family or neighbors can shorten their lives (Desai, et al. 2001). As life expectancy has nearly doubled over the last century, family caregiving to disabled elderly persons has grown increasingly frequent (Wolff & Kasper, 2006). Going to offer personal care, conducting household tasks, making meals, shopping, managing finances, providing companionship, checking in on a regular basis, schedule management activities and outside services, and coordinating medical treatment are all examples of family supports (Roberto & Jarrott, 2008).

Many studies concentrating on familial support have been learned from the literature of the last decade. Females offer more family care than males, according to one of the most regular findings in the elder-care writing (Silverstein, Gans, & Yang, 2006). The National Health and Aging Trends Study (NHATS) and its companion survey, the National Study of Caregiving (NSOC), are two connected federally sponsored surveys planned to document how people's skills change as they age, as well as the role of family caregivers identified by NHATS respondents who live independently or in a senior community, assisted living facility, or other residential setting (Kasper et al., 2014).

Conclusions

The current study offered an objective and clear image of the concept of social participation among the elderly. The research has pedagogical implications for spreading the word about this concept and developing tools. Despite the particular type of each caregiver's participation across time, family sustaining is characterized by broad fields of action. Support from family members ranges from daily events to delivering immediate care to the care recipient to negotiating complex health-care and social-service systems. Assistance with home activities, self-care tasks, and mobility; emotional and social support; health and medical care; advocacy and care coordination; and surrogacy are some of the domains of the familial supporting role. There are various tasks and activities in each domain. Islamic point of view, old age is also valued in terms of the societal involvement of the aged as a whole, and as a result, there is a proportionate relationship between growing old in age and the quality of life that the elderly choose; old age is not seen as a time for withdrawal, social disengagement, or a disregard for responsibility. But the fact that is approved by the findings of present study is social participation is linked with age. And evidence approved their less social participation in relation with their age.

References

Ahmad, A., & Khan, S. (2021). Prevalence of Familial Support among Older Persons of Sohan, Islamabad. *Global Sociological Review, VI*(II), 9-16. https://doi.org/10.31703/gsr.2021(VI-II).02

Ahmed, Z., Muzaffar, M., Javaid, M. A., Fatima, N., & Hussain, T. (2015). Comparing the Level of Political Awareness among the students of Social and Natural Sciences: A Public Sector Universities in Pakistan, *Pakistan Journal of life and Social Sciences*, 13(2), 64-67

Amonkar, P., Mankar, M. J., Thatkar, P., Sawardekar, P., Goel, R., & Anjenaya, S. (2018). A comparative study of health status and quality of life of elderly people living in old age homes and within family setup in Raigad District, Maharashtra. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, *43*(1), 10.

Aroogh, M. D., & Shahboulaghi, F. M. (2020). Social Participation of Older Adults: A Concept Analysis. *International Journal of Community Based Nursing and Midwifery*, *8*(1), 55–72. https://doi.org/10.30476/IJCBNM.2019.82222.1055

Besdeine, R. W. (2019). "*Introduction to Geriatrics*." (https://www.msdmanuals.com/professional/geriatrics/approach-to-the-geriatricpatient/introduction-to-geriatrics).

Fiorillo, D., Lavadera, G. L., & Nappo, N. (2017). Social participation and self-rated psychological health: A longitudinal study on BHPS. *SSM - Population Health, 3,* 266–274. doi:10.1016/j.ssmph.2017.02.003

Glascock, A. P., & Feinman, S. L. (1980). A holocultural analysis of old age. *Comparative social research*, *3*(3), 311-332.

Hashidate, H., Shimada, H., Fujisawa, Y., & Yatsunami, M. (2021). An Overview of Social Participation in Older Adults: Concepts and Assessments. *Physical Therapy Research*, *24*(2), 85–97. https://doi.org/10.1298/ptr.r0013

Help Age International. (2012). *Ageing in the 21st Century: A Celebration and A Challenge*. New York: UNFPA.

Help Age International. (2015). *Policy Mapping on Ageing in Asia and the Pacific Analytical Report*. Chiang Mai: HelpAge International East Asia/Pacific Regional office

ILO. (2018). *World Social Protection Report 2017–19*. Geneva: ILO.

Liu, Huijun, Qunying Xiao, Yanzhi Cai, & Shuzhuo Li. (2015). The quality of life and mortality risk of elderly people in rural China: the role of family support. *Asia Pacific Journal of Public Health* 27(2). NP2232-NP2245.

Mackenzie, C. S., & Abdulrazaq, S. (2019). Social engagement mediates the relationship between participation in social activities and psychological distress among older adults. *Aging & Mental Health*, *25*(2), 1–7. https://doi.org/10.1080/13607863.2019.1697200

Muzaffar, M., Chohdhry, S., & Afzal, N. (2019). Social Media and Political Awareness in Pakistan: A Case Study of Youth, *Pakistan Social Sciences Review*, 3 (II), 1-13

Pension Watch. (2016). *Country Fact File: Pakistan*. (http://www.pensionwatch.net/pensions/country-factfile/pakistan).

Roh, H. W., Hong, C. H., Lee, Y., Oh, B. H., Lee, K. S., Chang, K. J., & Son, S. J. (2015). Participation in physical, social, and religious activity and risk of depression in the elderly: a community-based three-year longitudinal study in Korea. *PloS one*, *10*(7), e0132838.

Silverstein, M. & Roseann, G. (2010). Aging and family life: A decade review." *Journal of marriage and family* 72(5), 1039-1058.

Spillman, Brenda C., & Liliana E. Pezzin. (2000) "Potential and active family caregivers: Changing networks and the 'sandwich generation'." *The Milbank Quarterly* 78(3), 347-374.

UNDESA. (2022). *World Population Ageing 2022 Highlights*. https://www.un.org/development/desa/pd/

United Nations. (2017). *Living Arrangements of Older Persons: A Report on an Expanded International Dataset*. Department of Economic and Social Affairs. New York: United Nations.

United Nations. (2019). "*World Population Prospects 2019*." United Nations Population Division: (https://population.un.org/wpp/Download/Standard/Population/)

Wolff, J. L., & Kasper, J. D. (2006). Caregivers of frail elders: Updating a national profile. *The Gerontologist*, *46*(3), 344-356.

World Health Organization. (2013). Proposed Working Definition of an Older Person in Africa for the MDS Project: Definition of an older or elderly person. *Http://www. who. int/healthinfo/survey/ageingdefnolder/en/*.

Wu, Y., Dong, W., Xu, Y., Fan, X., Su, M., Gao, J., ... & Wang, X. (2018). Financial transfers from adult children and depressive symptoms among mid-aged and elderly residents in China-evidence from the China health and retirement longitudinal study. *BMC public health*, *18*(1), 1-8.