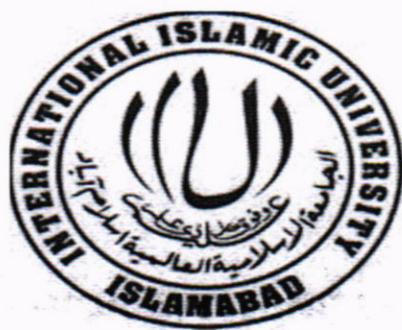


ADJUSTMENT OF SENIOR CITIZENS IN OLD AGE HOMES



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ADJUSTMENT OF SENIOR CITIZENS IN OLD AGE HOMES



BY:

Nida Zafar Khan

13-FSS/MSSOC/F08

**A thesis submitted in partial fulfillment
of the requirement of the degree of**

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FORWARDING SHEET

This thesis entitled as "**Adjustment of Senior Citizens in Old Age Homes**" submitted by Nida Zafar in partial fulfillment of MS degree in Sociology has been completed under my guidance and supervision. I am satisfied with the quality of student's research work and allow her to submit this thesis for further process, as per IIUI rules and regulations.

Dated: ___/___/2012

Dr.Saif Abbasi

Supervisor

DEDICATED TO

My Beloved Parents

&

Teachers

**Without their love, affection, and guidance, I would not have the goals I have to
strive and be the best to my dreams!**

**INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
FACULTY OF SOCIAL SCIENCES
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It is certified that thesis submitted by Ms. Nida Zafar Khan Reg. No.13-FSS/MSSOC/F08 titled "*Adjustment of Senior Citizens in Old Age Homes*" has been evaluated by the following viva voce committee and found that thesis has sufficient material and meets the prescribed standard for the award of Degree of MS in the discipline of Sociology.

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ABSTRACT

The study is attempted to know Adjustment of Senior Citizens in Old Age Homes. The study was carried out in one district of Punjab (Lahore), twin city (Rawalpindi and Islamabad) and one district of Sindh (Karachi). The study was conducted under quantitative research design. The study findings reveal that overall respondents were satisfied while living in old age home but the reason of their satisfaction that they had no other opportunity. This study also reveals that the services provided by Private old age homes are much better than the Government old age homes. A total of two hundred and thirteen respondents on the basis of random sampling have been interviewed through a well structured questionnaire for the purpose of this study.

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CHAPTER ONE

INTRODUCTION

Ageing and its related issues remain in the scholaristic gathering, reports and empirical studies as well in governmental policy since the last decades of 20th century, and interest in it is likely to increase as the current century progresses. The current working-age population will grow older. Population ageing is expected to be the most prominent global demographic trends of 21th century. Population ageing is problem of both developed and developing nations and it raises new social issues and generates new problems.

The pace of population ageing varies by region and within regions. All the nations of the world are now experiencing growth in their numbers of elders.

Population ageing is the process by which the relative size of young age population is decreasing and, old age population increasing as a result of transition from high level to lower levels of both fertility and mortality. Population ageing was one of the most important demographic events of twentieth century and will surely remain important throughout twenty first century. (United Nation, 2002). Most of countries around the world have believed that the age of 65 years is considered as a definition of 'elderly'.

Old age is the relentless stage of human life, which is determined both by biological as well as socioeconomic conditions. There are three interrelated processes of aging: physical,

psychological and social. It is a series of transition from one set of social roles to another, which is structured by the social system rather than a biological one (Mishra, 2004).

"The ageing process is of course a biological reality which has its own dynamics, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. The chronological time plays a paramount role. The age of 60 or 65, roughly equivalent to retirement ages in most of world countries is said to be the beginning of old age. In many parts of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant such as the roles assigned to older people; in some cases it is the loss of roles accompanying physical decline which is significant in defining old age. Thus, in contrast to the chronological milestones which mark life stages in the developed world, old age in many developing countries is seen to begin at the point when active contribution is no longer possible" (Gorman, 1999).

Still there is no general agreement on the basis of which one could define that a person becomes old. Some of the evidences suggested that:

"Ageing is the accumulation of changes in an organism or object over time" (Bowen and Atwood, 2004).

"In human case, ageing is the multidimensional process of physical, psychological and social change" (de Grey, 2007).

Since last fifty years the population of the aged has increased quickly in developed world and is still rising. In European countries the population of elder people has already being immoderate up to twenty percent (20%). And this is because of rapid developments in clinical medicines. The

current growth rate of elder is 2.4 percent annually which is higher than the total growth of world's population. It is expected that in 2025, twelve percent (12%) of the total world's population will be more than 60 years and majority (70%) of them will live in developing countries. The elderly are further classified into the young old (aged between 65 and 74), the middle old (aged between 75 and 84), and the oldest (aged 85 and above). On the other hand population ageing is increasing in number of the elderly in society.

As compared to others, Asia is experiencing the compact aggregation of ageing. By 2025, in some Asian countries elderly population could be increased up to four hundred percent (400%). In Pakistan number of older persons are six percent (6%) of total population which would be about ten million, by 2050, this ratio is projected to rise up to fifteen percent (United Nations, 2002). No reliable data exists on aged population of Pakistan only basic information is available.

The meaning of old age is not same for all societies and process of ageing is not uniform for all individuals in the society. There are numbers of different factors that furnish the idea of oldness. It includes Social Roles, life expectancy, and status of health, physical appearance and cultural backgrounds. In most developing countries, when attention was given to older population, such as Pakistan, people aged sixty (60) and above are considered as elderly. This definition of old followed the same pattern like the more developed countries, that is, retirement age mentioned by the Government. Majority of old persons in Pakistan are the residents of rural areas and does not work in Government and semi government sector and do not get benefits of retirements. Further, when this definition is applied to regions where relative life expectancy is much lower

and size of older populations is much smaller, the practicality of this definition becomes even more limited.

Due to urbanization and industrialization the status of elderly and joint family system is weakening. Young couples migration from rural areas to cities in search of better employment opportunities are also increasing. Elders have been in control of the house hold for long time and are unwilling to give up the responsibility to their child. Youngsters on their part are sometimes resentful of the attitude of their parents, and behave differently.

Many youngsters have moved to places far away from their native homes and even became part of migrant workfare at overseas. So even if they want they cannot accommodate their parents in their homes or the elders are sometimes too not capable to look after themselves or get medical care especially in an emergency. Besides this, since the women have started working outside their homes, there is now, nobody available to take care of the elders at home. The working women usually do not take the elders as their duty rather burden on their family. This attitude of the women has created many adjustment problems for older members of family and contributed to the removal of elders from families. Due to these reasons, the position of older people in family and society changes and the aged people began to face many social, psychological and economic problems. With this backdrop, the need for old age homes to accommodate old aged people was felt, and is gaining importance with the passage of time. The entire spectrum of circumstances has led to this unhappy need for old age homes.

An old age home is usually the place, for those old people who have no one to look after them or those who have been removed from their family and homes by their children. The place is of like home where the inmates get all the facilities for a routine living, like food, clothing, and shelter.

All these necessities are well looked after but, the much-needed love, and care of loved ones is of course sadly missing. At least in Pakistan till now, the old people staying away from their homes, from their children, or left to themselves is not considered to be a very happy situation. This concept of separating the elders from the youngsters has been imported into Asian culture from west.

It is the breakup of the traditional system of the joint family and the introduction of a nuclear family that has brought this unhappy situation enter our society, this new concept of nuclear families with the elders ousted, is very heartrending. The old age homes have had to come up to cater to the needs of the elderly. This new phase of change in life needs much to do at policy level so that institution of old age home can be established according to the norms and needs of their society. The Government should have made some solid policies and plans for the senior citizens, and for those who will reach old age soon. It is very unfortunate that the policy makers failed to recognize the basic needs of elder persons, that's why they have not distributed enough physical and financial resources for their care.

Besides government run old age homes several voluntarily organizations working for their welfare and some religious groups are also stepping in for establishment and running old age homes. Private organizations have also established old age homes which have well-made schedules that cater to the needs of elderly, provide them with treatment and look after them in caring and methodical way. There is a growing need to conduct an empirical study to explore the factor of maladjustment of elderly within their families and to study the level of adjustment old peoples in old age homes. In view of this present study has been conducted in this important social issue.

1.1 STATEMENT OF THE PROBLEM

The research study aims to explore the problems of senior citizens their satisfaction and adjustment in old age homes.

1.2 SIGNIFICANCE OF THE STUDY

Old age homes are gradually becoming need of the society because the rapid changes in family system are increasing and diminishing acceptance of family responsibilities towards elders. Pakistani society is passing through the transitional stage, moving from traditional to modern. Due to these rapid changes old members of society are affected and face different adjustment problems. There are numerous cases in which old people are left alone or ignored by their families. In order to take care of the aged society has provided institutional arrangements by establishing old age homes. Old age home is a relatively newer concept in Pakistan. Very few researchers have attempted to touch some of the aspects of this important social issue. In order to study the adjustment of senior citizens in old age homes to explore the psychosocial status of senior citizens and related factors the current study had been planned and conducted with the following specific objectives.

1.3 OBJECTIVES

- i. To study the socio-economic characteristics of old persons living in old age homes.
- ii. To explore facilities (food, entertainment, health, recreation, living conditions) provided at old age homes.
- iii. To explore the socio-psychological and health problems of senior citizens and their level of adjustment in old age homes.

iv. To suggest measures to improve the adjustment of senior citizens in old age homes.

1.4 Hypothesis:

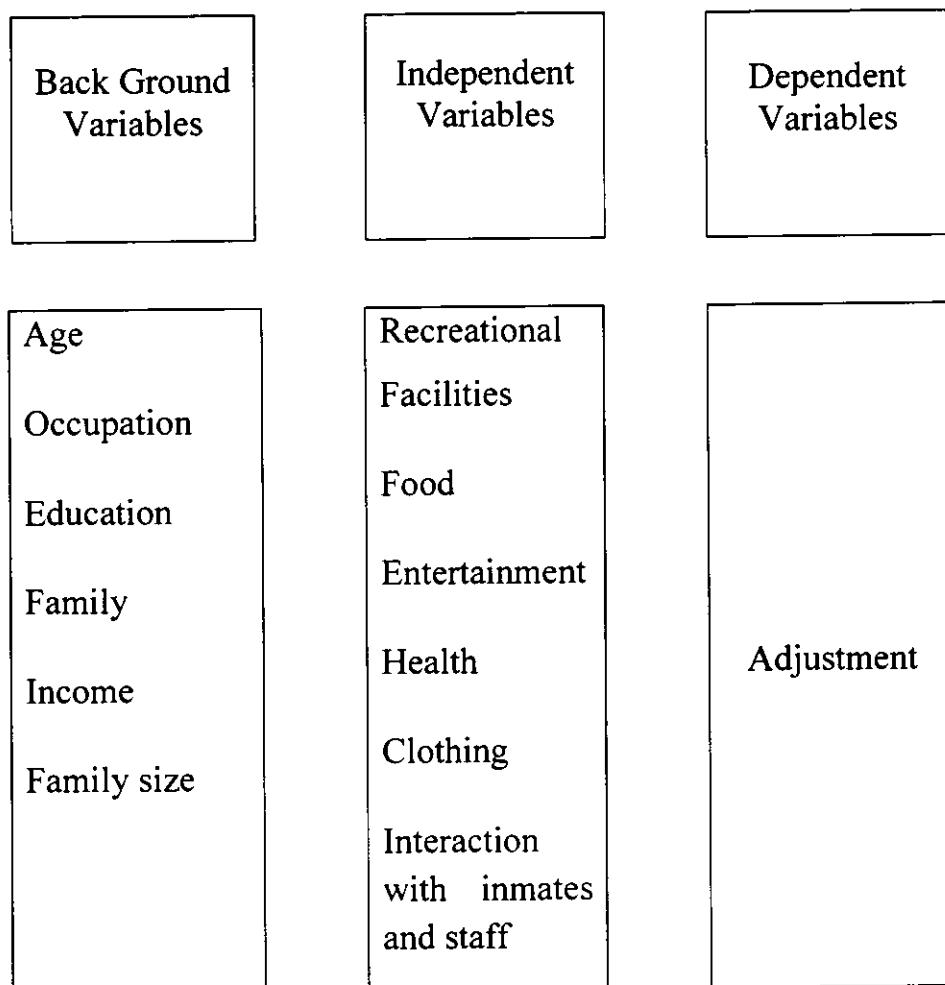
Hypothesis: There is an association between residence of the respondent before old age home and duration of stay in old age home.

1(A): The respondents who had stayed with family before coming to old age home are less likely to stay for longer duration in old age home, than those who had not stayed with family.

Hypothesis: There is an association between house ownership and duration of stay at old home.

2(A): Respondents living who owned house are less likely to stay for longer duration in old age home than those who do not own house.

1.5 CONCEPTUAL FRAMEWORK



CHAPTER TWO

LITERATURE REVIEW

In order to conduct research one has to follow a research cycle. The second step of research cycle after introduction is review of related literature. The review of literature is the primary step of research process because it permits to learn from previous researches and to saves precious time, effort and money of both present and potential researchers. Therefore the researcher reviews the literature available on internet, and in libraries. It gives easy access to research on a particular topic by selecting high quality articles or studies that are relevant , meaningful, vitally important and valid and summarizing them into one comprehensive report.

Thus literature review is defined as what already has been done on a particular topic by different scholars and researchers. The propose is to float an idea and knowledge on the topic to your reader. The present literature review has been conducted keeping in view the important factors that contribute for living in old age homes and other related aspects of this study.

2.1 AGEING:

Today developing nations are standing at critical crossroads in confronting the issues of ageing that must be addressed if social and economic developments are to make fast progress. Population ageing, is considered as the increase in number of the older people in a society. It can be defined differently cross culturally in all over the world. While aging, itself, is a biological process, what it means to be "old" or "young" and at what age are such distinctions that varies by culture. In Western societies, where youth is highly valued, people are considered "old" at much younger ages than in Eastern societies where age is often seen to beget wisdom.

As discussed in Nirakar study we find a similar case is with Pakistan, due to urbanization family bonding becomes loose and trend of joint families decreases specially in urban areas, the concept of elderly people living with the family has become a fancy of past, which effects the elders status directly. In Pakistan usually the individual is considered as aged when he or she becomes 60years old. This is also considered as the retirement age for Government and semi government employees.

Old age and the problems of senior citizen are much more connected with spiritualism or spirituality rather than merely with the medical, economic and social issues. Revolutions regarding long life occurred during the twenty-first century. Average life expectancy at birth in 1950s moved up from 20 years to 66 years in 2002 and more 10 years will be added in 2050. Old population seems to be a major problem in the developing countries (UNO-plan of Action, 2002).

Myers (1982) examination of ageing of the population suggests different features among developing nations that will tend to make the process different from those experienced earlier by today's developed nations. Unlike the west, the mechanism that enhanced the ageing of the population in the developing world is somewhat influencing the minds. Thus, the designs of ageing policies of countries like India are not to alter the basic process of population ageing, but should be directed to issue that arise from it.

From Myers point of view we conclude that issue of ageing experienced by developing countries is different from the experiences of the western or developed countries. Because in eastern and developing countries the status of elders are totally different than that of western. So these

developing countries like Pakistan, Nepal and India, make policies not to focus on the process of ageing but on the root cause of this issue ,that why the status of the elders is decreasing.

As opined by Giele (1982) that, to solve the most important issue that how best is to provide social and economic support to these older people. Besides Family, the State and other social welfare organizations should take the responsibility of the betterment and to give these older a meaningful socio- economic support.

In the view of Shrestha (2004), older people in Nepal live in a state of paradox. Nepalese people seem to have lost the traditional value system and norms. In the light of Shrestha's saying, it seems that the process of ageing growing faster in developed and in developing countries and on the other side this issue leads to decreases in the status of elder people.

The old people in a society represent the bedrock of its existence; symbolizing the past. They are the carriers of traditions, values and experience, old people are guiding light for the young without whom society is not total and loses its stability. Progress that a society makes, culturally and morally, is reflected in the way it treats its aged (Schoeni, 1992).

With reference to Pakistani and Islamic society the status of elders is more important for us as our religion is more emphasizes on the status of parents. In our religion “Being dutiful to parents is one of the keys to enter Paradise”.

Luckily in our society many of the older people are greatly liked owing to the blessings of Islam, which teaches the young to respect their old parents and treat them kindly, majority of the children take care of their old relatives (Shafiq et. al., 1994).

Islam enjoins every Muslim to good to his parents, to take care of them especially when they reach old age. However Pakistan is an agriculture society, theoretically it is expected that industrialization will germinate the forces that may easy the process of change from joint family system to nuclear family system (Shafiq et, al., 1994)

But unfortunately the respect and the true worth of the elderly persons become less day by day. Family bonding is coming under pressure of generation gap between parents and children especially in urban areas. This leads to the important issue that whether family or the other old age homes, institutions should be responsible for the care of the senior citizens of the society.

As far as my research topic is concerned there are some socio -economic variables which helped me in better understanding of my respondent's background. Socio economic variables are combined total measure of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation.

2.2 GENDER:

Gender identity is ultimately derived from both chromosomal makeup and physical appearance, but this does not mean that psychosocial effect is missing. Socialization, or the process whereby a child learns the norms and roles that society has created for his or her gender, plays a important role in the establishment of her or his sense of femaleness or maleness. If a child learns she is a female and is raised as a female, the child believes she is female; if told he is a male and raised as a male, the child believes he is male.

Older men and women have different life contexts as a function of differential longevity and sociostructural opportunities over the life course. The question is whether gender-related

differences also occur in psychological and everyday functioning in older adults. Examined were 258 men and 258 women between the ages of 70 and 103 years ($M = 85$ years), participants in the Berlin Aging Study. Significant gender differences were observed in 13 of 28 aspects of personality, social relationships, everyday activity patterns, and reported well-being. Cluster analysis identified 11 subgroups whose profiles of life conditions and health and psychological functioning could be categorized as more or less desirable (functional). The relative risk of a less worth wishing profile was 1.6 times higher for women than for men. For older adults, gender as a variable carries differences in physical frailty and life conditions that likely have consequences for psychological functioning (Smith, Jacqui; Baltes, Margret. M.1998).

2.3 Education:

Education is considered as the best investment in society. In its broadest general sense education is the means through which the aims and habits of a group of people lives on from one generation to the next. Generally, it occurs through any experience that has a formative effect on the way one thinks, feels, or acts. In its confined, technical sense, education is the formal process by which society transmits its accumulated knowledge, skills, customs, traditions and values from one generation to another, e.g., instruction in schools (Dewey 1916). Through this variable we come to know what quantity of educated people were in old homes, this also reflects the literacy rate of society.

2.4 Employment Status:

Employment status surrounds both income and educational attainment. Occupational status reflects the educational level required to obtain the job and income levels that vary with different

jobs and within ranks of occupations. Additionally, it shows achievement in skills required for the job. Occupational status measures social position by describing job characteristics, decision making ability and control, and psychological demands on the job.

Research investigations on the effects of demographic variables such as gender, age, level of education, and length of full-time employment on occupational work ethics have been reported in the literature with differing results. A number of studies in the past 20 years reported that females have more tendency for better work attitudes than their male counterparts (Azam, 2002; Petty & Hill, 1994; Hill, 1997; Hall, 1990, 1991; Furnham & Muhiudeen, 1984; Wollack, Goodale, Witjing, & Smith, 1971), while others found no correlation at all between gender and work ethics (Tang, 1989).

2.5 Independent Living

The older feel that due to this rapid change in family structure their social status is lost. Their independent life style is finished, and other social securities such as housing, health and assistance in daily living activities force them towards old homes. Old homes are the place for them where they can find round-the-clock basic facilities, and regular medical assistance etc.

2.6 Old Age Homes

In the modern times, the meaning of the word family has shrunken down to one's wife and children only, where parents, grandparents, uncles and aunties, brothers and sisters, cousins and nephews or nieces have no place. A "modern" Pakistani family does not want the presence of any relative in the family other than one's wife and children. Unfortunately the same psyche works among the people of every class rich, poor or middle class of the society, only in different

ranks. Be it a rich, super rich, and not very rich or poor family, everywhere the picture is the same. If the old people are fortunate enough, their sons or daughters in law might find for them a place or a room, in some old age homes. But one thing is certain , whether the children abandon their old parents, or the parents themselves decides live separately away from the company of their children and grand children, it is the heart of the old people that bleeds most. It is they who feel the pangs of separation most.

With Modernization, Chinese societies have undergone swift social changes in the recent decades. This has a significant collision on the family structure and cultural norms toward family obligations, which in turn affects choices regarding long term care of older family members. The number of older people living in the same household with their children has declined significantly in recent years. In general, young adult prefer not to live with their parents and are thus more willing to place their weak old parents in old age homes (Lam et, al.1998).

A number of studies have also revealed that many older adults have negative attitudes towards old age homes, viewing them as overly restrictive, lacking privacy and autonomy, and cutting their residents off from their families (Lee 2001; Mead 1991; Savishinsky 1991; Tse 2001).

2.7 Facilities:

It is defined as something contrive, built, installed, etc., to serve a specific function affording a convenience or service: transportation facilities; educational facilities; a new research facility. Or 'something that permits the easier performance of an action, course of conduct.' With reference to old age home, facility factors include location, number of roommates, food quality, organization type and general satisfaction.

2.8 Food Facilities:

Food services in long-term care have come a long way, both in quality and taste as well as service and choice. Resident-centered food service is an essential part of the culture change movement in long-term care homes. Resident-centered meal service is no longer about serving the food on trays or adding tablecloths. The Centers for Medicare & Medicaid Services (CMS) have developed survey protocols and explain guidelines for personnel conducting surveys in long-term care. These regulations state that the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance. They also state that food is pleasant in taste, attractive, and at the proper temperature, and alternates must be offered of similar nutritive value to residents who refuse food served. (Anthony Cirillo, 2012).

Food facility in old homes requires more attention of the administration of old homes, the food should be well cooked and served hot and fresh, it is also according to the need of the elders. As they remember in their mind that the food needs of the elders is different from the young ones, so provide them such food that is easily digestible and healthy for them. The administration also makes sure that the food they gave them contains every nutrient.

2.9 Health facilities:

Population ageing is a great challenging call for the health care systems. As nations age, the rate of disability, fertility and chronic diseases is increased theatrically. Some experts have the view that the mankind becomes a “global nursing home” (Eberstadt, 1997).

Elderly people have to cope up with various anticipations on the part of younger generations concerning example of happy and peaceful life and the way to prepare themselves to enter in the next world. Old age is the age of long and wide world and life experience. Aged one has the one who express the truth to the world. Mental suffering of the elderly are: deviation due to health problems, sorrows caused by departure from beloved ones or things, doubt concerning to nature of present and next life (Bhanman, 2006).

Health facilities surround a wide range of types, from small and relatively simple medical clinics to large, complex, and costly, teaching and research hospitals. Large hospitals centers may include all the various subsidiary health care types that are often independent facilities. The old expression, "You never get a second chance to make a good first impression" applies to health care facilities. The facility conveys a message to patients, visitors, volunteers, and staff. The facility also communicates a stream of clues about the organization and the medical care being provided there. The facility also influences employee service attitudes and behaviors (Robert, 2010).

2.10 Recreational Facilities:

Recreational activities are important for healthy living at any stage of life. Old age homes should provide some recreational facilities and arrange some recreational visits for the residents of old age home. These facilities identify each resident's interests and needs. The facility involves the resident in an ongoing program of activities that is designed to appeal to his or her interests and to enhance the resident's highest practicable level of physical, mental, and psychosocial well-being.

Anthony supports this as, at the heart of any old home or assisted living home is the activity program it has for residents. It is a necessary part of the cultural change movement and central to person-centered care. It is essential for resident quality of life. While Assisted Living activities are not as highly regulated, many facilities imitate zealously the standards set for old homes (Cirillo, 2012).

There is a need to increase in the amount of old age pensions, old age benefits in the government sectors, besides expenditure on medical and health care, recreational activities and on all other goods and services required for the aged, then used to have in the past (Alam, 2005).

2.11 Living arrangements:

The meanings and layout varies from old home to old home. For example, some rooms may be private and others shared. Rooms may have their own bathroom, or they may need to be shared with others. Some meals may be provided in the room, while others may be in a centralized dining area. The room occupies all the basic facilities like mattress, light, heater, fan etc. While old age homes have traditionally been set up in a medically-oriented design, with ease of old people care being the primary goal, now trends changes homes are now moving to a newer design model. This features smaller communities of 10 to 30 people within a home, private kitchens, communal areas and continuity of staff.

The aim was to describe satisfaction with the caring and living conditions of elderly persons in old age homes, expressed by the elderly persons, next of kin and staff members. Elderly persons were interviewed about their caring and living conditions. Next of kin and staff members completed a questionnaire about satisfaction with caring and living conditions of elderly persons.

The main results showed significantly low levels of satisfaction regarding: altered health, influence on care, restore their former status and meaningful occupation, as expressed by the elderly persons. Next of kin stated low satisfaction with staff contacts, influence on care, rehabilitation from staff and meaningful occupation for their elderly relatives. Staff members expressed low satisfaction with influence on care and meaningful occupation. The results present important indication to guide the heads of nursing homes and those responsible for elderly care, which will help to improve the caring and living conditions of elderly persons (Int, 2007).

In gerontological research one of the important issues for the aged are living arrangements. Much works has been done on this issue in developed world, but less attention has been given to it in developing world. This is because in developing countries the elder's people lived with their families and take cared by them.

The elderly citizens are in need of urgent attention. They do not need our pity but the understanding love and care of their fellow human beings. It is our duty to see that they do not spend the faint years of their life in isolation, and in misery. Older people are, therefore, in need of life-giving support that will keep important aspects of their life-styles intact while identity and in turn it leads to low morale, decreased level of satisfaction, depression and feeling of loneliness and helplessness. Thus the problems connected with ageing are numerous .Broadly speaking the main problem of the aged in our country is related to socio psychological economic and health problems etc. Old age homes are a need of today as the life-styles are changing fast and diminishing acceptance of family responsibilities towards one's elders (Kivelt and Scott, 1979).

In Pakistani culture families have provided social security to the old people. However, in more recent times, the traditional role of the family is replaced by other social welfare agencies such as Old age homes. These homes for the elderly are rapidly growing type of institutional care in Pakistan. However relocation to nursing home is one of the most stressful life events and requires major adjustment by older people. If the staff of old age homes knows foretell of adjustment, they can help to facilitate adjustment and moreover induce the quality of life for the elderly in the old home. Social support from staff and other residents, make easier for the elders to adjust in old home.

Governments and non- government organization works on to upgrade the position of elderly in Pakistan. In Karachi Senior Citizens Foundation of Pakistan (SCFP) presented on Monday a demand list to Governor Dr. Ishrat- Ul -Ebad pertaining to the welfare of more than eight million senior citizens in Pakistan. The governor compiled all demands at a seminar on 'Policies and plans for the health and welfare of the elderly and underprivileged', jointly organized by SCFP and Pakistan Medical Association. The governor announced financial aid and made a few promises besides assuring the foundation members that the government with its limited resources would try to address the problems of senior citizens. He said:

"Problems of senior citizens are manifold and perhaps it may not be possible to solve them within the available resources," he maintained. "Both senior citizens and underprivileged groups deserve our utmost attention."

Ebad proposed setting up a committee comprising representatives of both concerned ministries and SCFP to examine the proposals (for the welfare of elders) in depth and submit its recommendations to the government. Responding to SCFP demands, Ebad announced a token donation of Rs0.3 million to the foundation and assured the foundation of going all along to help it acquire a proper place for its office (Press Release, 29 July, 2003).

In Pakistan there are very few old homes. Though our culture undermines the need of the old homes since we are to take care of our elders, however, there are few unfortunate old people who have no one to look after them in their old age.

Old people especially who are poor, are leading miserable lives. It is our duty to look after senior citizens and help them. This can be done through simplifying the procedure of pension Employee Old Age Benefit Institute (EOABI). Moreover, the government should announce relief packages for the old people such as, free health care, social security, transport and recreation.

Nizamuddin and Ahmad (2003) highlighted the need to study the growing ageing population in Pakistan. They gave several recommendations to formulate a national policy on the elderly and ageing population. However, they also pointed out that Pakistan has still not seriously paid needed attention to formulate a national in this regard.

In 2002 National Senior Citizens Task Force was established by Government of Pakistan to identify the socio economic needs of the elder. The Government also facilitated the elderly by exempting tax on recreational activities and from standing up in queues, government also provided them an easy access to public libraries and to the public hospitals. Besides this, the government also set up a few old age homes in major cities of the country.

In February 2008, the Ministry of Social Welfare, in collaboration with the University of Gujarat organized a national seminar in Islamabad on the subject of 'Addressing the Unmet Needs of the Elderly in Pakistan', for supporting the pending bill on the elderly.

Saeed (2011) in her article also highlighted this problem. She says every person-man, woman and child deserves to be treated with respect and care no matter how old or young they are. Older people today are more visible as the number of old homes is being increased. The family member's attitude changes as the responsibility comes to them. They start misbehaving with them, neglect them in many things and the same thing their children do with their grandparents. They think that parents are burden on them. Our religious and ethical belief doesn't allow us to have this kind of behavior towards our parents.

Living together with elder people in homes is our culture but now days children take them as problem, they don't want to fulfill their responsibilities towards their parents. In past, people use to think that having elders in homes is a blessing but now the trend is changed totally they don't want them to be with them as they think that their life is being disturbed and freedom is finished. Our culture says no to old age homes but reality today says yes. There are people who have no one left to take care or those who are poor and leading miserable lives they should be kept in old homes and given free health care, transport and other facilities. Government should take responsibilities of these people. In Pakistan, Edhi center provides the old homes for the people who are alone and have no one left to take care.

CHAPTER THREE

RESEARCH METHODOLOGY

MATERIALS AND METHODS

Methodological techniques and ways of analyzing the observations are important to sociological pursuits and empirical research. According to Nachmias and Nachmias (1992) the scientific methodology is a system of explicit rules and procedures upon which research is based and against which claim for knowledge are evaluated.

Social research is based on reasoning and previous observations. Social research includes the interaction between conception and evidence (Charles, 1994). The major objective of this chapter therefore, is to explain various tools and techniques employed for the data collection, analysis and interpretation of the data relating to the present study.

3.1 The Universe:

The entire group from which a sample is drawn is called universe (Goode and Hatt, 1952).

According to Doxin and Marry (1957) "any set of individuals or objects having a common observable characteristics in a research constitute a population or universe". For any scientific study, selection and specification of universe is the first important step.

The term "target population" is commonly used to refer to the group of people or entities (the "universe") to which the findings of the sample are to be generalized. The "sampling unit" is the basic unit (e.g., person, household, pill) around which a sampling procedure is planned.

The entire group from which a sample is chosen is known as the population or universe. In other words, any set of individuals or objects having some common observable characteristics under study constitutes a population or a universe. The universe of the study consisted of all the Old Age Homes (Government and Private) working in the four major cities of Pakistan i.e.: Islamabad, Rawalpindi, Lahore and Karachi.

3.2 Research Design:

In order to have systematic and deep understanding of the research topic, quantitative research design has been employed in this study. The objective of this investigation is to evaluate evidence supporting this survey. For the present study, a survey was carried out on the adjustment of senior citizens in old age homes. As it is not always possible to collect and study the whole society's opinion, a scientific field survey was thought feasible.

3.3 The Sample:

Definition: A definite plan for obtaining a sample from a given population is called 'sample design'. It is a technique of selecting items for the sample. It lays down the number of items to be included in the sample. It should be reliable and appropriate for the research study of the researcher. It is determined before data collection. Time and cost are usually limiting factors in social research. It is, therefore, economical to base studies on samples rather than to study the entire universe. A sample refers to smaller representation of larger whole (Goode & Hatt, 1952).

A sample refers to a small representation of the whole population. It is a part or subset of population which represents the characteristics of the whole population.

The sample was collected from two Districts of Punjab named Rawalpindi and Lahore besides federal capital Islamabad, and from Sindh named Karachi from different Government or Private Old Age Homes. A unique feature of the present study is that data was collected from all the respondents residing in old age homes operating in these cities.

3.4 Tools for data collection:

The most important statistical work is perhaps data collection. An interviewing schedule was designed to collect the required information from the respondents under study. Interviewing schedule is a set of questions which was asked and filled in by the interviewer in face to face situation.

3.5 Pre-testing:

The pre test is a try of the interviewing schedule to see how it works and whether changes are essential before the start of the full scale data collection. According to Goode and Hatt (1952) pre-testing is a final use of a questionnaire prior to the larger scale administration. It is always useful and important to make a test of the questionnaire, because to know about the strength defects, and acceptability of the questions. The pre-testing was done to check the reliability of the interviewing schedule on ten respondents. After pre-testing, few modifications were made to improve the workability of questionnaire.

3.6 Data collection:

Research techniques vary depending on the social phenomena studied. Data-collection techniques differ from participant observation, content analysis, interviewing, and documentary

analysis. In this approach each problem studied requires a specific unit of observation, be it an individual, an organization, a city, a relationship between units, or a statistical rate. Even the way a concept is defined can affect data collection (*Encyclopedia Britannica, 2012*). The data were collected in three weeks by the researcher in a face to face situation. The researcher herself conducted the interviews of the old age people. However, the researcher took optimal care that the words and questions did not lose their meanings in this process. Questions were repeated and explained whenever the respondents faced difficulties in the understanding of questions.

3.7 Field experience:

Data collection is not an easy task. Social scientists generally face situations in which responses are difficult to get. It depends upon the researcher's efforts and experience to get reliable and correct information by observing and creating an atmosphere, harmony, technically called Rapport building. The average time consumed for each interview schedule was 30-35 minutes. However, in some cases, it was little less or more depending about the situation of the respondents. The researcher with the help of translator made her best possible effort to get the correct information and was successful in establishing rapport with them. However, the members of the staff of both the institutions were very cooperative and they helped the researcher in filling out the interview schedule with required patience and commitment.

3.8 Editing:

After the completion of data collection, there is a need to check the questionnaire properly and also record the responses correctly and accurately. The entire questionnaires were numbered in serial order. Before putting data into the computer the edited questionnaire were rechecked.

3.9 Conceptualization:

3.9.1 Old age home:

Place for elderly people who cannot take care of themselves anymore and need a little extra help.

3.9.2 Old age:

Old age consist of ages nearing or surpassing the average life span of human beings and thus the end of human life.

3.10 Socioeconomic Characteristics:

Socioeconomic characteristics are the information by which individuals can be classified, such as, sex, age, marital status, education, and family type. Such classification in turn may assist in understanding and defining several behavior patterns and attitudes in the context of specific research problem.

3.10.1 Age:

Age plays an important role in developing the attitude of an individual in a social scenario. It is an important factor that effects on thinking and attitude of an individual in a negative or positive way of adoption. Hence in the present study, age is identified as completed numbers of year since birth of the respondent. Age of the respondents had been classified as under:

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- i. **50-60**
- ii. **61-70**
- iii. **71-80**
- iv. **Above 80**

3.10.2 Education:

Education is considered as one of the most important factors which determine the structure and shape of society. Education is a consciously controlled and yields process whereby alternations are followed and produced by the individual's behavior and their mode of thinking. It is an important variable for the research in social science.

For the present study the senior citizens/ elderly were distributed under the following categories.

3.10.3 Educational categories:

- i. **Illiterate**
- ii. **Primary**
- iii. **Middle**
- iv. **Matric**
- v. **Above Matric**

3.10.4 Family:

Family, as defined by a 1970s Long Island, New York housing code (upheld by the U.S. Supreme Court in 1974):

"One or more persons related by blood, adoption, or marriage, living and cooking together as a single housekeeping unit, exclusive of household servants. A number of persons but not exceeding two (2) living and cooking together as a single housekeeping unit though not related by blood, adoption, or marriage shall be deemed to constitute a family."

Simply family is defined as, one or two parents living with their children.

In this study following categories were taken Families have following three types:

Nuclear family

Nuclear family consists of a father, mother and their children. This kind of family is common where families are relatively mobile, as in modern industrialized societies.

Extended family

The extended family consists not only of the basic family unit of parents and their children but extends to include other adults and children with kinship ties. Extended families can include aside from the parents and their children: grandparents, spouses of children, cousins, aunts and uncles.

Joint family

In a joint family, parents and their children's families often live under a single roof. This type of family often includes multiple generations in the family.

3.10.5 Marital Status:

It refers to the position of the marriage relation. In the present study marital status was categorized as under.

- i. Never married
- ii. Currently Married
- iii. Separated / Divorced
- iv. Widower/Widow.

3.10.6 Profession:

An occupation, such as law, medicine, or engineering that requires considerable training and specialized study.

However in the present study profession was asked in such terms like

- i. Executive/professional
- ii. Business
- iii. Laborer
- iv. Agriculturist
- v. Housewife
- vi. Any other

3.11 Health Facilities:

Broadly health facilities are places that provide health care. They include hospitals, clinics, outpatient care centers and specialized care centers. In this study health facilities were identified as under.

- i. Availability of doctor
- ii. Availability of nurse
- iii. Availability of ambulance
- iv. Availability of free medicine

3.11.1 Physical illness:

Poor health resulting from disease of body or mind; sickness. In this study the physical illness was checked as follows.

- i. Chronic disease
- ii. Heart disease
- iii. Joint pain
- iv. Ailments of the liver
- v. Fractures
- vi. Weak eye sight
- vii. Hearing problem

3.12 Dependent Variable:

People perception about old age homes and their effectiveness on duration of stay encompasses under the heading of dependent variables.

3.13 Statistical Techniques and Method:

The data was analyzed by using SPSS program. The following statistical; techniques were also used for the analysis of data.

3.13.1 Percentage:

For the purpose of analysis and comparison of the data, related to personal traits of the respondent's simple percentage were calculated. Percentage was calculated with the following formula:

$$P = F/N \times 100$$

Where

P = Percentage

F = Frequency of class and

N = Total numbers of frequencies

3.13.2 Chi-Square:

Chi-square test was applied to examine association between dependent and independent variables.

The chi-square was computed by following formula:

To test the significance of association between independent and dependent variables, chi-square test was used.

The formula for chi-square is as under:

$$\chi^2 = \sum \frac{(O-E)^2}{E}$$

Where

O = Observed frequency

E = Expected frequency

\sum = Some of observations

3.13.3 Mean:

In statistics, the mean is the mathematical average of a set of numbers. The mean gives an indication of the total number of observations divided by number.

Mean average was calculated with the following formula:

$$X = \bar{X}/N$$

Where

\bar{X} = Mean of a sample size

E = Sum of observation

X = Response obtained by all the respondents in a sample

N = Sample size

3.13.4 Gamma Statistics:

Gamma statistics was applied to ascertain the relationship between certain independent and dependent variable. The gamma was used with the following formula.

$$\text{Gamma} = \frac{Ns - Nd}{Ns + Nd}$$

N_s = same order pair

N_d = different order pair

CHAPTER FOUR

RESULTS AND DISCUSSIONS

All researchers involve some form of data analysis, which refers to deriving something meaningful from the observations that have been made during the research project. Data analysis can take many forms. In some cases it is qualitative such as a summary description of an investigator's field notes from a participant observation study, tabulation of qualitative data and application of statistical tools and techniques.

The main propose of data analysis is to convert the observations made during field survey into some meaningful form and to examine associations/ relationships between the variables. Analysis of data is made with reference to the objects of the study and research queries if any. It is also designed to test the hypothesis. Analysis of data involves re-categorization of variables, tabulation, interpretation, explanation and causal inferences. Thus the ultimate goal of data analysis is to draw meaningful inferences and generalization.

Thus analysis and interpretation of data are the most crucial steps involved in scientific research. Without these steps, generalization level and prediction cannot be made. The focus of this chapter, however, is on quantitative data analysis, in which observations are put into numerical format and manipulated in some way based on their arithmetical properties. Besides tabulation the analysis of quantitative data typically resolves around the use of statistical techniques, which are guided by certain procedures for assembling, classifying, tabulating, and summarizing numerical data so that some meaning or information is obtained.

4.1 Univariate Analysis:

When data is collected, it is in the form of a raw distribution, which means that the distribution contains all different values that were observed on a variable. Univariate analysis refers to the analysis which involves the manipulation of single variable. Univariate tables which are more commonly known as frequency distribution show how frequently an item is repeated. The basic purpose of univariate analysis is to correctly describe the 'variables'.

Old Age Homes:

As the population ages, more and more of us are faced with the outlook of moving either ourselves or an older family member into an old age home. It may be a decision that arrives suddenly after a recent hospitalization or may have gradually noticed that more and more needs becoming difficult to manage in our own homes. The decision can be a stressful one for both the older adult and their family members. Additionally, there are many wrong interpretations about old age homes. It's important to know about the facilities provided in old age homes, if old age home is the best option, so try to find one that is best for you or a loved one.

Old age home is normally the highest level of care for older adults outside of a hospital. Old homes provide care, assistance with feeding, bathing and dressing. However, old homes differ in that they also provide a high level of medical care. A licensed physician supervises each patient's care and a nurse or other medical professional is almost always on the premises. Skilled nursing care is available on site, usually 24 hours a day. Other medical professionals such as occupational or physical therapists are also available. This allows the delivery of medical procedures and therapies on emergency situations.

This trend of old homes is now growing firmly in developing countries such as Pakistan. In Pakistan more and more senior citizens hailing from the middle class background are seeking accommodations in the old age homes. In Pakistan a number of old age homes have sprung up across the length and breadth of the country. There are two types of old age homes in Pakistan, namely the Government old age homes and the private old age homes. The old age homes in Pakistan look after the senior citizens and cater to their needs and requirements. Though not up to the entire satisfaction of the beneficiaries.

Table: 4.1.1 Distribution of the respondents by type, name, time of establishment of old age home and type of Services

Type of old age home where respondents are living			
Serial no:	Categories	Frequency	Percent
i	Public	57	26.8
ii	Private	156	73.2
	Total	213	100.0
District / name of old age homes			
		Frequency	Percent
Rawalpindi		2	22.2
i	Najaat	-	-
ii	MGO Memorial Trust	-	-
Islamabad		2	22.2
i	Edhi Homes	-	-
ii	Aafiyat	-	-
Lahore		4	44.4
i	Edhi Homes	-	-
ii	Aafiyat	-	-
iii	Happy Homes	-	-
iv	Dar-ul- Kafala	-	-
Karachi		1	11.1
i	Edhi Homes	-	-
	Total	9	100.0
Duration / year of establishment old age home (years)			
i	11 / (2001-2012)	15	7.0
ii	22 / (1990-2012)	32	15.0
iii	6 / (2006-2012)	33	15.5
iv	64 / (1948-2012)	14	6.6
V	15 / (1997-2012)	5	2.3
vi	37 / (1975-2012)	26	12.2
vii	47 / (1965-2012)	31	14.6
viii	4 / (2008-2012)	14	6.6
ix	25 / (1978-2012)	43	20.2
	Total	213	100.0
Type of services provided in old age home			
i	Free	213	100.0
	Total	213	100.0

Old age homes was simply defined as ‘ A place for elderly people who cannot take care of themselves anymore and need a little extra help’ .

Table 4.1.1 shows the information about the old age homes. This information includes the type, name, date of establishment and services provided by the old age homes. It is evident from this table that 26.8 percent respondents lived in public old age homes operated by public sector while 73.2 percent respondents lived in old age homes maintained by private sector. These results reveals that majority of respondents were living in private old age homes,

These results were further supported by the study of Hamrett and Mullings (1992) that, the spatial distribution of public and private old age homes reveals that there are major differences in the structure of residential care, but there is a tendency towards the spatial equalization of private old age homes provision.

The table under discussion reveals that, the concept of old age homes are new so government not yet took any concrete steps while the private sector not only highlighted this issue but also made old age homes. So the occupancy level and subsequent discussion on adjustment shows that the quantity of private sector old age homes is better than that of public sector old age homes.

The table also revealed the name of old age home according to their districts, in Rawalpindi 22.2 percent old age homes were established named as, Najaat and MGO Memorial Trust, 22.2 percent in Islamabad named as, Edhi Homes and Aafiyat. As Lahore is considered as big city so majority (44.4 percent) old age were established there e.g. as, Edhi Homes, Aafiyat, Happy Homes and Dara-ul-Kafala. Only 11.1 percent were in Karachi named as, Edhi Homes.

Respondents' distribution results by year of old age homes where they lived revealed that, 7 percent lived in Najaat (Rawalpindi) old age home established in 2001, 15 percent lived in Dar-ul-Kafala (Lahore) established in 1990. Happy Homes (Lahore) was established in 2006 and 15 percent respondents lived there, 6.6 percent lived in Edhi Homes (Lahore) established in 1948. Edhi Homes (Islamabad) was established in 1997 only 2.3 percent respondents lived there. Twelve percent lived in Aafiyat (Islamabad) established in 1975, 14.6 percent lived in Aafiyat (Lahore) established in 1965. Six percent lived in MGO Memorial Trust (Rawalpindi) established in 2008. Twenty percent lived in Edhi Homes (Karachi) established in 1987.

The above table displayed the results of respondents distribution according to services provided in old age home. It shows that that 100 percent respondent did not pay for any kind of services provided in old age home. These results reflect that whether the old age homes are government or private both provided services free of cost.

Table: 4.1.2 Distribution of old age homes by services to gender, maximum capacity, number of occupants and source of Funding

Services provided to whom by old age home				
Serial no:	Categories	Frequency	Percent	
I	Males	29	13.6	
ii	Females	32	29.1	
iii	Both sexes	122	57.3	
	Total	213	100.0	
Maximum capacity of old age home / Capacity			Occupants Status	
i	Najaat (Rwp)	20	15	7.0
ii	Dar ul Kafala (Lhr)	48	32	15.0
iii	Happy Homes (Lhr)	50	33	15.5
iv	Edhi Homes (Lhr)	400	14	6.6
v	Edhi home (Isd)	200	5	2.3
vi	Aafiyat (Isd)	60	26	12.2
vii	Aafyat (Lhr)	65	31	14.6
viii	MGO Memorial Trust (Rwp)	25	14	6.6
x	Edhi Homes (Karachi)	800	43	20.2
	Total	1668	213	100.0
Min.	20	Max. 800	S.D 302.136	Mean 227.28
Number of inmates in old age home by City				
i	Rawalpindi	29	13.6	
ii	Islamabad	31	14.5	
iii	Lahore	110	51.6	
iv	Karachi	43	20.1	
	Total	213	100.0	
Funding source of old age home where respondent live				
i	Government	57	26.8	
ii	Private	156	73.2	
	Total	213	100.0	

Table 4.1.2 shows that only 13.6 percent old age homes provided services to male only, 29.1 percent provided services to females only, while 57.3 percent of the old age home extended services to both males and females. Result reflects that majority of the old age homes extend services to old age people of both sexes.

As regards the maximum capacity of old age home the table also shows that Najaat (Rawalpindi) has capacity of 20 persons and 75 percent were occupied, Dar-ul-Kafala (Lahore) has capacity of 48 persons and 66 percent were occupied. Happy Homes (Lahore) has capacity of 50 persons and presently occupied by 33 persons. Edhi Homes (Lahore) has capacity of 400 but less than 4 percent were occupied. The capacity of 200 were in Edhi Homes (Islamabad) but a very little 2.5 percent were occupied, it means more than 90 percent space is left to occupy more persons. Aafiyat (Islamabad) has capacity of 60 persons and only 40 percent is occupied. The capacity of 65 persons is available in Aafiyat (Lahore) and 47 percent were occupied. MGO Memorial Trust (Rawalpindi) with capacity of 25 persons and 56 percent were occupied, Edhi Homes(Karachi) has capacity of 800 persons but only 43 persons were living there, it means more than 95 percent occupancy space is available.

From the above results we conclude that if the occupancy of government old age homes are less but the capacity they provided for the persons is much more than that of private old age homes.

The percentage of inmates living in Rawalpindi old age homes is 13.6, 14.5 in Islamabad old homes, and majority 51.6 percent respondents lived in Lahore old homes and 20.1 percent respondents lived in old age homes available in Karachi city.

Regarding funding source of old age home, table 4.1.2 reveals that 26.8 percent were receiving funds from government, while majority 73.2 percent funds were managed from private sources.

The result concludes that the government only provides aid to those old age homes which are run by them, the majority /private sector old age homes are running on donations from philanthropists which they get from different sources either from non-government sector or other welfare organizations.

Table: 4.1.3 Distribution of respondents by Gender, Area, Age and Education

Gender distribution of the respondents			
Serial no:	Categories	Frequency	Percent
i	Male	113	53.1
ii	Female	100	46.9
	Total	213	100.0
Area from which respondents belong			
i	Urban	187	87.8
ii	Rural	26	12.2
	Total	213	100.0
Age of the respondent(years)			
i	51-60	48	22.5
ii	61-70	74	34.7
iii	71-80	71	33.3
iv	Above 80	20	9.4
	Total	213	100.0
Min. 50		Max. 90	Median 70.00
			S.D 9.09
			Mean 68.46
Educational level of respondents			
i	Illiterate(nill)	25	11.7
ii	Primary (1-5)	34	16.0
iii	Middle (6-8)	38	17.8
iv	Metric (9-10)	58	27.2
v	Above Metric	58	27.2
	Total	213	100.0
Min. 1		Max. 16	Median 10
			S.D 3.86
			Mean 8.50

Socioeconomic characteristic of respondents play a decisive role in discussion and analyzing results from data. The socio-economic background characteristics of the elderly men and women residing in the selected old age homes are presented in Table 4.1.3.

Sociologists are particularly interested in gender identity. Gender identity appears to from very early age. Although the exact causes of gender identity remain unknown, biological, psychological, and social variables clearly influence the process. Genetics, prenatal and postnatal

hormones, differences in the brain and the reproductive organs, and socialization all interact to mold a person's gender identity.

Gender distribution of the respondents shows 53.1 percent living in old age homes, while 46.9 percent respondents were females. This shows that the number of individuals living in old age home were mostly males.

The variable age is very important as it influences all other characters. With the growing age a person becomes more responsible and owns more authority. In agrarian societies the elderly have a status of respectability. Their life experiences and knowledge are regarded as valuable, especially in preliterate societies where knowledge is orally transmitted. The range of activities in these societies allows the elderly to continue to be productive members of their communities. In industrialized nations the status of the elderly has altered as the socioeconomic conditions have changed, tending to reduce the status of the elderly as the society becomes more technologically oriented.

Composition of respondents in the old age home is very important to consider the ratio of respondents that either mostly rural respondent are forced to live in old age home or urban respondents. Above table reveals the composition distribution result of the respondents that 87.8 percent respondents in old age homes belonged to urban area while only 12.2 percent respondents were from rural areas. The results indicate that due to urbanization the family ties become lose, trends of nuclear family system increases in urban areas so the old age people of urban areas compelled to live separately from their children. It may be due to a number of factors which include double earner family, very small house comprised of 1-2 rooms, large family,

limited income and the most important is the unrespectable behavior of son and daughter-in-law, towards old members of their families.

Age is also an important variable, with regard to the age distribution, it was noted that 22.5 percent were in age group 51-60 years, 34.7 percent were in 61-70 years. Respondents who fall in the age group of 71-80 years were 33.3 percent and only 9.4 percent respondents were those who were above 80 years. The survey and its analysis revealed that age of entry in old age homes was above 50 years and mostly respondents were of the age of 60 or above which is also considered the retirement age of a person in Pakistan.

Education is often used in research as a surrogate for socioeconomic status, and is less objectionable to subjects than asking income. Education is very important for an individual's success in life. Every ones knows the importance of education. Education is considered as more important pillar of progress and development for any society. Education is considered as one of the most important factors which help to determine the level of development in society. In general sense, education means to learn something reading, writing, and any skill (Zia, 1982). It is also an important characteristic for the research studies in social sciences.

The educational characteristics indicated that 11.7 percent respondents were illiterate, 16 percent respondents educational level was primary. Respondents whom literacy level was middle were 17.8 percent, 27.2 percent respondents matriculation where as 27.2 percent respondents qualification was F.A and above.

A Project Report prepared by Das ,Shah (2004) indicate that about one fifth of the elderly did not have any education, thirty percent had reported primary educational attainment, and another 9 percent had completed middle school while about 8 percent had completed college or

university education. It means the current study was conducted after a passage of eight years of Das and Shah reports and reveals that respondents were relatively better educated and percentage of illiterates was less.

Table: 4.1.4 Distribution of respondents by employment status, reasons for not working, type of profession, getting pension and amount of pension

Respondents employment status			
Serial no:	Categories	Frequency	Percent
i	Stopped working completely	148	70.4
ii	Remained house wives	65	30.5
	Total	213	100.0
Reasons for stopping work			
i	Retired formally	40	18.8
iii	Health problem	16	7.5
iii	Opportunity not available	47	22.1
iv	Any other	45	21.1
v	Remained house wives	65	30.5
	Total	213	100.0
Profession of respondents			
i	Professional	17	8.0
ii	Business	1	0.5
iii	Laborer	46	21.6
iv	Agriculture	11	5.2
v	Housewife	65	30.5
vi	Any other	73	34.3
	Total	213	100.0
Getting any pension if retired			
i	Yes	36	16.9
ii	No	177	83.1
	Total	213	100.0
Amount of pension if they got(Rs)			
i	Up to 5000	8	3.8
ii	5001-10,000	10	4.7
iii	10,001-15000	9	4.2
iv	15,001 and above	9	4.2
v	Not getting pension	177	83.1
	Total	213	100.0
Min.	0	Max. 18500	Median 00
			S.D 4.312
			Mean 1729.11

Employment/ occupation status reflects the social status as well as indicate the living standard of any person. Table 4.1.4 reveals the results of respondents distribution according to their employment status that 70.4 percent respondents stopped working completely, and 30.5 percent were the house wives during their active lives.

If one person stops working there should be certain reasons for stopping work that's why one compelled to stop work. If respondents stopped working than respondents distribution result with reasons displayed in the above table that 18.8 percent respondents retired formally, 7.5 percent respondents had health problem, 22.1 percent respondents had not opportunity available to continue work, and 30.5 percent were the house wives, while 21.1 percent respondents had other reasons to stop working.

These 21 percent who said that they stopped working for any other reason the main reason given was that they don't want to do work anymore, some of them said that before coming to old age home they lived with their children so their children did not allow them to do work, some of the females said because they had not permanent residence as before coming to the old age home they lived with different relatives so cannot continue worked at one place.

Table 4.1.4 also shows the professions of the respondents. Eight percent respondents were professionals, 0.5 percent respondents' profession was business, 21.6 percent of them falls in the category of labor. 5.2 percent of them were involved in activities related to agriculture, and respondents who were housewives are 30.5 percent. The remaining 34.3 percent were those who had different professions such as watchman, shopkeeper, tailor, house maids, school maids, clerks and teacher.

These results further supported by a Project Report prepared by Das and Shah (2004). Their survey found that 2 percent of the elderly men had been engaged as executives or were in some white collar profession, about 23 percent of men and 13 percent of women had either worked as school teachers/clerks or other related service groups, about 44 percent of men and 14 percent of women were either laborers in agricultural or non-agricultural occupation or were class IV servants. Among women, two-fifths of them had been housewives, about 2 percent had been engaged in carrying out a business and four percent were skilled workers such as tailors, embroiderers.

Pension is an amount given to the person after retirement from service. The above table shows the result of respondent distribution either they got pension or not if they were retired. It shows that 16.9 percent respondents got pension after retirement. While 83.1 percent were those respondents who were doing job previously but after retirement do not got any pension and some of them doing non- formal jobs and the other were house wives.

In the above table respondent's distribution about amount of pension they got has been discussed. It shows that 83.1 percent respondents were not falling in the category of pensioner, 3.8 percent respondents were receiving pension up to Rs5000, 4.7 percent respondents receive between Rs5001-10,000, while 4.2 respondents were receiving Rs10, 000 – 15000 rupees, and 4.2 percent fall in the category of pension Rs15000 and above.

Table: 4.1.5 Distribution of the respondents about personal expenditure, amount of expenditure and managing expenditure

Personal expenditure			
Serial no:	Categories	Frequency	Percent
i	Yes	63	29.6
ii	No	150	70.4
	Total	213	100.0
Amount of personal monthly expenditure(Rs)			
I	1000	18	8.5
ii	2000	32	15.0
iii	3001-4000	11	5.2
iv	4001-10,000	1	0.5
V	Above 10,000	1	0.5
vi	No expenditure	150	70.4
	Total	213	100.0
Min. 0		Max. 5000	Median .00
		S.D 1.036	Mean 593.00
Managing the expenditure			
Serial no:	Categories	Frequency	Percent
I	Own Saving	13	6.1
ii	Assistance from Children	24	11.3
iii	Assistance from Relatives	11	5.2
iv	Any other	15	7.0
V	No expenditure	150	70.4
	Total	213	100.0

Table 4.1.5 show the distribution of respondents by their other monthly expenditure. Majority (70.4) percent respondents did not have any other expenditure while 29.6 percent respondents had monthly expenditures for their different kind of requirements.

The above table shows that 70.4 percent respondents had no other monthly expenditure, while 8.5 percent reported to Rs 1000, 15 percent fall in the category of Rs 2000, and 5.2 percent indicated monthly expenditure of Rs.3000-4000.

The respondents who said that they had some sort of personal monthly expenditure vary from person to person , some need money especially men for cigarettes ,some need to visit their family and spend on fares they need.

Regarding the source of money for meeting various expenses in the old age home, the major sources reported, in Table 4.1.5, were that 70.4 percent respondent were not applicable as they do not have any monthly expenditure. While 6.1 percent respondents manage their expenditure from own saving, 11.3 were percent respondents who had assistance from their children, 5.2 percent respondents had assistance from their relatives. 7 percent said that they manage their expenditure employing different ways such as borrowing money from inmates' staff of old age homes and ask the visitors to give some money.

Family

Table: 4.1.6 Distribution of the respondents regarding their marital status ,years of living as widow or divorced, no. of children, married children and place of residence of children, family type and number of siblings

Marital status or respondents		Frequency	Percent
Serial no:	Categories		
i	Never married	24	11.3
ii	Presently married	15	7.0
iii	Separated/divorced	37	17.4
iv	Widow/widower	137	64.3
	Total	213	100.0
Duration of living as widow/widower or divorced(years)			
i	Less than one year	22	10.3
ii	5	67	31.5
iii	6-10	53	24.9
iv	11-15	22	10.3
v	16-20	7	3.3
vi	Above 20	3	1.4
vii	Married/never married	39	18.3
	Total	213	100.0
Min. 0	Max. 27	Median 9.00	S.D 6.319
			Mean 9.15
Number of children			
i	Son	50	23.5
ii	Daughter	31	14.6
iii	No child	26	12.2
iv	Both	82	38.5
v	Never married	24	11.3
	Total	213	100.0
Min. 0	Max. 4	Median 3.00	S.D 1.473
			Mean 2.43
Number of married children			
i	None	5	2.3
ii	Some of them	10	4.7
iii	All	148	69.5
iv	Never married/childless	50	23.5
	Total	213	100.0
Residence place of children			
Serial no:	Categories	Frequency	Percent
i	Residing in same district	101	47.4
ii	Residing in other district but same Province	20	9.4
iii	Residing in Pakistan (other Province)	25	11.7

iv	Residing Abroad	17	8.0
v	Never married/no children	50	23.5
	Total	213	100.0
Family type of the respondents			
i	Nuclear	141	66.2
ii	Joint	68	31.9
iii	Extended	4	1.9
iv	Total	213	100.0
Number of siblings			
i	Brother	26	12.2
ii	Sister	31	14.6
iii	No sibling	13	6.1
iv	Both	143	67.1
	Total	213	100.0

Table 4.1.6 shows marital status, duration of living as widow/widower, number of children, previous residence of the respondents, type of family and siblings of the respondents indicates that 11.3 percent respondents were never married, seven percent respondents currently married, 17.4 percent of the respondents were separated or divorced while 64.3 percent were widow or widower.

Tables also reflects the respondents years living as widow/ widower or divorced result reflects in the above table that 18.3 percent were not married or presently married, 10.3 percent respondents were passing life as divorced/ widow up to 5 years, 31.5 percent respondents living as divorced/ widow/ widower from 6-10 years, 24.9 percent respondents were living as divorced/ widow/widower from 11-15 years, 10.3 percent respondents were living divorced/widow from 16-20 years, while 3.3 percent respondents who were living as divorced/widow/widower ,while more than one percent(1.4) were suffering from the hardships of widow/widower/divorced life from the last 26-30 years. The above table reported that mostly the respondents were living as widow/widower/divorced from the last 6-10 years.

Table also indicates the respondents number of children. Only 11.3 percent respondents were never married, majority of 38.5 percent respondents had both male and female children, 23.5 percent respondents had only sons and 14.6 percent respondents had only daughters, whereas 12.2 percent had no children.

Number of married children were also classified in the above table that 23.5 percent respondents were those who are unmarried or not having children, majority of the respondents (69.5 percent) had all married children, 4.7 percent respondents were those who had some of their children married and 2.3 percent respondents had no married children.

Table also shows the place of residence of respondents children whereas 47.4 percent children were residing in same district. 9.4 percent children living in other district but same province where old home is located, 11.7 percent respondents children live in other province and 8 percent respondents children were living abroad.

As regards the family type of respondents 66.2 percent were living in nuclear family, 31.9 percent respondents in joint family system and a little less than two percent (1.9) respondents were members of extended family.

One of the study carried out in Haryana (India), on a sample size of 120 respondents showed that (53.33%) of respondents belonged to nuclear families, and 36.67 percent or respondents had the joint families before coming to old age home.

Distribution of the respondents according to the number of siblings revealed that 12.2 percent respondents had brothers, 14.6 percent respondents had sisters in their siblings while 6.1 percent respondents had no siblings while the majority 67.1 percent respondents had both (brother and sister) in their siblings.

Table: 4.1.7 Distribution of the respondents regarding to their place residing before, owned house and had any property, duration of stay, accompanied his/her spouse in old age home, current presence of their spouse

Place of residence before old age home			
Serial no:	Categories	Frequency	Percent
i	With family	104	48.8
ii	With siblings	80	37.6
iii	With relatives	18	8.5
iv	Any other	11	5.2
	Total	213	100.0
Respondents had own house			
i	Yes	19	8.9
ii	No	194	91.9
	Total	213	100.0
Respondents had any other property			
i	Yes	2	0.9
ii	No	211	99.1
	Total	213	100.0
Duration of living in old age home (years)			
Serial no:	Categories	Frequency	Percent
i	1-5	110	51.6
ii	5-10	78	36.6
iii	10-15	23	10.8
iv	15-20	2	0.9
	Total	213	100.0
Min.	2	Max.	18
		Median	5.00
		S.D	3.324
		Mean	6.58
Respondents accompanied with his/ her spouse			
i	Yes	4	1.9
ii	No	209	98.1
	Total	213	100.0
Present status of respondents spouse			
i	Separated	37	17.4
ii	Widow/widower	137	64.3
iii	Never married	24	11.3
iv	Any other	11	5.2
v	Spouse is in old home	4	1.9
	Total	213	100.0

Table 4.1.7 shows respondents place of residence before coming to old age home. It reflects that 48.8 percent were residing with family before coming to old age home, 37.6 percent respondents were residing with siblings, and 8.5 percent of the respondents were residing with their relatives while only 5.2 percent respondents were residing with any other person before coming to old age home, which means that some of them reside with their son in laws and some of them living in any other social welfare centre before coming to old age home.

The above table reflects that 8.9 percent respondents had their own house while 91.9 percent respondents had not their own house. The question arises after seeing the yes answer that if they had their own house so why they are living in old age home, the answer given by the respondents that they regarded their father's house as their own house, while some said that they had their own house but for children they sold it out and after this their children send them here.

Table displayed the respondents distribution results about their any other property. 0.9 percent respondents had any other property other than house, while 99.1 percent respondents did not own any other property other than house.

Table also depicts that about 51.6 percent of the elderly had reported that they had been residing in this institution from the last 1-5 years, respondents who were living in old age home from 5-10 years were 36.6 percent, 10.8 percent respondents were living in old age home from 10-15 years, and little less than one percent(0.9) were living in old age home from 15-20 years. This results shows that majority of the respondent who are living in old age home is from last five years, this also reflects the trend of leaving the elders in old age home is fastly growing in the last few years.

Table also reveals whether their spouse come along with them in old age home or not. It revealed that 1.9 percent respondents spouse came along with them in old age home while rest of 98.1 percent respondents had not come with their spouse, this majority percent (98.1) include those who are widower/ widow/divorced, currently married but came to old age home without spouse and those who were never married.

Above table shows the current presence of the respondents that 17.4 percent respondents were separated/divorced, majority 64.3 percent were widow/widower, 11.3 percent were never married, 1.9 percent came with their spouse and 5.2 percent respondents are those whose spouses lived at another place. By another place they meant that their spouse living with children or with their relatives.

Table: 4.1.8 Distribution of respondents regarding their knowledge about old age home, any other family member living in old age home and their relationship

Knowledge about old age home where respondents live			
Serial no:	Categories	Frequency	Percent
i	Relative	43	20.2
ii	Media	71	33.3
iii	Community	47	22.1
iv	Friends	39	18.3
v	Any other	13	6.1
Total		213	100.0
Any other family member living in old age home			
i	Yes	17	8.0
ii	No	196	92.0
Total		213	100.0
Relationship with the member			
i	Spouse	4	1.9
ii	Friend	9	4.2
iii	Relative	4	1.9
iv	Do not had any relative living in old age home	196	92.0
Total		213	100.0

Table 4.1.8 shows the respondents source of information about the old age home. It revealed that 20.2 percent respondents came to know about old age home from their relatives, 33.3 percent from media, 22.1 percent from community, 18.3 percent respondents came to know about old age home from their friends, just 6 percent respondents had any other source of information about old age home, such as their children or from their son/daughter in laws.

The above table also describes about any other family member living in old age home. Eight percent respondents had other family member or relative lived in old age home whether the same old age home or another old age home, while majority (92) percent respondents family member or relative did not have any relative living in old age home.

Table 4.1.8 reflects the respondent's relationship with family member or relative residing in old age home. Majority (92) percent respondents were not applicable as no one of their relative or family member living in old age home, while 1.9 percent respondents had their spouse, while 4.2 percent respondents had their friends and in case of 1.9 percent of the respondents some relatives were living in old age homes.

Table: 4.1.9 Distribution of respondents by reasons of living in old age home, who made decision to sent in old age home, and feeling after coming to old age home

Reasons for coming		Frequency	Percent
Serial no:	Categories		
i	No one to take care at home	31	14.6
ii	Family conflicts	68	31.9
iii	Own preferences	50	23.5
iv	Economic constraints	18	8.5
v	Children are away	39	18.3
vi	Any other	7	3.3
Total		213	100.0
Was it your own decision to come to old age home			
i	Yes	147	69.0
ii	No	66	31.0
Total		213	100.0
Who else decided to sent you to old age home			
i	Daughter in law	20	9.4
ii	Children	33	15.5
iii	Sister in law	11	5.2
iv	Wife/Husband	2	0.9
v	Own decision	147	69.0
Total		213	100.0
Feeling after coming to old age home			
i	Happy	31	14.6
ii	Neutral	109	51.2
iii	Unhappy	73	34.3
Total		213	100.

There should be certain reasons for a person to leave his home and compelled to reside in old age homes. As is evident from Table 4.1.9 that 14.6 percent respondents said the major reasons for choosing to live in an old age home are due to not having anyone to take care of them, 31.9 percent to avoid familial conflict (especially with children) or for peace of mind and to be cared for in a better way, 23.5 percent respondents said that it is their own decision because they want to be able to live a life of dignity and self respect which they felt they did not enjoy by staying with married children. There were 8.5 percent respondents who came to old age because of

economic constraints, 18.3 percent respondents compelled to join old age home because their children were away and only 3.3 percent respondents stated any other reason to come to old age home. These respondents indicated the lack of physical space for them while living with their children and grandchildren or that they did not want to be a burden on family members. A small percentage stated other reasons to leave their homes because their spouse does not want him/her to live with them, some respondents children did not want them so this compelled them to live in old age home.

On behalf of various reasons for a person who come to old age home, one single aspect is more important either it was his/her own decision or not to come to old age home. During survey data was also collected on this variable and table under discussion shows that 69 percent respondents said that it is their own decision to come to old age home while only 31 percent respondents had not decided to come in old age home, means they came on the decision of someone else.

A study was conducted by Chinese University of Hong Kong, (2004). It examined psychosocial factors associated with the acceptance of long-term placement in old age homes among 185 elderly Chinese in Hong Kong. Participants were recruited from local community centers for elderly people and were individually interviewed on their willingness to enter old age home, attitudes toward perceived mental and physical health status, and beliefs about filial piety and independence. Results showed that only 20 percent of the participants indicated their willingness to enter old age homes.

While rest of 9.4 percent testified that their daughter in law send them, 15.5 percent come to old age home on the decision of their children, 5.2 percent respondents come to old age home on the

decision of their sister in law and 0.9 percent respondent joined old age home on spouse decision.

Agony of somebody must be considered after leaving home and to come in old age home either they are happy, unhappy or it did not matter to live in old age home rather than of own sweet home. The table shows that 14.6 percent respondents become happy after coming in old age home, while 34.3 percent respondents were unhappy after joining old age home and majority of 51.2 percent respondents had no concern with this either they live in home or old age home as they had stopped thinking about it after coming in old age home. It means under the socio-economic problems, family members stress and their own children behavior severely heart feelings and emotions of those senior citizens and now the feeling of sadness and even happiness had no meaning at all for them. They are just passing their rest of lives waiting ultimate reality of death.

Table: 4.1.10 Distribution of respondents by contact with their families, reasons of not contact, who mostly and how frequently visit them.

Any contact with family members			
Serial no:	Categories	Frequency	Percent
i	Yes	194	91.1
ii	No	19	8.9
	Total	213	100.0
Reasons for not having contact with family members			
i	Economic reason	2	0.9
ii	Unwillingness	12	5.6
iii	Far away	5	2.3
iv	Have contact	194	91.1
	Total	213	100.0
Person who mostly visit them			
i	Son	33	15.5
ii	Daughter	61	28.6
iii	Siblings	55	25.8
iv	Any other	45	21.1
v	Don't have contact	19	8.9
	Total	213	100.0
How frequently visit by their family members or others			
i	Weekly	7	3.3
ii	Monthly	95	44.6
iii	Yearly	56	26.3
iv	Only on events	36	16.9
v	Don't have contact	19	8.9
	Total	213	100.0
How frequently they visit their family			
i	Frequently	2	0.9
ii	Occasionally	28	13.1
iii	Rarely	94	44.1
iv	Not at all	70	32.9
v	Don't have contact	19	8.9
	Total	213	100.0

Table 4.1.10 shows the results about respondents contact with their family members. Results shows that 91.1 percent respondents had a contact with their family members while 8.9 percent respondents had no contact with their family members or they did not wish to make any contact with them.

The table under discussion shows the reason for having no contact with their family. The table indicates that less than one percent(0.9) respondents were had no contact with their family because of economic condition, while 5.6 percent do not contact because they don't wish to meet them, 2.3 percent have not contacted with their family because their children are far away.

The table also shows that no family member visited majority of 8.9 percent respondents in old age homes, while 15.5 percent respondents said their son mostly visit them, 28.6 percent respondents replied that their daughter visit them, 25.8 percent respondents were mostly visited by siblings and 21 percent respondents visits were made by any other in old age homes, these other mostly included respondents friends.

Table 4.1.10 reveals about how frequently their family members or other visit them. As indicated above that majority of 8.9 percent respondents were not visited by any one, while 3.3 percent respondents said they weekly visit them, 44.6 percent respondents were visited by family members or others monthly, 26.3 percent respondents were mostly visited yearly and 17 percent respondents were visited only on religious events. These results indicates that mostly respondent are visited by their relatives monthly and those who said yearly or only on events are the one whose children were living outside the province or country.

The table also reveals the responses about how frequently they visit their family. It indicates that 8.9 were those who did not have any contact with their family, one percent respondents

frequently visit their family, and 13.1percent respondents said they occasionally visit their family, 44.1 percent respondents rarely visit their family and 32.9 percent respondents did not visit their family. This included those respondents who have contact with family but they did not go to their family relative places by themselves.

Table: 4.1.11 Available Facilities

A-Food

Distribution of the respondent regarding provision of different food items in old age home

Food items	Daily(%)	Twice a week (%)	Once a week (%)	Any other (%)	Total (%)
Meat	8.3(8)	51.6 (110)	17.8 (38)	26.8 (57)	100(213)
Cereals	97.2(207)	1.9(4)	0.5(1)	0.5(1)	100(213)
Milk	8.9(19)	66.2(141)	17.4(37)	7.5(16)	100(213)
Vegetables	97.7(208)	1.9(4)	0.5 (1)	-	100(213)
Egg	2.8(6)	63.8(136)	19.2(41)	14.1(30)	100(213)
Fruits	90.1(192)	6.6(14)	2.8(6)	0.5(1)	100(213)

Food is the basic requirement of the body. It is specially needed for patients and aged people to fill the energy requirements of body. In old age homes, meals and mealtimes are especially important. Many old age home residents have special nutritional needs. Others may need food specially prepared due to digestive disorders. Mealtimes are one of the most important activities of each day and provide an important opportunity for social gathering and sharing. Due to their social and nutritional significance, meals are a major concern for most old age home inmates.

Table 4.1.11 shows the food services and facilities available for the elderly living in the old homes selected for the study. The table summarized the result that 8.3 percent respondents said meat available to them daily, 51.6 percent respondents said meat was available twice a week, 17.8 percent respondents said meat available to them once a week while 26.8 percent respondents had any other option for availability of meat, similarly 97.2 percent respondents said cereals were available to them daily, 1.9 percent respondents said cereals were available twice a week, 9 percent said milk was available daily 66.2 said twice a week, 17.4 percent respondents said milk available to them once a week while 7.5 percent respondents had any other option for availability of milk, 97.7 percent respondents said vegetable available to them daily, 1.9 percent respondents confirmed vegetables availability twice a week, while 0.5 percent respondents said once a week for availability of vegetable, 2.8 percent respondents said egg were available to them daily, 63.8 percent respondents said egg available twice a week, 19.2 percent respondents said egg available to them once a week while 14.1 percent respondents had any other option for availability of egg whereas 90.1 percent respondents said fruit was available to them daily, 6.6 percent respondents said fruit available twice a week, 2.8 percent respondents confirmed fruits available to them once a week and 0.5 percent respondents had any other option for availability of fruit. By any other they mean that they get the above food items thrice in a week or on one day gap basis.

Table: 4.1.12 Distribution of respondents according to their satisfaction level with food conditions in old age home

Hygienic condition of food			
Serial no:	Categories	Frequency	Percent
i	Yes	210	98.6
ii	No	3	1.4
	Total	213	100.0
Perception about cooked food			
i	Always	181	85.0
ii	Often	32	15.0
	Total	213	100.0
Perception about getting meal in time			
i	Always	209	98.1
ii	Often	4	1.9
	Total	213	100.0
Availability of clean drinking water			
i	Always	211	99.1
ii	Often	2	0.9
	Total	213	100.0
Cleanliness of pots			
i	Yes	207	97.2
ii	No	6	2.8
	Total	213	100.0
Getting special meal in illness			
Serial no:	Categories	Frequency	Percent
i	Yes	18	8.5
ii	No	195	91.5
	Total	213	100.0
Their overall satisfaction with food providence in old age home			
i	Satisfied	188	88.3
ii	Neutral	23	10.8
iii	Dissatisfied	2	0.9
	Total	213	100.0

Table 4.1.12 shows results of respondents by their satisfaction about food conditions in old age home where they live. Result mentions that 98.6 percent respondents were satisfied about hygienic condition of food in old age home while 1.4 percent respondents were not satisfied

about hygienic food condition in old age home. Result indicates that majority (85) percent respondents stated that food is always well cooked while 15 percent respondents said often food is well cooked in old age home.

Tables depict the perception of respondents about timely meal served in old age home. Result shows that majority (98.1) percent respondents were served in time while 1.9 percent respondents said often got meal in time in old age home. Table also reflects the availability of clean drinking water in old age home. Result shows that 99.1 percent respondents stated that they got clean drinking water.

Distribution results of respondents according to their perception about cleanliness of pots or utensils used in old age home in table. Result shows that 97.2 percent respondents stated that pots/ utensils, which they used were clean while 2.8 percent respondents said they did not get clean pots/ utensils in old age home.

Table 4.1.12 also shows that respondents get special meal in case of illness in old age home. Result shows that 8.5 percent respondents stated that they got special meal in case of illness while 91.5 percent respondents said they did not have any special meal in case of illness in old age home. From the above table we concluded that the meals provided to respondents are in time but almost every respondent had an issue that in case of illness they do not have any special meal.

Majority (88.3) percent respondents were overall satisfied with the food providence in old age home, 10.8 percent respondents were neutral upon food providence while 0.9 percent respondents were not over all satisfied with the food provided in old age home.

B-Health Facilities

Table: 4.1.13 Distribution of respondents regarding examination by doctor and availability of, medicine, ambulance, doctor and nurse in old age home

Regular checkup by doctor (visits)			
Serial no:	Categories	Frequency	Percent
i	Once in a month	18	8.5
ii	Twice in a month	5	2.3
iii	Not regularly	68	31.9
iv	Any other	122	57.3
	Total	213	100.0
Availability of Free medicine			
i	Yes	212	95.5
ii	No	1	0.5
	Total	213	100.0
Ambulance availability			
i	Yes	211	99.1
ii	No	2	0.9
	Total	213	100.0
Doctor availability			
i	Full time	7	3.3
ii	Part time	68	31.9
iii	Not available	138	64.8
	Total	213	100.0
Nurse availability			
i	Part time	4	1.9
ii	Not available	209	98.1
	Total	213	100.0

The picture with regard to medical facility indicated in the table 4.1.13 shows the frequency of doctor visits in old age home where they live. It reveals that 8.5 percent respondents said doctor visited old age home once in a month, 2.3 percent respondents said doctor visited twice in a month, 31.9 percent respondents said doctor did not make regular visit to old age home while 57.3 percent respondents had any other opinion about doctor visit in old age home. By any other the respondents meant that doctor visited them daily or weekly.

Table 4.1.13 shows respondents perception about free medicine facility available to them in old age home in table. Result shows that 99.5 percent respondents stated that they had facility to get free medicine while 0.5 percent respondents said they did not get free medicine.

Distribution results of respondents according to their opinion about ambulance facility available to them in old age home. Result shows that 99.1 percent respondents stated that they had facility of ambulance in old age home while 0.9 percent respondents said they did not had facility of ambulance.

Distribution results of respondents according to their doctor facility available to them in old age home in table. Result shows that 3.3 percent respondents stated that they had facility of full time doctor availability in old age home, 31.9 percent respondents said doctor was available to them part time while 64.8 percent respondents said they did not had facility of doctor.

Distribution results of respondents according to their nurse facility available to them in old age home in table results shows that 1.9 percent respondents said nurse was available to them part time while 98.1 percent respondents said they did not had facility of nurse. This show that mostly old age home did not have doctor or nurse on permanent basis meaning there that they are not available full time.

Table: 4.1.14 Distribution of the respondents regarding to their state of health, physical disability, nature of disability, who take care of them

Health status			
Serial no:	Categories	Frequency	Percent
i	Very healthy	10	4.7
ii	Healthier than average	48	22.5
iii	Average	100	46.9
iv	Somewhat unhealthy	54	25.4
v	Not sure	1	0.5
Total		213	100.0
Physical disability			
i	Yes	19	8.9
ii	No	194	91.9
Total		213	100.0
Nature of disability they had			
i	Paralyze	5	2.3
ii	Fractured (leg or arm)	10	4.7
iii	Backbone damages	4	1.9
iv	Do not have any disability	194	91.1
Total		213	100.0
In case of sicknesses who take care of them			
i	Yourself	73	34.3
ii	Staff members	115	54.0
iii	Inmates	25	11.7
iv	Any other	1	0.5
Total		213	100.0

Table 4.1.14 shows the results of respondents by their perception about state of health. It reflects that 4.7 percent respondents felt themselves very healthy, 22.5 percent respondents felt healthier than average, 46.9 percent respondents felt themselves average, almost 25.4 percent respondents felt somewhat unhealthy while only 0.5 percent respondents were not sure about their health state. It means majority perceived their health as average.

One of the findings of study conducted by Clark (1999) revealed that in Pakistan most of the elderly persons did not consider their health as excellent and a considerable number of them said that their diets are inadequate. Table shows the distribution results of respondents about any physical disability, majority of 91.1 percent respondents had no any physical disability in old age home while only 8.9 percent respondents had a physical disability.

Table shows the distribution results of respondents that 91.9 percent were not disabling, while 2.3 percent have disability as they are paralyzed, 4.7 percent have fractured leg/ arm and 1.9 have back bone damages. The table under discussion under dis depicts that mostly respondents are not disabled and those who claimed some kind of disability were of minor nature. It also interprets that these old age homes as per policy decision have may not admitted persons who have major disability.

The same table shows the distribution results of respondents about to the person who takes care of them in case of sickness. It explained that 34.3 percent respondents took care themselves in sickness, 54 percent respondents said staff member took care them when they got ill, and 11.7 percent respondents said their inmates of old age home in case of sickness.

Results shows that the staff member of old age homes are very co-operative and exhibits a sympathetic behavior towards the inmates of old age home as mostly respondents testified that the staff members take care of them when they get ill.

A survey carried out by University of Gujrat in overall Punjab (2010), reveals the results of elders in Punjab that (49%) of respondents were suffering from chronic diseases while (65%) had joint pains, only (41%) had a heart attack in the age of 60-69, majority (93%) respondents had vision in both eyes, only (20%) respondents had hearing problem.

Table: 4.1.15 Distribution of the respondents by their health problems

Physical illness	Yes (%)	No (%)	Total (%)
Chronic diseases(high blood pressure, diabetes)	68.5(146)	31.5 (67)	100(213)
Heart diseases	19.2 (41)	80.8(172)	100(213)
Joint pain	34.7(74)	65.3(139)	100(213)
Ailments of liver/ gallbladder	14.1 (30)	85.9(183)	100(213)
Fracture (hip, thigh)	9.9(21)	90.1(192)	100 (213)
Weak eye sight	72.3(154)	27.7(59)	100 (213)
Hearing problem	7.0(15)	93.0(198)	100 (213)

Health and illness are important concerns in old age. Visual, auditory, dental and mobility problems, weakening of muscles, loss of appetite, anemia, sleeplessness, and minor gastric disorders are some of the common afflictions of ageing. In this regard, the study has explored the various health problems or illnesses experienced by the elderly at the time of the interview. Data on this aspect is presented in Table 4.1.15

It explained that 68.5 percent inmates have chronic diseases (high blood pressure, diabetes), 19.2 percent respondents have heart diseases, 34.7 percent have joint pain, 14.1 percent have ailments of liver and gallbladder. 9.9 percent have fracture of hip and thigh. 72.3 percent have weak eye sight and 7.0 percent respondents have hearing problem.

A Project Report prepared by Das and Shah (2004) also shows the major health problems reported by the respondents in their study are having arthritis/joint pain is (50 percent), followed

by visual problems (31), back pain (29), anemia/weakness (21) and sleeplessness and mobility (20 percent each). About 17 to 19 percent have reported auditory problems, hypertension, muscular weakness and loss of memory. Asthma and respiratory problems have been reported by 14 percent. Gastric problems/acidity and constipation, which are often more associated among the elderly due to weakness of the alimentary system, are reported by just 3 percent each of the respondents. Results interprets that mostly respondents have chronic diseases in which high blood pressure is frequent and most of the respondents had weak eyesight.

Table: 4.1.16 Degree of physical dependency distribution of respondents

Physical activity	Degree of dependence			Total (%)
	Fully (%)	Partial (%)	Independent (%)	
Eating	0.9 (2)	0.9(2)	98.1(209)	100(213)
Dressing	0.5(1)	5.6(12)	93.9(200)	100(213)
Toileting	0.5(1)	8.5(18)	91(194)	100(213)
Bathing	0.9 (2)	16.4(35)	82.6(176)	100(213)
Transferring/mobility	-	7.0(15)	93(198)	100 (213)

Table 4.1.16 shows that distribution results of respondents on physical dependency less than one (0.9) percent respondents are fully depended on others for eating, 0.9 percent are partially dependent which means 98.1 percent are independent. The table also shows that less than one percent (0.5) respondents are fully depended on others for dressing, 5.6 percent partially dependent or 93.9 percent completely independent for this activity. Table shows that less than one percent(0.5) respondents are fully depended on others for toileting, 8.5 percent are partially dependent indicating 91.1 percent are independent .This table also depicts that about one percent respondents are fully depended on others for bathing, 16.4 percent partially dependent or 82.6 percent are completely independent. The above table also shows that 7 percent respondents are fully depended on others for mobility, 93 percent respondents indicating that they are completely independent for their mobility.

Table: 4.1.17 Distribution of respondent's feelings by their while living in old age home.

Feeling	Yes (%)	No (%)	Total (%)
Depression	48.4 (103)	110 (51.6)	100 (213)
Restlessness	41.3(88)	125 (58.7)	100 (213)
Happiness	1.9(4)	209 (98.1)	100 (213)
Loneliness	59.6(127)	40.4(86)	100 (213)
Frightened	2.8 (6)	97.2 (207)	100 (213)

Old people desperately need love proper nourishment, happiness and relaxing conversations from and with other family members. But the system of nuclear family and busy lifestyle of people have secluded them from other family associates. This modification in the cultural norms and traditional family support systems for elderly in Pakistan have but on elderly.

Table 4.1.17 shows respondents feeling while living in old age home, 48.4 percent respondents have depression while living in old age home; table also shows that 41.3 percent respondents feel restlessness while living in old age home.

An overall indicator of the emotional state of the elderly can finally be assessed from their response to how happy they are about their stay in the old age home. As revealed from table 4.1.17 that about 2, 60 and 3 percent respondents reported happiness, loneliness and frightened, respectively. To further understand the emotional state of the elderly, the respondents were asked whether they felt lonely living away from their children. Overwhelming 59.6 percent respondents feel loneliness while living in old age home. While 40.4 percent have stated that

they do not feel loneliness living away from children, their answers and justification, however, reflect an artificial armor which they have created around themselves to protect against the emotional pain meted out by children.

It also explains that 2.8 percent respondents feel frightened while living in old age home 97.2 percent do not feel frightened. From the above table it may conclude that mostly respondents feel depression or loneliness as they missed their families and due to this they are under stress and strain.

These results supported by a study conducted by Clarks (1999) showed that elderly people thought that after becoming old their family does not respect them. The findings also unfold that few number of elderly has feeling of loneliness.

Table No: 4.1.18

Respondents distribution regarding to overall satisfaction with health facilities provided at old age home			
Serial no:	Categories	Frequency	Percent
I	Satisfied	158	74.2
ii	Neutral	52	24.4
iii	Dissatisfied	3	1.4
	Total	213	100.0

It is evident from Table 4.1.18 that the majority i.e. 74.2 percent of the elderly respondents has reported their satisfaction with the various health services provided in the old age home. 24.4 percent respondents were neutral, while 1.4 percent respondents were not over all satisfied with the health facilities provided in old age home.

C- Religious and Recreational Activities

Table: 4.1.19 Distribution results of respondents on availability of mosque and celebrating religious events

Facility of mosque		Frequency	Percent
Serial no:	Categories		
i	Yes	211	99.1
ii	No	2	0.9
	Total	213	100.0

Arrangement of celebrating religious events		Frequency	Percent
Serial no:	Categories		
i	Yes	179	84.0
ii	No	34	16.0
	Total	213	100.0

Religion is very important in one's life, the religion or religious events too are very important for all the people in the world.

Table 4.1.19 shows distribution results of respondents that 99.1 percent respondents responses affirmed on the availability of mosque while 0.9 percent says no.

Data presented in above table shows the arrangements of celebrating religious events 84.0 percent of respondents said yes and 16.0 percent said no.

These results interprets that in every old age home there is a facility of celebrating religious activities, as on EID they got some sweets and presents from donating agencies. In some private old age home the old home authority send every year 3 persons to perform UMRAH.

Table: 4.1.20 Distribution results of entertainment facilities provided in old age home.

I	Facilities	Yes (%)	No (%)	Total (%)
Ii	Radio	37.6 (80)	62.4 (133)	100(213)
Iii	T.V	98.6 (210)	1.4 (3)	100(213)
Iv	Library	21.6 (46)	78.4 (167)	100(213)
V	In door games	45.5 (97)	54.5 (116)	100(213)
Vi	Recreational visits	11.7(25)	88.3 (188)	100(213)
Vii	Telephone	97.7(208)	2.3(5)	100(213)

Recreation, play or work activities are an important part of an individual's life. From an early age children play. This early stage of play has no structure, but it is life for the child's social and intellectual development. In adult life meaningful activities are just as important and vital to prevent boredom, isolation, aggression and to provide good quality of life. Throughout adult life we spend most of our time working to provide ourselves and family with shelter, warmth and food. But, alongside work we also need to relax. Such meditations are very important in the elderly adult resident of an old age home. This is achieved in many different forms which may be in isolation or in groups of various sizes depending on the individual needs and activity involved.

The Table 4.1.20 reflects these recreational activities. 37.6 percent respondents says yes on provision of Radio facility and 62.4 said no, 98.6 percent says yes on television facility and 1.4 percent says no. it shows that 21.6 percent respondents says yes on library facility ,78.4 percent respondents says no. Similarly 45.5 percent respondents says yes on indoor games facility ,while 54.5 percent says no. table shows that 11.7 percent respondents says yes on

recreational visits facility and 88.3 percent respondents says no. It also shows that 97.7 percent respondents say yes on telephone facility and 2.3 percent says no. These results amply show that television is available in every old age home but there is no arrangement of library or recreational trip in most of the old age homes.

Recreational visits

Table: 4.1.21 Distribution results of respondents regarding recreational visits, activities, importance and satisfaction level with recreational activities

Recreational visits			
Serial no:	Categories	Frequency	Percent
i	Frequently	5	2.3
ii	Occasionally	11	5.2
iii	Rarely	86	40.4
iv	Not at all	111	52.1
	Total	213	100.0
Type of recreational activity they like			
i	Reading	57	26.8
ii	Outing	39	18.3
iii	Gossip	23	10.8
iv	Indoor games	16	7.5
v	Watching t.v	50	23.5
iv	Any other	28	13.1
	Total	213	100.0
Importance of recreational activities for healthy living			
i	Yes	210	98.6
ii	No	3	1.4
	Total	213	100.0
Satisfaction with recreational activities			
i	Satisfied	96	45.1
ii	Neutral	82	38.5
iii	Unsatisfied	35	16.4
	Total	213	100.0

Table No 4.1.21 shows that 2.3 percent respondents says that they are provided recreational visits opportunity frequently ,5.2 percent said occasionally , 40.4 percent respondent says rarely and 52.1 percent respondents says not at all.

Above table shows that 26.8 percent respondents like reading books as recreational activity, 18.3 percent like outing, 10.8 percent like gossips 7.5 percent like in door games(carame, lodo,

cards) 23.5 percent like watching television and 13.5 percent like any other activities. Any other activities include gardening, stitching etc.

Above table also shows that 98.6 percent says recreational activities are important for health, as they vent out aggression and help achieve catharsis while 1.4 percent respondents said no.

In addition, the Table 4.1.21 shows the distribution results of respondents according to their overall satisfaction with provision of religious and recreational activities in old age home. 45.1 percent stated that they ought to be satisfied with the services as they have no alternate choice. 38.5 percent respondents were neutral, while 16.4 percent respondents were not at all over all satisfied with the religious or recreational facilities provided in old age home.

D-Living Conditions

Table: 4.1.22 Distribution of respondents according to living arrangements, feeling while sharing room and reasons for discomfort in old age homes.

Living arrangement			
Serial no:	Categories	Frequency	Percent
i	Independent room	3	1.4
ii	2-3 persons in room	149	70.0
iii	4-5 persons in a room	61	28.6
	Total	213	100.0
Feelings while sharing room with others			
i	Comfortable	126	59.2
ii	Neutral	61	28.6
iii	Discomfort able	26	12.2
	Total	213	100.0
Reasons for discomfort			
i	Mental Adjustment	13	6.1
ii	Privacy	9	4.2
iii	Space issue	4	1.9
iv	Don't have problem	187	87.8
	Total	213	100.0

Living arrangements is the key component of life. The study investigated the different aspects of living conditions available to the respondents.

With regard to the nature of accommodation, the Table 4.1.22 revealed that 1.4 percent respondent were living in independent room, 70.0 percent were sharing room with 2-3 persons, while 28.6 percent respondents told that they were sharing rooms with 4-5 persons. This shows that mostly in old age homes the living arrangement is made for 2-3 persons in one room.

Table indicates that 59.2 percent respondents were comfortable while sharing room with others. 28.6 percent were having neutral feeling and 12.2 percent says that they were not comfortable while sharing room with others.

Above table further shows that 87.8percent did not any kind of problem while sharing room with others,6.1 percent respondents lack mental adjustment with his roommate while sharing room 4.2 percent were having privacy issues and 1.9 percent feel restlessness.

Table No: 4.1.23 Distribution of respondents according to living facilities in room, geezer and laundry facility

Facilities	Yes Frequency (%)	No Frequency (%)	Total Frequency (%)
Attached bathroom	96.2(205)	3.8(8)	100(213)
Bed with mattress	213	-	100(213)
Light	213	-	100(213)
Heater	213	-	100(213)
Fan	213	-	100(213)
Room air cooler	39.9(85)	60.1(128)	100(213)
Geezer facility	99.1(211)	0.9(2)	100(213)
Laundry facility	213	-	100(213)

The table 4.1.23 depicts that 96.2 percent respondents were having attached bathroom in their rooms, while 3.8 percent respondents says they do not have.

100 percent respondents said that they have the facilities of bed with mattress, light, heater and fan in their rooms while 39.9 percent respondent said that they have room cooler in their rooms while 60.1 percent replied in negative.

Above table also depicts that 99.1 percent were having geezer facility in winters while the 0.9 percent did not have it. Table shows that all respondents have laundry facility available in old age home.

Table: 4.1.24Distribution of respondent according to cleanliness of old age home

Statement of cleaning	Daily(%)	Twice a week	Once a week	Any other	Total
Rooms	99.1(211)	0.5(1)	0.5(1)	0(0)	100(213)
Bed sheets	16.9(36)	36.2(77)	29.1(62)	17.8(38)	100(213)
Washrooms	84.4(180)	11.3(24)	1.9(4)	2.3(5)	100(213)
Kitchen	100(213)	-	-	-	100(213)
Corridors/ lawn	100(213)	-	-	-	100(213)

Table 4.1.24 shows the result distribution of respondents about the state of cleanliness of old age home, 99.1 percent respondents said that their rooms are cleaned daily, 0.5 percent said twice a week and 0.5 percent said once a week. 16.9 percent respondents said that bed sheets were changed daily, 36.2 percent said twice a week, 29.1 percent said once a week and 17.8 percent said any other. About cleaning of washroom 84.5 percent said daily, 11.3 percent says twice a week, 1.9 percent says once a week and 2.3 percent says any other. All the respondents said that kitchen and corridors are cleaned daily.

Table: 4.1.25 Distribution of respondents according to satisfaction level on living conditions in old age home

Satisfaction level on living conditions			
Serial no:	Categories	Frequency	Percent
i	Satisfied	207	97.2
ii	Neutral	6	2.8
	Total	213	100.0

Table 4.1.25 shows that 97.2 percent respondents were satisfied with living conditions in old age home, while the 2.8 percent were neutral. Results show that nobody is dissatisfied from the living arrangements of old age home.

Interaction with Inmates and Staff

Table: 4.1.26 Distribution of respondents to define the attitude of inmates towards you

Inmates attitude/ behavior	Yes (%)	No (%)	Total (%)
Friendly	81.2(173)	18.8(40)	100 (213)
Cooperative	73.2(156)	26.8(57)	100 (213)
Encouraging	49.3(105)	50.7(108)	100 (213)
Humiliating	5.6(12)	94.4(201)	100 (213)
Ignorant	16.0 (34)	84.0 (179)	100 (213)

Table 4.1.26 shows the interaction pattern of the respondents with the inmates and old home staff. Results of the above table shows that 81.2 percent respondents were having friendly interaction of their inmates towards them 18.8 percent says no.73.2 percent were having cooperative behavior with their inmates, 26.8 percent says no ,49.3 percent termed it encouraging, and 50.7 percent says no,5.6 percent were faced humiliating behavior of their

inmates, 94.4 percent have not and 16.0 percent were having ignorant behavior of their inmates while 84.0 percent did not face any ignorant behavior of their inmates.

Table No: 4.1.27 Distribution of respondents according to relationship with staff member of old age home, facing violence, problem and type of problem

Relationship with staff members			
Serial no:	Categories	Frequency	Percent
i	Friendly	41	19.2
ii	Cooperative	108	50.7
iii	Harsh	8	3.8
iv	Any other	56	26.3
	Total	213	100.0
Violence commitment by whom			
i	Staff of OAH	11	5.2
ii	Inmates of OAH	31	14.6
iii	Both	21	9.9
iv	Don't face violence	150	70.4
	Total	213	100.0
Problem faced in old age home			
i	Yes	58	27.2
ii	No	155	72.8
	Total	213	100.0
Type of problem faced			
i	Insult	11	5.2
ii	Rude	22	10.3
iii	Non cooperative	25	11.7
	Don't face problem	155	72.8
	Total	213	100.0

Table 4.1.27 shows the results of the relationship with staff members of old home. The table shows that 19.2 percent respondent was having friendly relations with staff members of old age home. 50.7 percent were having co-operated relations with them. While 26.3 percent said any

other. This any other lies in neutral, because the respondent said that the behavior of staff members is neither good nor bad.

Above table also shows the results of respondents about to the violence commitment by whom in old age home where they live. It revealed that 70.4 percent respondents were not facing any violence 5.2 percent says from staff members of old age home, 14.6 percent respondents said inmates of old age home commit violence upon them while 9.9 percent respondents said they were facing violence by both i.e. staff and inmates.

About the problem faced in old age home results showed in the table revealed that only 27.2 percent respondent faced problem in old age home while the sizable of 72.8 percent respondent did not face any problem.

The above table also shows the respondents distribution about to the type of problem which they faced in old age home, it shows that 72.8 percent respondent did not face problem while 5.2 percent respondents faced insult problems while sharing room. 10.3 percent face rude behavior of inmates and 11.7 percent said that they faced the non cooperative behavior of staff and inmates of old age home.

Table: 4.1.28 Distribution of respondents regarding violence form in old age home

Violence form in OAH	Yes (%)	No (%)	Total (%)
Physical violence*	1.9(4)	98.1(209)	100 (213)
Psychological violence**	25.8 (55)	74.2(158)	100 (213)
Financial violence***	0.5(1)	99.5 (212)	100 (213)

* (beating, injury, slapping, overdose of medicine)

(insult, threat, ignorance, harassment) *(money demand for work, stealing money or goods, force to sell personal belongings)

Table 4.1.28 shows the distribution results of respondents regarding the violence form in old age home where they live. It revealed that 1.9 percent respondents reported physical violence in old age home while 98.1 percent respondents did not express to that type of violence in old age home, 25.8 percent respondents reported about psychological violence in old age home while majority 74.2 percent respondents did not feel any psychological violence whereas 0.5 percent respondents complained financial violence in old age home. Majority of 99.5 percent respondents said no financial violence in old age home was committed.

Table: 4.1.29 Distribution of respondents regarding to their perception about old age homes, status declined of aged, reason for status decline and steps for improvement

Perception about old age homes			
Serial no:	Categories	Frequency	Percent
i	Yes	205	96.2
ii	No	8	3.8
	Total	213	100.0
Status of aged decline			
i	Yes	209	98.1
ii	No	4	1.9
	Total	213	100.0
Reason for status decline			
i	Materialism	49	23.0
ii	Busy life	30	14.1
iii	Far away children	34	16.0
iv	Loose kinship ties	36	16.9
v	Selfishness	40	18.8
vi	Economic constraints	24	11.3
	Total	213	100.0
Steps should be taken to provide better institutional care to old age people			
Serial no:	Categories	Frequency	Percent
i	Improve facilities	64	30.0
ii	More rooms	22	10.3
iii	Pocket money	35	16.4
iv	Arrange recreational Visits	35	16.4
v	Increase donations	57	26.8
	Total	213	100.0

The fact that there is a big demand for such old age homes is evident from Table 4.1.29. It manifests the results about the idea to have old age homes or not. Results show 96.2 percent a respondent says yes while 3.8 percent says no. The reason of their yes is because they said when their children aboded them so it's a good alternate place for them to live there and spend their rest of life.

A survey conducted by University of Gujrat (2010) in Punjab, reviews the responses of respondents about old age homes. The main propose of this survey was to explore that whether the old people liked the idea of old age homes, if it is provided to them would they avail that facility. The results show that majority (77%) of the respondents were in favor of old age homes.

The distribution results of respondents about the status of old age people decline in Pakistan revealed that 98.1 percent says yes while 1.9 percents says no.

Results about the reason why the status of old age people decline 23 percent respondents says because of materialism, 14.1 percent says because of business, 16 percents says because children are far away, those who said because of loose kinship are 16.9 percent, 18.8 percent says because of selfishness and 11.3 percent says because of economic reasons. Cumulatively all factors may have played their role in this regard.

A qualitative study on the elderly did by Afzal (1999a), which showed that in Pakistan most of the elderly men wanted to continue work for generating income. Because they felt that due to insufficient income their status in society and family, were declining. Mostly the results depicts that its because of materialism and economic condition as people are so much busy to setup their lives they leave their Islamic and cultural teachings and consider their parents a burden in their progress of life.

The final aspect studied provides an idea of the psychological, emotional and social aspects of the elderly living in old age homes as reflected by their satisfactions and dissatisfactions with various services provided and the advantages of such institutional living arrangement as against the disadvantages as well as their sense of isolation (being away from children and family) or

whether such an arrangement provides the much needed comfort, solace and companionship of age-mates and the freedom to pursue their own activities without constraints.

In the light of above table results what steps should be taken to improve the institutional care to old age people 30 percent opined to improve almost all the facilities provided at old age home, 10.3 percent suggests to have more rooms, 16.4 percent demanded for pocket money, 16.4 percent want some recreational visits and 26.8 percent suggest to increase in donations as if the old age homes got more donation they are being more able to provide the much needed facilities in an optimal way.

BIVARIATE ANALYSIS

(TESTING OF HYPOTHESIS)

4.2 Bivariate Analysis:

In most researches, data analysis involves dealing with two or more variables simultaneously. Statistical procedures used to describe the relationship between two variables are called bivariate statistics. Bivariate analysis refers to tables (cross tables), which reflects data relating to association and relationship between two variables. It means a bivariate table/cross table presents data of two variables. A common way of analyzing bivariate table and comparing its univariate distribution to assess association is by expressing its frequencies as percentages and relate different trend to draw some meaningful relationship between. The relationship can be direct, indirect or curvilinear with the help of some statistical techniques. The apparent trends are verified before drawing any conclusion.

Table: 4.2.1 Bivariate Analysis

Hypothesis 1: There is an association between residences of the respondent before joining old age home and duration of stay in old age home.

1(A): The respondents who had stayed with family before coming to old age home are less likely to stay for longer duration in old age home, than those who had not stayed with family.

Table: 4.2.1 Distribution of stay by earlier residence of the respondent

Variables	Residence before old age home	Duration of stay (years)		
		Up to 5	5 +	Total
i	With family	61.5 (64)	38.5(40))	48.8 (104)
ii	With siblings	47.5 (38)	52.5 (42)	37.6 (80)
iii	With relatives	44.4 (8)	55.6 (10)	8.5 (18)
iv	Any other	18.2 (2)	81.8 (9)	5.2 (11)
	Total	52.6(112)	47.4(101)	100 (213)
Chi-square: 9.873		DF: 3	Significance level(SL): 0.02	
Lambda: 0.07			Significance level(SL): 0.07	
Gamma: 0.33		Standard Error: .107	Approx.T: 3.179 SL: .003	

Table 4.2.1 shows the cross tabulation of two variables i.e. residence of the respondents before joining old age home and duration if stay in old age home. The table shows that before joining old age home 48.8 percent of the respondents were living with their families, 37.6 percent with siblings, and 8.5 percent with any of their relatives and just 5.2 percent were living with any other. The any other includes, son- in- law, friends etc. Similarly the table also shows that 52.6 percent, and 47.4

percent were living in old age home for the last up to 5 years, and above 5 years, respectively.

About 38.5 percent respondents of the aged people were previously living with their family, were in the stay in old age home for more than 5 years. Similarly 55.6 percent and 81.8 percent were found in this category of stay with previous residence as siblings, relatives and another, respectively. This indicates that duration of stay in the higher category increases as we move from family to any other category of stay before coming to old age home.

The data in the table shows the existence of an association between previous residence of the respondent and duration of stay in old age home. The percentage of respondent with larger duration of stay increases in case of those whose previous residence was other than their family.

The application of Chi- Square and lambda and gamma statistics also confirm the presence of such association. All the three statistics are significant at one percent significance level. Hence the hypothesis framed for the study is upheld.

Table: 4.2.3 Bivariate Analysis

Hypothesis 2: There is an association between house ownership and stay at old age home.

2(A): Respondents living who owned a house are less likely to stay for longer duration in old age home, than who do not own house.

Table: 4.2.2 Distribution of the respondents by their own house

Variables	Ownership of house	Duration of stay (years)		
		1-5	5+	Total
i.	Yes	68.4 (13)	31.6 (6)	9.0 (19)
ii.	No	51.0 (99)	49.0 (95)	91.0 (194)
	Total	52.6(112)	47.4(101)	100.0 (213)
Chi-square: 2.099		DF:1	Significance level (SL):0.11	
Lamda: 0.00			Significance level(SL): 0.00	
Gamma: 0.35 Standard Error: .225			Approx.T: 1.47 SL : 0.13	

Table 4.2.2 shows the results of bivariate analysis where in two variables namely, ownership of house and duration of stay in old age home was cross tabulated. The result shows that majority (91 percent) had no house while just 9 percent of the respondents owned house. Similarly table also shows that 68.4 percent and 51 percent were living in old age home for the last up to 5 years and above 5 years, respectively. The data in the table shows the existence of an association between ownership of house of the respondent and duration of stay in old age home.

There were 31.6 percent of the respondents who owned house but stayed in old age home for more than five years, where 49 percent of the respondents who did not own house and stayed in

old age home for more than five years. The percentage of respondent with larger duration of stay increases in case of those who don't have their own house.

The application of Chi- Square and lambda and gamma statistics also confirm the presence of such association. All the three statistics are significant at one percent significance level. Hence the hypothesis framed for the study is upheld.

Table also shows that majority (91.0 percent) respondents who do not have their own house living in old age home as compared to those (9 percent) respondents who have their own residence. The analysis of the response reveals that those (31.6) who have property show less duration of stay in old age home while those (49 percent) who do not have stay longer (5+ years) in old age home. The table also shows the relationship between the ownership of house and duration of stay.

Chapter Five

SUMMARY, MAJOR FINDINGS, CONCLUSION, & RECOMMENDATIONS

This chapter deals with the extraction of major findings from the data analysis and on the basis of analysis thus made conclusion has been drawn and recommendations have been made in the forthcoming sections of the chapter.

5.1. Major Findings

- Seventy three percent respondents were living in private old age homes and 26 percent were in public old age homes.
- Twenty percent of the respondents were living in Edhi Homes Karachi.15 percent in Happy Homes and in Dar-ul-Kafala Lahore, 14 percent in Aafiyat Lahore, 12 percent in Aafiyat Islamabad.
- Majority of old age homes were established during 1990's and 30 percent were established in 2000.
- All the respondents were living freely in old age home(s).
- Majority (73 percent) old age homes is funded by privately and only 26 percent by government.
- Majority (87 percent) respondents were belonging to urban area and 12 percent from rural area.
- Thirty four percent respondents were up to the age of 60-70, 33 percent encompass the age category ranging from 70-80 years, and 22 percent from the age group of 51-60 and 9 percent are of 81 and above.

- Majority (27 percent) respondents were educated up to intermediate and master level, while 17 percent respondents were middle, 16 percent of respondents were primary educated and 11 percent respondents were illiterate.
- Majority (70 percent) respondents had stopped working completely and 30 percent respondents were house wives.
- Thirty percent respondents were house wives, 21 percent were labourer, and 8 percent were professionals 34 percent belonged to different jobs and only 5 percent respondents were in agriculture profession.
- Majority (83 percent) respondents were not getting pension and 17 percent respondents getting pension.
- Seventy percent of respondents were not having any kind of personal monthly expenditure in old age home, while 30 percent respondents have.
- Thirty eight percent respondents were having both children, 23 percent respondents were having son, 14 percent respondents were having daughters, while 12 percent respondents were childless and 11 percent respondents were never married.
- Majority (47 percent) respondents children were living in same district, 9 percent respondents children were in other district but same province, 11 percent respondents children were in other province, while 8 percent respondents children were residing abroad and 23 percent respondents were not married.
- Sixty six percent of the respondent belonged to nuclear family, and 31 percent respondents lived in joint family. Only 2 percent were belonging to extended family.

- Forty eight percent of the respondent were living with their family before coming to old age home, 37 percent respondents with their siblings, 8 percent respondents along with relatives and five percent were changing their place of residence.
- A significant majority (91 percent) respondent had not owned house, while 9 percent had owned house.
- Majority (51 percent) of respondents duration of stay in old age homes is 1-5 years, 36 percent respondents from 5-10 years and 10 percent respondents from 10-15 years.
- An absolute majority (98 percent) percent respondents were those who came to old age home without their spouse and 2 percent with their spouse.
- Majority (33 percent) of respondents got information from friends, 33 percent from media, 22 percent from community, 20 percent from relatives, 18 percent respondents from community and 6 percent from different sources.
- Ninety two percent respondents did not have any relative living in old age home, while 8 percent respondents had.
- Thirty two percent respondents came to old age home due to family conflicts, 23 percent with his or her own preference, 18 percent because of their children were away, 14 percent joined as there was no one to take care of them at home.
- Majority (69 percent) respondents decided themselves to reside in old age home, while 31 percent on the decision of someone else.
- Sixty nine percent respondents had their own decision to come to old age home, 15 percent respondents because of their children decision, 9 percent respondents because of daughter in law.

- Majority (51 percent) respondents had neutral feeling after coming to old age home, 34 percent respondents were unhappy and 15 percent respondents were feeling happy.
- Ninety one percent of the respondents were having contact with their family members, while 9 percent respondents do not have any contact with family, 5.6 percent respondents do not have contact because their relatives unwillingness.
- Twenty nine percent respondents were visited by their daughters, 26 percent respondents by their siblings, 21 percents respondents visited by both their children and siblings, 15 percent respondents sons visited them, and 9 percent respondents do not have contact with their families.
- Majority (45 percent) respondents families visited them monthly, 26 percent visited by their family yearly, 17 percent respondents on events, just 3 percent respondents family visited them weekly.
- Fifty two percent respondents said that meat is provided to them twice a week, 97 percents respondents said cereals were provided on daily basis, 66 percent respondents said milk is given them twice a week, 98 percent respondents said vegetables provided to them daily, 64 percents respondents said egg is given to them twice a week and 90 percent respondents said fruits provided to them daily.
- Ninety two percent respondents said that no special meals were given to them in case of illness.
- Majority (83 percent) respondents were satisfied with food conditions in old age home, 11 percent respondents were neutral.

- Fifty seven percent respondents said that doctor visited them on weekly basis, 32 percent respondents said not regularly, 8 percent respondents said once in a month and 2 percent respondents said twice in a month.
- Majority (99 percent) respondents said that the facility of free medicine and ambulance is available to them in old age home in case of need.
- Sixty four percent respondents said that doctor is not permanently available to them, 32 percent respondents said part time doctor is available.
- Majority (47 percent) respondents stated that their health condition is average, 25 percent respondents claimed unhealthy, 22 percent respondents state their health as healthier.
- Ninety two percent respondents had no physical disability while 9 percent respondents had physical disability.
- Five percent respondents have fractured arm/leg, 2 percent each of respondents were paralyzed, and have back bone problem 92 percent respondents do not have any disability.
- Majority (54 percent) respondents were looked after by staff members in sickness, 34 percent respondents take care themselves and 12 percent respondents by the inmates of old age home.
- Sixty eight percent respondents have chronic diseases, 31 percent respondents have not, 19 percent respondents have heart diseases, 34 percent respondents have joint problem, 14 percent respondents were facing ailments of gall bladder, 10 percent respondents having fractured (hip, thigh), 72 percent respondent having weak eyesight, while 7 percent respondents having hearing problem.

- 48 and 60 percent respondents' respectively feels depression, restlessness, and loneliness while living in old age home.
- Majority (74 percent) respondents were satisfied with the health facilities provided in old age home where as 24 percent of respondents were neutral in response.
- Majority (99 percent) respondents said that the facility of mosque is available in old age home.
- Eighty four percent respondents confirmed the provision of the arrangements of celebrating religious events in old age home.
- There were 37, 98, 21, 45, 11 and 97 percent respondents said that radio ,TV, library, in door games, recreational visits and telephone facilities were available in old age homes.
- Fifty two percent respondents reported that there is no arrangements of recreational visits, 40 percent respondents were of the opinion that they rarely go for recreational visits, 5 percent respondents said occasionally and 2 percent respondents falls in opinion of frequently.
- Majority (99 percent) respondents agreed that recreational activities are important for healthy living.
- Majority (70 percent) respondents said that there is occupancy level of 2-3 persons in a room, 28 percent respondents reported 4-5 persons in a room.
- Sixty percent respondents said that they were comfortable while sharing room with other, 29 percent respondents were having neutral feelings and 12 percent respondents falls in category of dis-comfortable.

- Majority(99 percent) respondents reflected that the various facilities such as attached bathrooms , bed with mattress, light, heater, fan, cupboard , and laundry are available to them in old age home.
- Forty percent respondents reflected that facility of room cooler is available.
- Ninety nine, 17, 84, and 100 percent respondents testified that changing of bed sheets, cleaning of rooms, washrooms, kitchen, lawns and corridors were made on daily basis.
- Majority (97 percent) respondents were of opinion that they were satisfied with the living conditions in old age home.
- Eighty one, 73 and 50 percent respondents agreed that the attitudes of inmates towards them was friendly, cooperative and encouraging, while 5 percent respondents described it as humiliating while 16 percent respondents said they were ignored.
- About 19, 51 and 26 percent respondents reflected that their relationship with staff member were friendly, cooperative and neutral.
- 5,10 and 11 percent respondents reported that they faced problems such as (insult ,rudeness and non- cooperation) in old age home.
- Ninety six percent respondents were of view that it is a good idea to have old age homes for elderly.
- Thirty percent respondents were of the opinion that there is desire need to improve all the facilities provided in old age home, 10 percents said to construct more rooms, 16 percent demanded for pocket money, 16 percent opined to arrange for recreational visits and 27 percent respondents suggested increase in the amount of donations.

5.2 Conclusion:

This study shows that the concept of Old Age Homes is now growing fastly in Pakistan. During this study so many reasons have been explored which defines the problems that why there exists a desire need for Old Age Homes. The main reason behind it because of modernization or materialism, due to which family ties are becoming fragile, the elder have no place in their homes so they got shelter in these Old Age Homes. The traditional joint family is being fastly replaced by nuclear family in urban areas. Because of this trend of nuclear family, the older members of family are left isolated. This system of nuclear family and busy lifestyle of people have secluded them from other family connections. The respondents joined old age home just to avoid conflict with family members as they do not care for them anymore. These Old Age homes are not compensating the value of home sweet home but they tried their best to provide facilities like home. We conclude from the study that mostly people living in Old Age Homes are those who don't have their own property and their spouse was not alive, family members rarely visit them in old age home. It was also found that there is no arrangement of special meal during sickness in addition recreational activates are very meager. But the overall result shows that the inmates living in Old Age Homes were satisfied because they do not have any other alternative.

5.3 Limitation of study and Suggestions:

- Lack of time and resources.
- Difficulty to explain the administration of old age homes that for which purpose data collection is required and much of the time was wasted in persuading them to visit inmates.
- The main hurdle while collecting data is that the respondents were reluctant to provide personal information, as they considered researcher as an agent of media

and it may make the administration of old age home unhappy, resulting in loss of their shelter

Suggestions:

There is a desire need to indicate the value of parents among your generation by incorporating suitable syllabi at College and University level with emphasis on elderly care and respect for them. By involving media and civil society a campaign may be launched to realize the duties of family members towards their parents and elders.

Government need to allocate sufficient resources for the better management of old age homes. Monthly or quarterly monitoring mechanism may also be helpful for improvement of services provided in old age homes.

Healthy activities that may result involvement of old age home inmates for generation of income can improve their standard of living, e.g. packaging of food items, making of decoration items etc. Special health facilities should be provided to inmates of old age homes so it can improve their healthy living.

References:

- Azam, M. S. (2002). *A study of supervisor and employee perceptions of work attitudes in information age manufacturing industries*. Unpublished Master's thesis, Illinois State University, Normal.
- Anise Man Sze Wu, Catherine So-kum Tang, Elsie Chau-wai Yan, (2004). Psychosocial Factors Associated With Acceptance of Old Age Home Placement: A Study of Elderly Chinese in Hong Kong. Chinese University of Hong Kong. doi: 10.1177/0733464804271278 *Journal of Applied Gerontology*, 23(4): 487-504.
- Alam, M. (2005). Beyond the Current Demographic Scenario: Changing Age Composition, Ageing and Growing Insecurities for the Aged in India and Pakistan. Paper for the 25th IUSSP, International Conference, France.
- Afzal, M. (1999a). Growing Old in Pakistan: Challenges for the New Millennium. United Nations Fund for Population (UNFPA): Islamabad, Pakistan.
- Anthony Cirillo, (2012). Food Resident-Centered Food Services. An Essential Part of the Experience. Retrieved from: <http://About.Guide.com./html>.
- Anthony Cirillo, (2012). Nursing Home and Assisted Living Activities, the heart of any home. Retrieved from: <http://About.Guide.com./html>.
- Bhanman, T.R. (2006). Promotion of Spiritual Health for the Elderly Empowerment. *A Journal of Ministry of Women, Children and Social Welfare, Government of Nepal*, Kathmandu, Nepal, 5(1): 39-8.
- Bowen, R.L. Atwood, C.S. (2004). Living and Dying for Sex: A theory of Aging based on the Modulation of Cell Cycle signaling by Reproductive Hormones in Gerontology .S. Karger AG: Basel, Switzerland, 50(5).
- Clarks, G. (1999). Pakistan Zakat and Usher System and Older People in Pakistan (Paper delivered at the Fourth International Conference on Global Ageing). International Federation on Ageing: Montreal, Canada.
- Charles C. Ragin, (1994). *Constructing Social Research: The Unity and Diversity of Method*, Pine Forge Press, ISBN 0-8039-9021-9.

- Chris Hamrett and Beverlay Mullings, (1992), The Distribution of Public and Private Residential for Elderly Persons in England and Wales, Faculty of Social Sciences, The Open University, Walton Hall, Milton Keynes, MK7 6 AA ,42(2): 130-144.
- Das ,N.P., Urvi Shah, (2004). Project Report: A Study of Old Age Homes in the Care of the Elderly in Gujrat India. Population Research Centre Department of Statistics Faculty of Science M.S. University of Baroda.
- Dewey (1916). *Democracy and Education*. The Free Press,pp.1-4. ISBN 0-684-83631-9.
- Doxin, T. and Marry. M. (1957). Social Research Method Quality and Quantitative Approaches: Cambridge: Cambridge University Press.
- Donald Cowgill, (1979). Aging and Modernization: A Revision of the Theory, in J.Gubrium, Late Life: Communities and Environmental Policy, Springfield, III: Charles. C. Thomas.
- De Grey, Ubrey D.N.J.(2007). Life span Extension Research and Public Debate: Societal Considerations, in studies in Ethnic, Law, and Technology. The Berkeley Electronic Press: Berkeley,USA, 1(1).
- Eberstadt, N.1997. World Population Impulsion. Public Interest, 129: 3-22.
- Furnham, A., & Muhiudeen, C. (1984). The protestant work ethic in Britain and Malaysia. *Journal of Social Psychology*, 122, 157-161.
- Family, as defined by a 1970s Long Island, New York housing code (upheld by the U.S. Supreme Court in 1974): (As quoted in, *Village of Belle Terre v.Boraas*), 416 U.S. 1(3). Retrieved from: <http://laws.findlaw.com/us/416/1.html>.
- Giele, JZ (1982): Family and Social Network, in International Perspective on Ageing: Population and Policy Challenges, Policy Document Studies, No.7, United Nations Fund for Population Activities, pp.40-74.
- Gorman M. (1999). Development and the Rights of Older People. In: Randel J, et al., eds. The ageing and development report: poverty, independence and the world's older people. London, Earthscan Publications Ltd., pp.3-21.
- Goode & Hatt, 1952. Methods in Social Research. Mc Graw Hill Co. New York, USA
- Hill, R. B. (1997). Demographic differences in selected work attitude attributes. *Journal of Career Development*, 24(1): 3-23.

- Hall, G. S. (1990). *Work attitudes of traditional and nontraditional technical community college students*. Master's thesis. The University of Tennessee, Knoxville.
- Int J Nurs Pract, (2007). Satisfaction with caring and living conditions in nursing homes: views of elderly persons, next of kin and staff members. Berglund. Source: Department of Nursing, Karlstad University, Karlstad, Sweden, 13(1):46-51.
- Kivelt, V.R. and Scott, J.P. (1979). The Rural by Passed Elderly Perspective on Status and Needs. The Casewell Study, North Carolina Agriculture Research Service, North Carolina State University, Raleigh.
- Lam, T.P., Chi, I., Piterman, L., Lam, C., and Lauder, I. (1998). Community Attitudes towards Living Arrangement between the Elderly and their Adult Children in Hong Kong. *Journal of Cross Cultural Gerontology*, 13, 215-228.
- Lee, D.T.F. (2001). Perception of Hong Kong Chinese Elders on Adjustment to Residential Care. *Journal of Interprofessional Care*, 15, 235-224.
- Mishra.A.K, (2004). The Process of Aging in India. Retrieved from: <http://socialwelfare.dehlgovt.nic.in/nationalpolicy.html>.
- Matilda White Riley, (1987). *American Sociological Review*. National Institute Of Health, 52(1).
- Mead, N. (1991). Some Nursing Home Experiences. *Journal of Gerontological Social Work*, 16, 3-15.
- Myers, GC (1982). The Ageing Of Population, in International Perspective on Ageing: Population and Policy Challenges, Policy Document Studies, No.7, United Nations Fund for Population Activities. pp. 1-40.
- Maliha Fatima Saeed, (2011). Why old homes in Pakistan? *Pakistan observer*. Thursday. December 01, 2011 muharram05, 1433 Karachi. *Pakistan Observer* 1998-2011, all rights reserved.
- Nirakar Poudel, (2005). Problems of Elderly Population. Retrieved from: <http://nepalnews.com.html>.
- Nizamuddin, M. and Ahmad, J.S. (2003). Report of the First International Summer Workshop on Population Ageing. UNFPA and Columbia University: New York, USA.

- Nachmias, C.F. and D. Nachmias, (1992). Research Methods in Social Sciences. 4th edition. Edward, Arnold. Division of Hodder and Stoughton London.
- Petty, G. C., & Hill, R. B. (1994). Are women and men different? A study of the Occupational Work Ethic. *Journal of Vocational Education Research*, 19(1), 71-89.
- Press Release Jul 29, 2003. Governor Sindh Ishrat-ul-Ebad, comments, on Senior Citizens Deserves Our Utmost Attention. Sindh Governor House.
- Pro.M.Nizammudin,(2010).Field Survey: How the Elderly People Live in Punjab, University of Gujrat with support from UNFPA,Pakistan.
- RobertF.Carr, (2010). Health Care Facilities. Revised by the WBDG (Whole Building Design Guide) Health Care Subcommittee. A program of the National Institute of Building Sciences.
- Shafiq, R.S.U.Khan, S.A.Sipra, M.Ahmed and S.H.Khokar,(1994). Social Support System among the Aged Person. A. Thesis, Deptt. of Social Work, University of Punjab, Lahore,Pakistan.
- Shrestha, Menaka Rajbhandari, (2004). Problems and Questions of Ageing Population; Nepal University Teacher's Association (NUTA) journal. Kathmandu, Nepal, 3(3):112-122)
- Smith, Jacqui; Baltes, Margret. M. (1998). The Role of Gender in Very Old Age: Profiles of functioning and everyday life patterns. *Psychology and Aging*,13(4): 676-695.
- Schoeni, R.(1992). Another Leak in the Bucket. Public Transfer Income and Private Family Support, Population Studies Center Research Report. University of Michigan.pp.92-294.
- Saroj, Shakuntla Punia, Chandra K. Singh and Shanti Badla,(2007).Psycho-social Status of Senior Citizen and Relared Factors. Department of Human Development and Family Studies, CCS Haryana Agriculture University, Haryana, India.
- Savishinsky, J. (1991). The ends of time: Life and Work in a Nursing Home. New York: Bergin and Garvey.
- "Sociology." *Encyclopædia Britannica*. *Encyclopædia Britannica Online*, (2012). Encyclopedia Britannica Inc.

- Tes, M. M. Y. (2007). Nursing Home Placement: perspective of community- dwelling older persons. *Journal of Clinical Nursing*, 16, 911-917.
- Tang, T. L. (1989). Effects of work ethic and task labels on task performance. *The Journal of Psychology*, 123(5): 429-438.
- United Nations Commission for Social Development. (2002). International Plan of Action on Ageing.
- United Nations. (2002). World Population Aging 1950-2050. United Nations Publication, E02XIII 3.United Nations Commission for Social Development. International Plan of Action on Ageing.
- UNO/MWCSW ,(2002). Madrid International Plan of Action.
- Wollack, S., Goodale, J. G., Witjing, J. P., & Smith, P.C. (1971). Development of the Survey of Work Values. *Journal of Applied Psychology*, 55, 331-338.
- Zia, A.(1982) .Child Rearing Practice and Aggressive Behavior of Child . A Published Thesis, University of Punjab, Lahore, Pakistan.

ADJUSTMENT OF SENIOR CITIZENS IN OLD AGE HOMES

INTERVIEW SCHEDULE

I am a student of Department of Sociology, International Islamic University Islamabad (IIUI), doing research on "**Adjustment of Senior Citizens in Old Age Homes**". Kindly spare few minutes from your precious time to fill in this Questionnaire to help me out in my research work. The information collected will be kept confidential and will only be used for research purpose.

District: _____

1. **Type of old age home:** i. Public ii. Private
2. **Name of the old age home:** _____
3. **Date of establishment of old age home:** _____
4. **Type of services provided by old age home:** i. Paid ii. Partially Paid iii. Free
5. **Old age home is providing services to:** i. Males only ii. Females only iii. Both(M&F)
6. **Maximum capacity of old age home:** i. Males _____ ii. Females _____
7. **Number of inmates:** i. Males _____ ii. Females _____
8. **Source of funding of old age home:** i. Government ii. N.G.O iii. Any other _____

Basic Attributes of the Respondent

9. **Gender:** i. Male ii. Female
10. **From which area do you belong?** i. Urban ii. Rural
11. **What is your current age (completed years)?** _____
12. **What is your education(completed years of schooling)?**
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+
13. **What is your current employment status?**
i. Working ii. Not working but looking for work iii. Stopped working completely
14. **If stopped working completely, what is the reason?**
i. Retired formally ii. Health problem

iii. Opportunity not available iv. Any other (specify) _____

15. What is/was your profession?

i. Executive/ Professional ii. Business iii. Laborer iv. Agriculture v. House wife vi Any other _____

16. If retired formally, are you getting pension?

i. Yes ii. No

17. If yes, how much you are getting per month? (Rs.) _____

18. Do you give any payment for services provided by old age home? i. Yes ii. No

19. If yes, then what is average monthly expenditure (in Rs.)? _____

20. Do you have any other personal monthly expenditure (in Rs.)? i. Yes ii. No (if no, then go to question 23)

21. If yes, what is the average amount of monthly expenditure (in Rs.)? _____

22. How do you manage your expenditure? i. Own saving ii. Assistance from children iii. Assistance from relatives iv. Current earning v. Any other _____

FAMILY

23. What is your current marital status?

i. Never married (if yes go to question no. 28)
ii. Currently married iii. Separated/divorced iv. Widow/widower

24. Since last how many years have you been living as divorced/widow/widower? _____

25. How many children do you have? i. Sons _____ ii. Daughters _____ iii. No child

26. How many of them are married i. Sons _____ ii. Daughters _____

27. What is the place of residence of your children?

i. Residing in same district ii. Residing in other district but same province iii. Residing in Pakistan(other province) iv. Residing abroad

28. What is your family type? i. Nuclear ii. Joint iii. Extended

29. How many siblings do you have? i. Brothers _____ ii. Sisters _____ iii. No sibling

30. Where have you been residing before coming to old age home?

i. With your own family ii. With siblings iii. With relatives iv. Any other _____

31. Do you own house? i. Yes _____ ii. No _____

32. Do you own any property (other than house)? i. Yes _____ ii. No _____

33. How long have you been living in old age home (in years)? _____

34. Did you come along with your spouse in this old age home? i. Yes ii. No

35. If no, then where is your spouse? _____

36. How did you come to know about this old age home?

i. Relatives ii. Media iii. Community iv. Friends v. Any other _____

37. Has anyone of your family/ relatives lived or been living in old age home? (if no, go to 39)

i. Yes ii. No

38. If yes, then what is your relationship with him/her? _____

39. What are the reasons for coming to old age home?

i. No one to take care at home ii. Family conflicts iii. Own preference
iv. Economic constraints v. Children are away vi. Any other (pl. specify) _____

40. Was it your own decision to reside in old age home? (if yes, go to question 42)

i. Yes ii. No

41. If no, then who else decided? _____

42. What are your feelings after coming to old age home?

i. Happy ii. Neutral iii. Unhappy

43. Do you have any contact with your family members? (if yes, go to question 45)

i. Yes ii. No

44. If no, what is the reason? _____ (now go to ques no 48)

45. Who mostly visit you? _____

46. How frequently they visit you?

i. Weekly ii. Monthly iii. Yearly iv. Only on events(Eid, Ramadan, etc)

47. How frequently do you visit your family/relatives?

i. Frequently ii. Ocassionally iii. Rarely iv. Not at all

AVAILABLE FACILITIES

A-FOOD

48. How many times following food items are provided to you?

Sr #	Food items	Daily	Twice a week	Once a week	Any other(specify)
i.	Meat				
ii.	Cereals				
iii.	Milk				
iii.	Vegetables				
iv.	Egg				
v.	Fruits				

49. Are you satisfied with hygienic condition of food? i. Yes ii. No

50. Is the food well cooked? i. Always ii. Oftenly iii. Rarely iv. Not at all

51. Do you get the meal in time? i. Always ii. Oftenly iii. Rarely iv. Not at all

52. Do you get clean drinking water? i. Always ii. Oftenly iii. Rarely iv. Not at all

53. Are the pots/utensils used for cooking and serving food clean? i. Yes ii. No

54. In case of illness, do you get special meal? i. Yes ii. No

55. Overall to what extent are you satisfied with the food provided in this old age home?

Satisfied	Neutral	Dissatisfied
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B. HEALTH FACILITIES

56. How frequently are you examined by doctor?

i. Once in a month ii. Twice in a month iii. Not regularly iv. Any other(specify) _____

57. Is free medicine facility available to you? i. Yes ii. No

58. Is facility of ambulance(vehicle) available in case of emergency? i. Yes ii. No

59. What is the availability of doctor? i. Full time ii. Part time iii. Not available

60. What is the availability of nurse? i. Full time ii. Part time iii. Not available

61. In general, how would you describe your state of health?

- i. Very healthy
- ii. Healthier than average
- iii. Average
- iv. Somewhat unhealthy
- v. Not sure

62. Do you have any physical disability? i. Yes ii. No(if no, then go to 64)

63. If yes what is the nature of disability? _____

64. Whenever you get sick, who usually takes care of you?

- i. Yourself
- ii. Inmates living in old age home
- iii. Staff members of this old age home
- iv. Call your relatives
- v. Any other _____

65. Are you facing any physical illness in terms of following diseases?

Sr.#	Physical Illness	Yes	No
i.	Chronic diseases (High blood pressure, Diabetes, Cancer)		
ii.	Heart diseases (Angina, Heart attack)		
iii.	Joint pain (Back pain, Neck pain, Shoulder pain)		
iv.	Ailments of the liver or Gallbladder (Hepatitis, A,B or C,)		
v.	Fractures (Hip, thigh)		
vi.	Weak eye sight		
vii.	Hearing problem		

66. Please rate the degree of your physical dependency for following daily activities:

Sr.#	Activities	Degree of dependency		
		Fully	Partial	Independent
i.	Eating			
ii.	Dressing			
iii.	Toileting			
iv.	Bathing			
v.	Transferring/mobility			

67. What are your feelings while living in old age home?

S#	Feeling	Yes	No
i.	Depression		
ii.	Restlessness		
iii.	Happiness		
iv.	Loneliness		
v.	Frightened		

68 Overall to what extent are you satisfied with the health facilities provided in this old age home?

Satisfied **Neutral** **Dissatisfied**

C. RELIGIOUS AND RECREATIONAL ACTIVITIES

69. Is there any mosque/prayer room in this old age home? i. Yes ii. No

70. Is there any arrangement of celebrating religious events?(Eid, Ramadan etc)

71 What type of entertainment facilities are provided to you in terms of followings?

Sr.#	Facilities	Yes	No
i.	Radio		
ii.	T.V		
iii.	Library		
iv.	In door games		
v.	Recreational visits		
vi.	Telephone		

72. How regularly you are taken out for recreational visits?

i. Frequently 11. Occasionally iii. Rarely iv. Not at all

73. What type of recreational activity you like? _____

74. Do you think recreational activities are important for healthy living? i. Yes ii. No

75. Overall to what extent are you satisfied with the recreational activities provided in this old age home?

Satisfied	Neutral	Dissatisfied
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D- LIVING CONDITIONS

76. What is the living arrangement in this old age home?

- i. Independent room (if yes, go to 79)
- ii. 2-3 Persons in a room
- iii. 4-5 Person in a room
- iv. 6-7 Person in a room
- v. More than seven Persons in a room

77. While sharing room with others what are your feelings?

- i. Comfortable
- ii. Neutral
- iii. Discomfort able

78. If discomfort able, what are the reasons? _____

79. Do you have attached bathroom? i. Yes ii. No

80. Do you have the following facilities in room?

Facilities	Yes	No
i. Bed with mattress		
ii. Light		
iii. Heater		
iv. Fan		
v. Room air cooler		
vi. Cupboard with locker		

81. Do you have geezer facility in winter? i. Yes ii. No

82. Is there laundry service available to you? i. Yes ii. No

83. Please tell me about the cleanliness of the old age home in terms of following:

S.#	Statements	Daily	Twice a week	Once a week	Any other(specify)
i.	Cleaning of rooms				
ii.	Changing of bed sheets				
iii.	Cleaning of washrooms				
iv.	Cleaning of kitchen				
v.	Cleaning of corridors/ lawn				

84. Overall to what extent are you satisfied with your living conditions in this old age home?

Satisfied	Neutral	Dissatisfied
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INTERACTION WITH INMATES AND STAFF

85. How would you define the attitude/behavior of inmates towards you?

Sr.#	Attitudes/behavior	Yes	No
i.	Friendly		
ii.	Cooperative		
iii.	Encouraging		
iv	Humiliating		
v.	Ignorant		

86. How will you define your relationship with staff members of old age home?

i. Friendly ii. Co-operative iii. Harsh iv. Any other _____

87. Did you face any of the following forms of violence in the old age home?(if no, go to

Question 89)

Sr.#	Form of Violence	Yes	No
1	Physical Violence (beating, injury, slapping, over dose of medicine, etc.)		
2.	Psychological Violence(insult, threat, ignorance, harassment, etc)		
3.	Financial Violence (demand money for work, stealing money or goods, force to sell personal belongings, etc)		

88. If yes, then who committed this violence?

i. Staff of old age home ii. Inmates of old age home iii. Both

89. Are you facing any problem while living in this old age home? i. Yes ii. No(if no, then go to

Question 91)

90. If yes, what type of problem? _____

PERCEPTION ABOUT STATUS OF OLD AGE PEOPLE

91. Do you think it is a good idea to have "Homes for the aged or elderly" in Pakistan?

i. Yes ii. No iii. Any other (specify) _____

92. Do you think status of old age people has declined in Pakistan over period of time? i. Yes

ii. No

93. If yes, then what is the reason? _____

94. In your opinion what steps should be taken to provide better institutional care to old age people?

Name of

the respondent _____

Signature of researcher _____

Date _____

