

Status of Health and Socio-Economic Protection of the Ageing Population in Pakistan

Sabahat Hussain
Population Council, Pakistan

September 22, 2016

International Young Researchers' Conference
The impacts and challenges of demographic change
Paris (France)

Introduction

- ❖ Pakistan is unaware of the consequences of the vulnerabilities associated with ageing
- ❖ The need to tailor healthcare service delivery for the elderly is not yet recognized
- ❖ The joint family system, which has been the mainstay of elderly care in the country, is breaking down
- ❖ A national policy for the elderly is missing

Objectives of the Study

- ❖ Explore the health status and available socio-economic protection for the ageing population in Pakistan
- ❖ Assess existing arrangements for care of the elderly at government as well as household level
- ❖ Analyze elderly people's perception about the quality of care they receive and the importance of old-age health care

Data and Methodological Considerations

Two main study components

1. Quantitative study

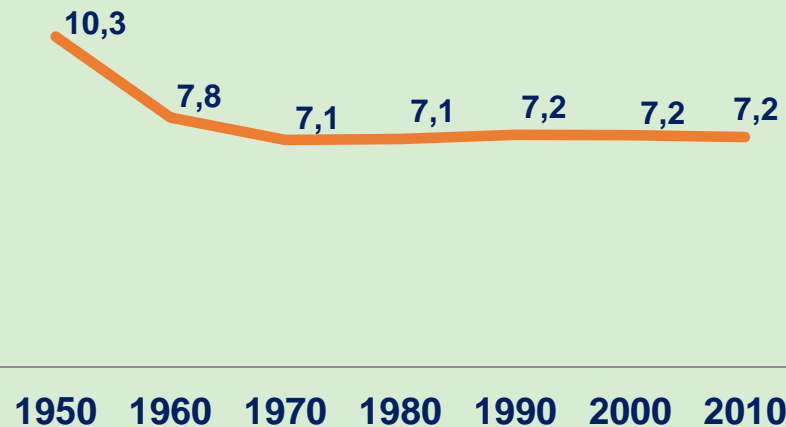
- ❖ Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13
- ❖ The sample size is 28,101; 6% of total survey sample

2. Qualitative study

- ❖ Qualitative study was conducted in Islamabad
- ❖ Perspectives of healthcare providers (male and female doctors) (12)
- ❖ In-depth interviews (IDIs) using a structured guide

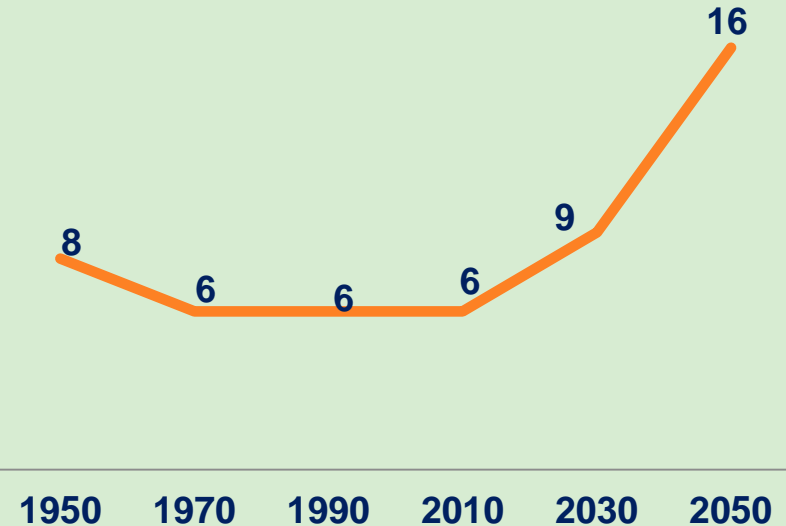
Demographic Profile of the Ageing Population

Dependency Ratio



Source: *World Population Prospects: The 2012 Revision*. United Nations Population Division

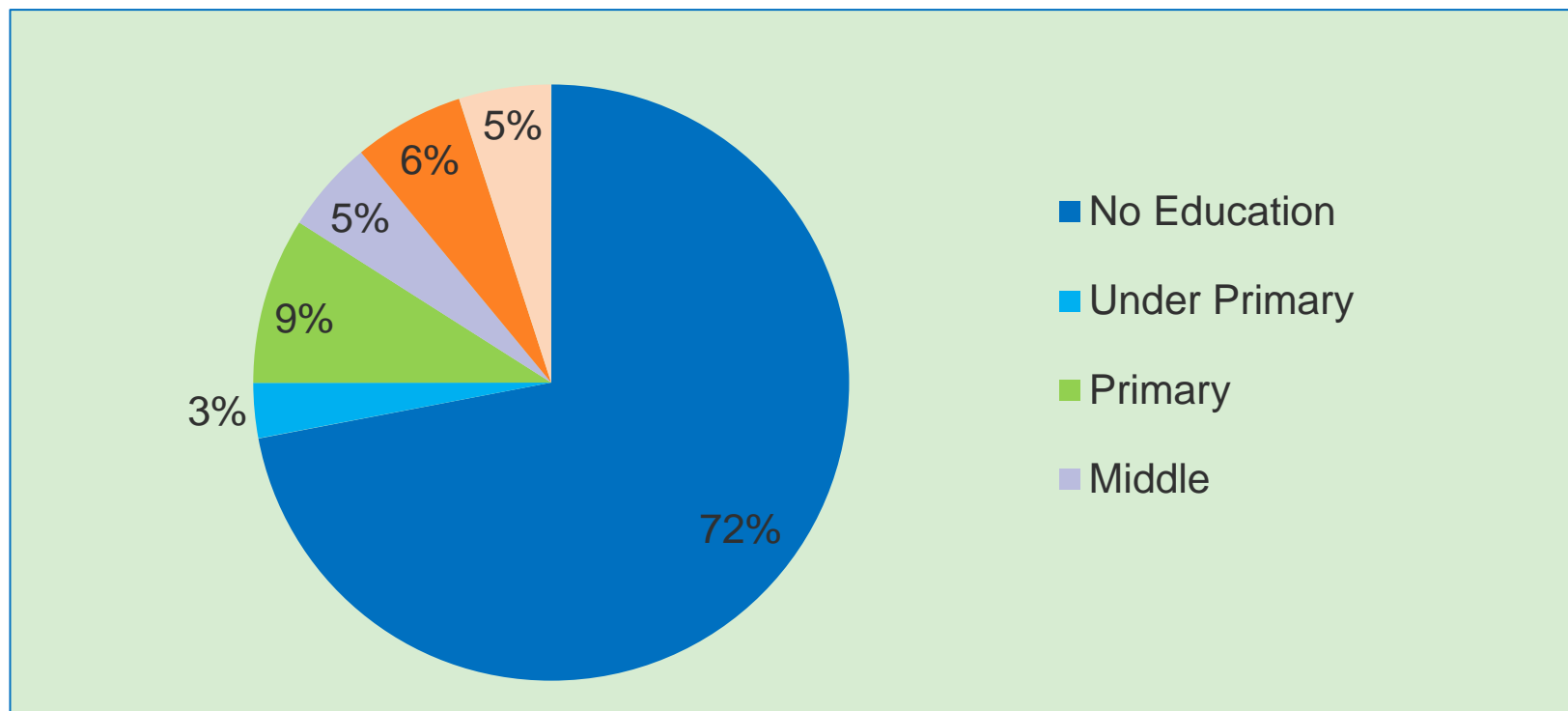
Percentage of population aged 60 and older



Source: *Global Population Ageing: Peril or Promise*, Geneva: World Economic Forum, 2011.

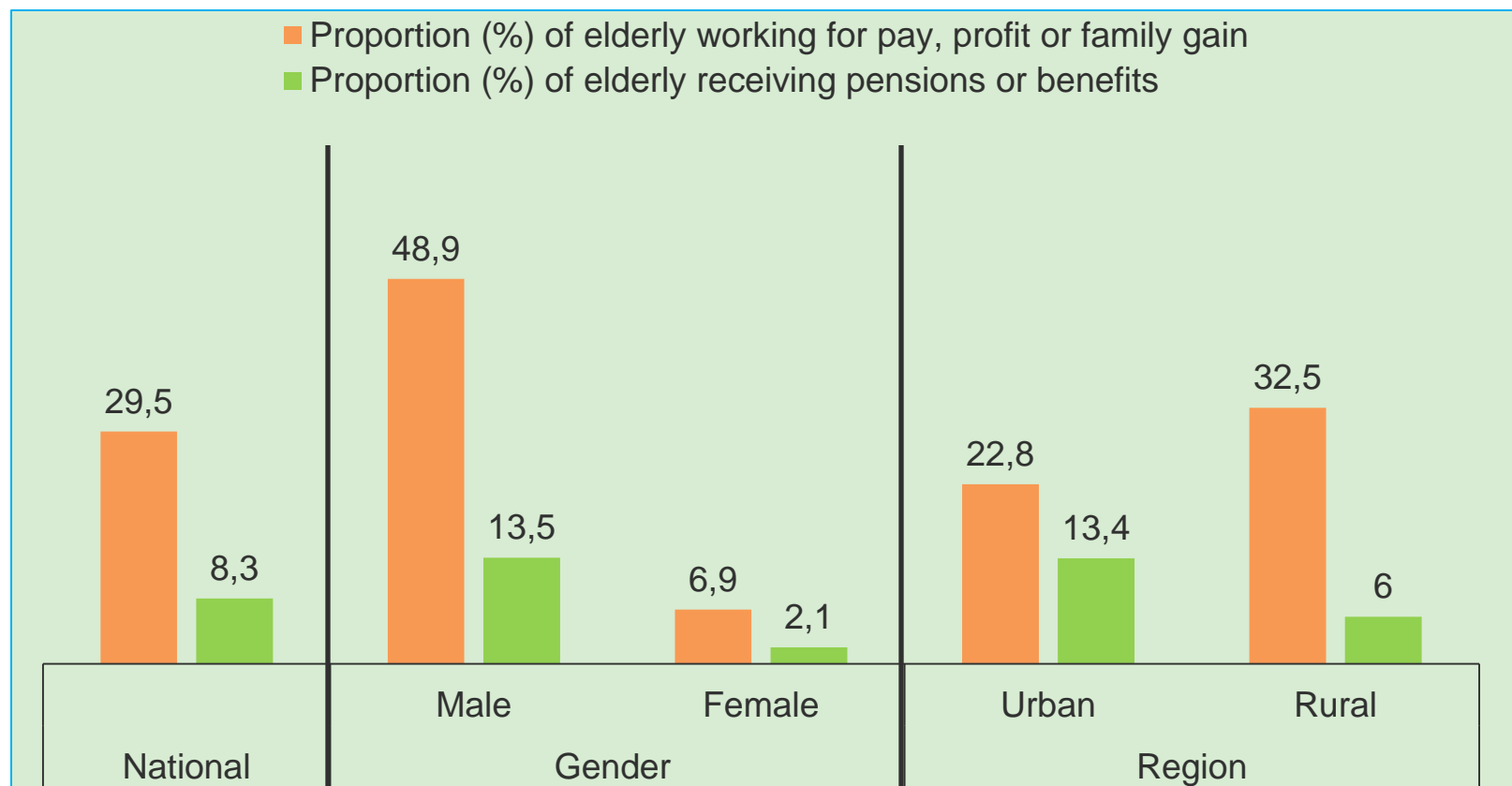
Educational Profile of the Ageing Population

Percent Elderly Population, by Level of Education



Source: Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13

Economic Profile of the Ageing Population



Source: Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13

Results of the Quantitative Study

Impact of Socio-Economic Variables on Health Status and Health Seeking Behavior

Percent of elderly who got sick in past two weeks



Source: Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13

Percent elderly who did not consult for treatment by background characteristics



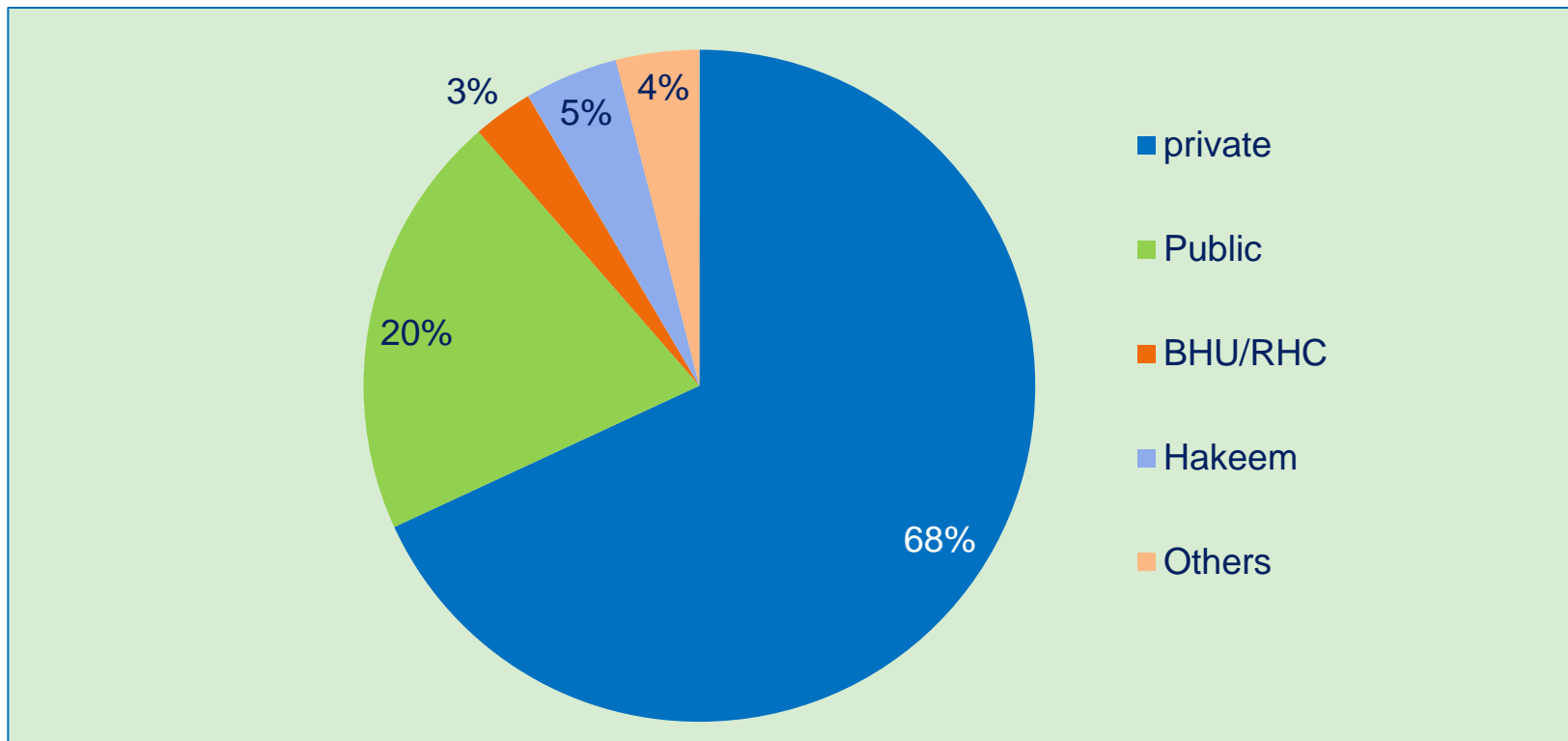
Source: Pakistan Social Living Measurement Survey (PSLM) 2012-13

Reasons Given by Elderly People who Needed Health Services for Not Consulting a Provider



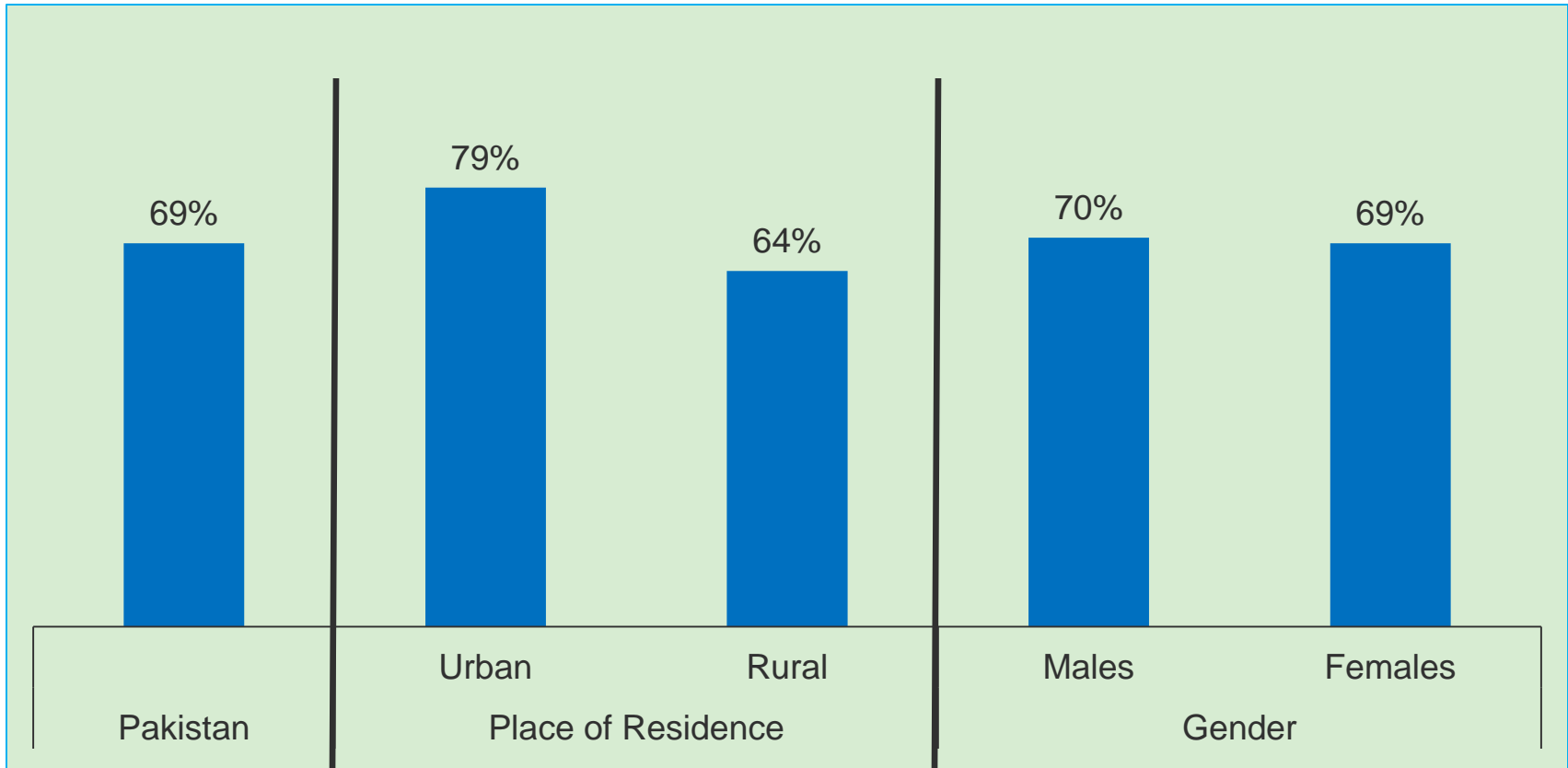
Source: Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13

Distribution of sources of health services consulted by elderly who got sick (national)



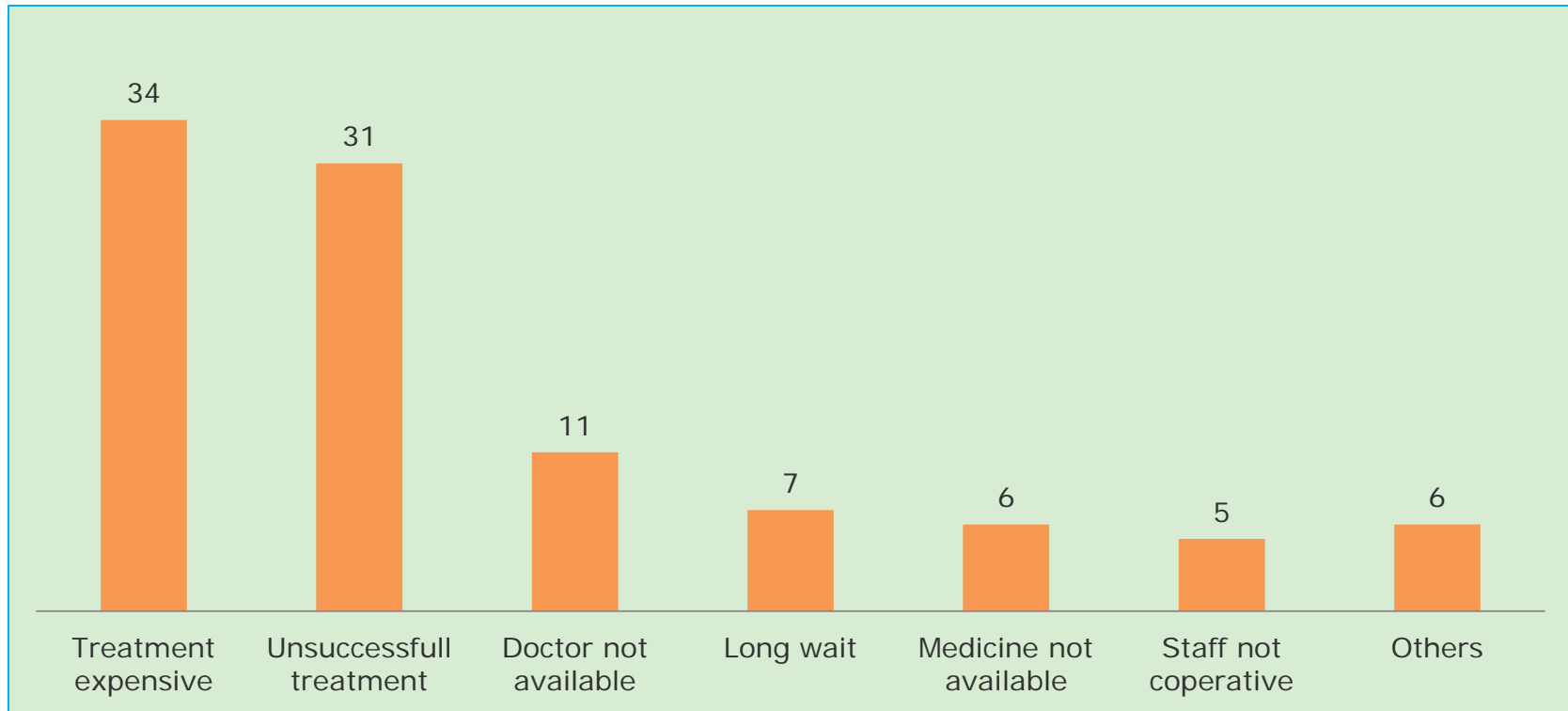
Source: Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13

Level of Satisfaction with Health Consultation



Source: Pakistan Social Living Measurement Survey (PSLM) 2012-13

Reasons for Dissatisfaction with Health Consultation



Source: Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13

Results of Binary Logistic Regression

Explanatory variables	B Coefficients	Level of Significance	Odd Ratios
Gender vs. "Female"			
Males	-2.937	.000	.053
Region vs. "Rural"			
Urban	.546	.000	1.726
Marital status vs. "Widow"			
Married	.416	.000	1.515
Pensions or benefits vs. "Elderly not receiving"			
Elderly receiving	-.373	.000	.689
Household income groups (excluding elderly's) vs. "30,000 and above"		.000	
Up to 3,000	1.110	.000	3.035
3,001-6,000	.787	.000	2.196
6,001-9,000	.955	.000	2.599
9,001-15,000	.534	.000	1.706
Elderly income groups vs. "30,000 and above"			
Up to 3,000	-1.020	.000	.361
3,001-6,000	-.255	.000	.775
6,001-9,000	-.425	.000	.654
9,001-15,000	-.271	.000	.763
15,001-30,000	-1.126	.000	.324

Results of Binary Logistic Regression (Cont.)

Explanatory variables	B Coefficients	Level of Significance	Odd Ratios
Source of drinking water vs. "Filtration plant"			
Piped water	-.536	.000	.585
Hand pump	-.541	.000	.582
Motorized pumping	-.908	.000	.403
Level of education vs. "Higher secondary and above"			
Under primary	.644	.000	1.904
Primary	.840	.000	2.316
Middle	.296	.000	1.345
Secondary	-.018	.539	.982
Occupational groups vs. "Elementary occupations"			
Legislators, senior officials and managers"	.408	.000	1.504
Service workers and shop and market sales workers	.479	.000	1.615
Skilled agricultural and fishery workers	.306	.000	1.359
Craft and related trades workers	.432	.000	1.540
Constant	-.012	.921	.988

Qualitative Study

Providers' Perspective on Socio-economic Protection of the Elderly in Pakistan

Health Status of the Elderly from Providers' Perspective

- ❖ Majority of the providers reported poor health status of senior citizens
- ❖ Elderly patients from far-flung areas are mostly in critical state
- ❖ Some of the elderly people do not even seek healthcare when ill
- ❖ One public sector healthcare provider said elderly citizens are in a moderate state of health due to the joint family system in Pakistan

“The elderly who come to hospital from nearby areas are in initial stages of disease but those who come from far-flung areas are in worse condition.” Female nephrologist, government hospital

Awareness for Healthcare Utilization among the Elderly

- ❖ Most of the elderly are less aware of their proper healthcare needs
- ❖ Unless there is a severe problem, most aged people do not go to the doctor
- ❖ Elderly people who are educated and rich take good care of themselves
- ❖ Elderly persons often consider themselves to be less important and a burden on their family

“The educated have awareness but not the poor class. The rich people who come to us know everything about their medicines and healthcare so they have proper awareness.” Male doctor, private hospital

Socio-Economic Issues of the Elderly from Providers' Perspective

- ❖ The elderly in Pakistan face enormous socio-economic issues
- ❖ Neglected part of age strata
- ❖ Most of the elderly are poor, less educated, and dependent
- ❖ Majority live in rural areas and family is the only source of socio-economic protection
- ❖ Traditional barrier - females cannot go to hospital alone

*“If, for example, someone has no children or is not married, then when they age, there is no one to take care of them. There is no one to support them.”
Male neurologist, government hospital*

“The social security system is missing. Elderly people come to the hospital when treatment becomes unavoidable.” Male physiotherapist, government hospital

Providers' Perspective on Socio-economic Protection of Elderly

- ❖ The elderly are totally neglected at state level and provided no social security
- ❖ The very concept of geriatric care is entirely missing in Pakistan
- ❖ The family system is the only source of elderly care
- ❖ Socio-economic protection of the elderly, especially single senior citizens, is the state's responsibility
- ❖ The elderly in rural areas are totally unserved
- ❖ There is an absence of financial support in the shape of pensions or old-age stipends

Conclusions

- ❖ The elderly in Pakistan are neglected by the government and dependent on support from their families
- ❖ Socio-economic protection of the elderly demands:
 - Pensions and old-age benefits
 - Family care
 - Social safety nets
 - Health insurance
 - Recognition and provision of geriatric care
- ❖ Some of these mechanisms are totally missing and some are poorly functioning

Policy Recommendations

- ❖ First of all, the state needs to consider the elderly as its responsibility
- ❖ Every senior citizen should be given monthly old-age benefits in the shape of a social pension
- ❖ Health insurance should be promoted
- ❖ Awareness regarding saving for old age should be generated in the young population
- ❖ NGO sector should be encouraged to participate in care of the elderly
- ❖ All the public and private hospitals should establish geriatrics departments
- ❖ At medical level, everything should be free for elderly or subsidized

Thank you